

HCTC: State Elections Letter

David R. Williams
Program Director, Health Coverage Tax Credit
SE:W:HCTC
Rm. 7537
1111 Constitution Ave., NW
Washington, DC 20224

Dear Mr. Williams:

Below are the details regarding the qualified health insurance options the state has chosen to make available to eligible participants under the tax credit:

- a. State official responsible for implementing this decision:
 - o Name: _____
 - o Title: _____
 - o Address: _____
 - o City: _____
 - o State: _____
 - o ZIP: _____
 - o Telephone Number: _____

- b. Option number (enter option 2-8): _____

- c. Name of the option: _____

- d. Policy number or unique identifier of the option: _____

- e. Name and telephone number for the plan administrator or insurance carrier official who can provide additional information:
 - o Name: _____
 - o Telephone Number: _____

- f. Certify that the following four requirements are met for each plan under this option. (Please enter a response of either "Yes" or "No" on the lines provided):
 - i. Guaranteed issue: Qualifying individuals must be guaranteed enrollment regardless of their medical status and must be permitted to remain enrolled so long as they pay the premium: _____

 - ii. No preexisting condition restrictions: No preexisting condition restriction may be imposed on qualifying individual: _____

 - iii. iii. Nondiscriminatory premium: The premium charged for a qualifying individual may not be greater than the premium for a similarly situated person who is not receiving the credit: _____

 - iv. Benefits are the same (or substantially the same) under coverage provided to similarly situated individuals who are not qualifying individuals: _____

If you or any of your staff have any questions, please contact the following individual:

- Name: _____
- Title: _____
- Address: _____
- City: _____
- State: _____
- ZIP: _____
- Telephone Number: _____

Sincerely,