

MOUNT HOLYOKE.

Application for Health Insurance Premium Subsidy 2008-2009

Name:	Social Security #:
Department:	Employee ID #:

Health Insurance Plan: (please check one)

- Blue Cross/Blue Shield HMO Blue
- Blue Cross/Blue Shield Blue Choice New England (POS)
- Tufts HMO
- Tufts PPO

Type of Coverage: (please check one) **Payroll Schedule:** (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Single
<input type="checkbox"/> Family | <input type="checkbox"/> Bi-Weekly
<input type="checkbox"/> Monthly |
|--|--|

Current Salary: _____

Attach one of the following:

- ◆ a copy of a single federal income tax return from prior tax year
- ◆ a copy of a joint federal income tax return from prior tax year
- ◆ a copy of a head of household federal income tax return from prior tax year
- ◆ for domestic partners, a copy of both partners federal income tax returns from prior tax year

Please return all documentation to the Human Resources Department. Note that the information on this application is confidential.

Employee Signature: _____ Date: _____

For Human Resources Use:

Current Cost Share	New Cost Share
___ Coll ___ EE	___ Coll ___ EE

	Annual Amt	Per Check
Employee		
College		

Entered by: _____ Date: _____ Checked By: _____ Date: _____

MOUNT HOLYOKE

Health Insurance Premium Subsidy 2008-2009

An additional College-provided subsidy is available to help offset the employee's share of the health insurance premium for Mount Holyoke College employees **who meet all of the following criteria:**

- Participate in a Mount Holyoke group health insurance plan.
- Have a family income of less than \$40,000 for employees carrying a family health insurance plan.
- Have a family income of less than \$20,000 or less for employees carrying a single health insurance plan.

Please note the following conditions:

- Family income is the "Adjusted Gross Income" as listed on the I.R.S. tax form or the employee's Mount Holyoke College annual salary, whichever is higher.
- Income must be verified by a copy of a signed federal income tax return (form 1040 EZ or 1040 or 1040A)
- The plan year for the subsidy runs from July 1 to June 30.
- The subsidy is not based on financial obligations or family size.
- Subsidy applications will be accepted during our annual group health insurance open enrollment in May of each year and becomes effective for July 1. For new employees, subsidy applications must be submitted within 30 days of the date of hire. The subsidy will be pro-rated on the balance of the fiscal year.
- For domestic partners, the subsidy is based on both incomes and is verified by signed federal income tax returns.
- Applications must be submitted each year to re-qualify for subsidy.

This subsidy program is funded in full by Mount Holyoke College, and the College reserves the right to amend, modify or terminate the program at any time.

Schedule of Health Insurance Premium Subsidy

	<u>Annual Income</u>	<u>Full Monthly Premium Shared</u>	
		<u>Employee %</u>	<u>College %</u>
Single	less than \$15,000	15%	85%
	greater than \$15,000 and less than \$20,000	20%	80%
	greater than \$20,000	25%	75%
Family	less than \$30,000	15%	85%
	greater than \$30,000 and less than \$40,000	20%	80%
	greater than \$40,000	25%	75%