



HEALTH CARE ASSISTANCE PROGRAM APPLICATION

The STRS Ohio Health Care Assistance Program (HCAP) is designed to help qualified benefit recipients with financial assistance to pay for their STRS Ohio medical plan. The assistance program currently includes a \$0 monthly premium for the benefit recipient and often lower out-of-pocket costs for all enrollees in the plan. Although covered family members may receive the same plan of coverage as the qualifying recipient, they are not eligible for the \$0 premium and must pay the **full** cost of their coverage.

Eligibility

The assistance program is currently available to:

- Service retirement benefit recipients with 25 or more years of total service credit;
- Disability benefit recipients receiving STRS Ohio benefits; and
- Beneficiaries and survivors who are otherwise eligible for subsidized premiums.

New applicants must be eligible for a subsidy under the STRS Ohio Health Care Program to qualify for HCAP enrollment. Benefit recipients, survivors and beneficiaries who were enrolled in HCAP as of Dec. 31, 2015, are not subject to the subsidy requirement — as long as they continue to meet all other HCAP requirements and remain continuously enrolled in the program.

Annual total family gross earnings must fall at or below \$30,170 for the benefit recipient, spouse and any children. Total family earnings include all job-related income, pension, disability, survivor benefits, Social Security payments, welfare benefits, child or spousal support, unemployment benefits, investment income (including, but not limited to, interest and dividends) and all other reportable income according to the Internal Revenue Code paid to you and, if married, your spouse and any children. (Children must be under age 26.) **Important:** If your monthly STRS Ohio benefit payment results in your total family gross earnings exceeding \$30,170, you are not eligible for assistance.

In addition, liquid assets or funds readily available to the benefit recipient such as cash, savings, money market and checking accounts, trust funds, publicly traded securities and other investment vehicles (such as IRAs, tax-sheltered annuities, etc.), must not exceed \$30,170 for the household. (A home is not considered a liquid asset.)

Application Process

To be considered for this assistance, **you must send STRS Ohio this completed application and copies of the most recent federal tax returns for the individuals listed on this application in Section 1.** The application must be signed and notarized. If you are eligible for Medicare, you must submit a copy of your Medicare card with this application or submit your Medicare information through your STRS Ohio Online Personal Account. You must also maintain Medicare Part B enrollment by paying your monthly Part B premium to Medicare. If you do not submit proof of Medicare coverage or you stop paying your Medicare Part B premium, you will not be eligible for an STRS Ohio medical plan.

If you meet the qualifications, the earliest date assistance may become effective is the first of the month following approval of the application. Applications must be received no later than the 15th of the month to be considered for approval for an effective date starting the next month.

Once STRS Ohio has received your completed application, including copies of any federal tax returns necessary to validate the family earnings reported on the application and other information requested, you will be notified by letter if you have been approved for HCAP enrollment.

Section 1 — Required Personal Information *(Please print)*

Benefit recipient's Social Security number or STRS Ohio account number *(required)* _____

Benefit recipient's name _____

Address _____

City _____ State _____ ZIP code _____

Phone (_____) _____ Email _____
Area code

Spouse's name _____

Spouse's Social Security number *(required)* _____

Child _____
Name Social Security number Date of birth

Child _____
Name Social Security number Date of birth

Child _____
Name Social Security number Date of birth

Section 2 — Financial Information

The following information should reflect your family's gross earnings for **the previous calendar year**. If you have experienced a significant change in your financial status that is not supported by your most recent federal tax return, please call STRS Ohio toll-free at 888-227-7877 for another form that must be completed in addition to this application.

