Each year at this time, the PEIA offers Premium Assistance to retired employees and surviving dependents who qualify. Premium assistance reduces the monthly premium payment for the retiree or surviving dependent. Premium assistance is available to non-Medicare retirees with at least 5 years of service. The premium assistance program pays part of your health insurance premium if your gross income is less than 250% of the Federal Poverty Level (FPL). To qualify for premium assistance, you must meet all of the following criteria:

- you must have 5 or more years of service,
- you must be enrolled in the PEIA Preferred Benefit Plan (PPB) Plan A or B, and
- your household income during calendar year 2018 must have been at or below 250% of the FPL.

The chart below shows the income amounts and corresponding poverty level. Find the number of people in your household, then look across the chart to find your total annual household income. The gray box above your income will tell you your percentage of the FPL, and that will determine the amount of assistance you may receive.

<table>
<thead>
<tr>
<th>Individuals in Household</th>
<th>&lt;100% of FPL</th>
<th>100%-150% of FPL</th>
<th>150%-200% of FPL</th>
<th>200% - 250% of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490 or less</td>
<td>$12,491 – 18,735</td>
<td>$18,736 – 24,980</td>
<td>$24,981 – 31,225</td>
</tr>
<tr>
<td>2</td>
<td>$16,910 or less</td>
<td>$16,911 – 25,365</td>
<td>$25,366 – 33,820</td>
<td>$33,821 – 42,275</td>
</tr>
<tr>
<td>3</td>
<td>$21,330 or less</td>
<td>$21,331 – 31,995</td>
<td>$31,996 – 42,660</td>
<td>$42,661 – 53,325</td>
</tr>
<tr>
<td>4</td>
<td>$25,750 or less</td>
<td>$25,751 – 38,625</td>
<td>$38,626 – 51,500</td>
<td>$51,501 – 64,375</td>
</tr>
<tr>
<td>Each additional person add</td>
<td>$4,420</td>
<td>$6,630</td>
<td>$8,840</td>
<td>$11,050</td>
</tr>
</tbody>
</table>

Find your poverty level and your years of service in the chart below. This will show you the dollar amount of the premium reduction for which you are eligible. For example, if you had 20 years of service, your income is $16,500 and you are the only individual in your household, then your poverty level is 100%-150%. In the chart below, go to the column labeled “100%-150% of FPL” and the row labeled 15–24. You are eligible for a monthly premium reduction of $50.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>&lt;100% of FPL</th>
<th>100-150% of FPL</th>
<th>150-200% of FPL</th>
<th>200–250% of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-14</td>
<td>$51</td>
<td>$34</td>
<td>$19</td>
<td>$13</td>
</tr>
<tr>
<td>15-24</td>
<td>$65</td>
<td>$50</td>
<td>$31</td>
<td>$19</td>
</tr>
<tr>
<td>25+</td>
<td>$88</td>
<td>$74</td>
<td>$46</td>
<td>$24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>&lt;100% of FPL</th>
<th>100-150% of FPL</th>
<th>150-200% of FPL</th>
<th>200–250% of FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-14</td>
<td>$76.50</td>
<td>$51.00</td>
<td>$28.50</td>
<td>$19.50</td>
</tr>
<tr>
<td>15-24</td>
<td>$97.50</td>
<td>$75.00</td>
<td>$46.50</td>
<td>$28.50</td>
</tr>
<tr>
<td>25+</td>
<td>$132.00</td>
<td>$111.00</td>
<td>$69.00</td>
<td>$36.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sick and Annual Leave or Years of Service Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are using sick or annual leave or years of service credits to get free or reduced premiums, please do not fill out this form -- unless you will run out of credits before June 30, 2020. If your credits will run out</td>
</tr>
</tbody>
</table>
before June 30, 2020, you may apply now. If your application is approved, premium assistance will begin when your credits end.

**Deadline for Application**

If you want your assistance to begin on July 1, 2019, we must receive your application before June 5, 2019. Applications will be processed in the order received. You may apply for assistance at any time during the year, but if we receive your application after June 5, 2019, we will process it as quickly as possible and, if you qualify, your premium reduction will be effective the first day of the month following the date of your approval. PEIA will not issue credit for previous months’ premiums. You will receive a letter informing you of the approval or denial of your application.