How many family members live in your home? *(please circle)* 1 2 3 4 5 6 Other _____

Total Family Gross Earnings	Benefit Recipient	Spouse	Children
Annual benefit paid by STRS Ohio			
Other annual pension benefits paid			
Death and survivor benefits from non-STRS Ohio sources			
Job-related income			
Social Security			
Welfare assistance			
Workers' compensation			
Unemployment benefits			
Child support			
Spousal support			
Investment income			
Other reportable income to the IRS			
Total*			
Liquid assets**			

*STRS Ohio will grant health care assistance only to eligible benefit recipients with qualifying total family gross earnings at or below \$30,170.
 **Liquid assets include items such as cash and all monies readily available to the benefit recipient such as savings and checking accounts, trust funds, any publicly traded security or other investment vehicles (such as IRAs, tax-sheltered annuities, etc.). To be eligible for health care assistance, liquid assets must not exceed \$30,170 for the household.



Section 3 — Certification, Affidavit and Notarization (Required)

I have reviewed this application and have completed the required information in Sections 1 and 2. Furthermore, I attest the information I have provided in this *Health Care Assistance Program Application* is true and correct. I understand health care assistance is determined in accordance with the information I have provided on this application. I understand I will lose any assistance granted as a result of any false or misleading information I provide and I may be required to repay any assistance provided to me. In addition, I understand providing false or misleading information could result in civil or criminal penalties.

Benefit recipient's signature Date

Spouse's signature (if married) Date

Tax returns (check one)

- I have enclosed copies of my most recent federal tax returns and those of any individuals listed in Section 1.
- I do not file a federal tax return because my earnings are below the federal requirements for filing a tax return.

Medicare status (check one)

I acknowledge it is my responsibility to enroll in Medicare Parts A & B when eligible and pay the monthly Medicare Part B premium.

- A copy of my Medicare card and/or that of any covered dependents is enclosed.
- I have submitted my Medicare information and/or that of any covered dependents through my STRS Ohio Online Personal Account.
- Neither I nor any of my covered dependents are currently eligible for Medicare.

Before me, a notary public in and for said state, personally appeared the benefit recipient and spouse (if applicable) named above, who each being by me duly sworn according to law, deposes and says that the facts and information set forth in this form are true and correct.

Sworn to before me and signed this _____ day of _____ in the year _____

State of _____ County of _____

Signature of notary public _____

Notary Seal

Commission expires _____

Special Notes

Annual application

You will need to apply for the Health Care Assistance Program on an annual basis. Applications are automatically mailed to current participants in the assistance program. A new application for the assistance program and copies of federal tax returns for the previous calendar year are required each year. Although STRS Ohio will keep all applications and information supplied with the application, you should keep copies of your application and tax returns each time you apply.

Family earnings

For purposes of determining “family earnings,” the chart in Section 2 lists the gross earnings that must be included for the benefit recipient, his or her spouse and children. Children must be under age 26.

Medical plans

If your application is approved, two medical plans may be available to you depending on your Medicare status and the geographic location of your permanent residence. Both medical plans include prescription drug coverage.

- **Medical Mutual Health Care Assistance Plan** — Available regardless of Medicare status or geographic location.
- **Aetna Medicare Plan** — Available only if you and all covered family members on the account are enrolled in Medicare Parts A & B or Part B-only, and you live in the United States.

If you are *not* eligible for the Aetna Medicare Plan, you will be enrolled in the Medical Mutual Health Care Assistance Plan. If you *are* eligible for the Aetna Medicare Plan, you may choose either the Aetna Medicare Plan or the Medical Mutual Health Care Assistance Plan. Individuals must maintain their Medicare Parts A & B or Part B-only enrollment to remain eligible for the assistance program.

Application Submission

Please submit your completed, signed and notarized application, legible copies of your most recent federal tax returns and a copy of your and your eligible dependents’ Medicare card (if applicable) to:

STRS Ohio
Attn: Health Care Services
275 E. Broad St.
Columbus, OH 43215-3771

If you have any questions about this application or the STRS Ohio Health Care Assistance Program, contact STRS Ohio toll-free at 888-227-7877 or by email (go to www.strsoh.org and select “Contact” from the top menu). The STRS Ohio Member Services Center’s hours are Monday–Friday, 8 a.m. to 5 p.m.