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**PLAN YEAR 2020 PREMIUM ASSISTANCE PROGRAM**

**APPLICATION INSTRUCTIONS**

Please read all instructions carefully BEFORE completing the application.

**SECTION I - RETIREE/SURVIVING DEPENDENT**

- **Name** – Use your full name, including middle initial.
- **Social Security Number (SSN)** – Fill in the correct SSN or we cannot process your application.
- **Address** – Provide your complete mailing address. (If address has changed, please check the box on the address line so we may update our records.)
- **Phone Number** (include area code).
- **Marital Status** – please check appropriate box. If separated, please check married.
- **Years of Service at the Time of Retirement/Retirement Date** – Applications without this information cannot be processed. Surviving Dependents must report the Years of Service of the deceased policyholder. If the policyholder was retired at the time of death, report years of service and retirement date. If death occurred while an active employee, then give years of service and the month and year of death.

**SECTION II – SPOUSE & HOUSEHOLD INFORMATION**

If married, you must complete spouse’s name and SSN. Also, indicate the number of individuals you have covered on your PEIA health insurance and the number of individuals living in your household.

**SECTION III – GROSS ANNUAL INCOME FOR 2018**

This section must include All Household Income from 2018, before any deductions. Everyone in the household who has an income must report that information on the application.

**Income:** Complete the sections that apply to you.

- **State Pension*** – Yearly amount you and the members of your household (if applicable) receive from the WV Consolidated Public Retirement Board.
- **Other Pension*** – Yearly amount of pensions you and the members of your household (if applicable) receive from other sources (Example: TIAA/CREF).
- **Social Security*** – Yearly amount for you and the members of your household
- **Wages*** – Total amount of any income earned during 2018 for you and the members of your household.
- **Other Income*** – Total amount of any other income received during 2018, for all members of your household (Example: Rent, Dividends, Royalties, Interest, Alimony, etc.).
- **Subtotal** – Total each column.
- **Grand Total** – All subtotal amounts.

* Include spouse and any other members of your household, if applicable

**THIS APPLICATION MUST BE SIGNED AND DATED!** Applications without a signature and date will be returned without processing.

**ATTACHMENTS**

- If you have copies of W2s, 1099s or any official year-end statements, you must attach these to verify your income.
- If you file taxes, a copy of your 2018 Federal tax return (first page) is acceptable. All income must be reported on the tax return.
- If you file taxes and your Social Security benefit amount is not on the form, then you must provide a copy of your SSA-1099.

**SUBMITTING YOUR APPLICATION**

Please separate the Application Form and submit only the application to PEIA (address is on the application).
PLEASE PRINT OR TYPE

SECTION I - RETIREE/SURVIVING DEPENDENT

Name (First, Middle Initial, Last)  Social Security Number

Address (If New Address Check Box) ☐

City  State  Zip  County

Phone Number (including Area Code)  Marital Status (Check One)

(            )  Married  Single  Widowed

Years of Service at the Time of Retirement

SECTION II - SPOUSE & HOUSEHOLD INFORMATION

Spouse Name (First, Middle Initial, Last)  Spouse Social Security Number

How Many Individuals on your PEIA insurance?  How Many Individuals in Your Household?

Circle one -  1  2  3  4  5  6  7  Circle one -  1  2  3  4  5  6  7

SECTION III - GROSS ANNUAL INCOME FOR 2018

<table>
<thead>
<tr>
<th></th>
<th>List Your Income Below</th>
<th>List Spouse’s Income Below</th>
<th>List Income of Other Dependents Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Pension</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Pension (If any)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Wages (If any)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Gross Household Income for 2018 (include your income, income for your spouse and all other dependents that live in your household) $

To avoid delays in processing, you must send proof of all income for 2018 with this application. It will NOT be processed without supporting documentation.

I understand that if, as a result of withholding information or providing inaccurate information, I receive assistance to which I am not entitled, such assistance will be subject to recovery by PEIA and I may be subject to legal action. I declare that I have examined my responses and affirm that they are true, correct and complete.

_________________________________________  ___________________________
Your Signature  Date

MAIL COMPLETED FORM TO:

PEIA Retiree Assistance Program
601 57th St, SE, Suite 2
Charleston, WV 25304-2345
OR
Fax to 1-877-233-4295

FOR PEIA USE ONLY:

Approved: _______   Disapproved: _______
Effective Date: ____________________________
Number in Household: _____________________