MaineCare Services
An Office of the
Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
Third Party Liability
11 State House Station
Augusta, Maine 04333-0011
Toll-Free: 1-800-977-6740; Fax: 207-287-9385
TTY: 1-800-977-6741

Private Health Insurance Premium Benefit

August 19, 2011

Thank you for your interest in MaineCare's Private Health Insurance Premium (PHIP) Benefit. The PHIP Benefit pays insurance premiums for MaineCare members who qualify. **Having the PHIP Benefit pay your private health insurance premium, will not make you lose MaineCare.**

How do I find out if the PHIP Benefit can pay my insurance premium?

- Fill out as much information as you can on the Employer and Insurance Information form (enclosed). Your employer may be able to help with this. If your insurance is not through an employer, please just fill out the insurance information section.

- Send proof of the cost of the premium. A pay stub or an insurance premium bill will be proof.

- Ask your employer or your insurance company for a "Statement of Insurance Benefits". This statement shows the coverage you have, at what percent it is provided, and your deductibles and co-pays. Send this along with your application.

- Fill out the W-9 form. We need this information in order to send you checks.

Send all of the information in the enclosed self-addressed envelope. If you have questions, feel free to contact our office.

Sincerely,

Benefits Administrator
207-287-1801

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MaineCare Private Health Insurance Premium Benefit

(PHIP Benefit)

What is the MaineCare PHIP Benefit?

The PHIP Benefit pays private health insurance premiums for MaineCare members who qualify. You must already have health insurance or you must be able to get it. You may have health insurance through your job, or you may have an individual policy through an insurance company. MaineCare will not find health insurance for you.

How will the PHIP Benefit help me?

MaineCare will pay part or all of the monthly cost of your health insurance plan.

How does the premium get paid?

The PHIP Benefit will reimburse you directly with a check in the mail or direct deposit.

Can I have MaineCare and private health insurance at the same time?

Yes, even if you have private health insurance, you can qualify for MaineCare. The PHIP benefit is only for people who have MaineCare.

Directions for filling out the PHIP application:

Employer and Insurance Information Form: Please fill in all requested information on the form. Be sure you list the amount you pay for your policy and, if it is an employer plan, how often money is deducted from your paycheck. Please also note when open enrollment is so we know when to expect your costs to change. *We do not pay dental premiums, but still need to know if you have dental coverage.

W-9 Form: This form is to be filled out by the policy holder of the health insurance. Please fill in ONLY the policy holder's name, address, social security number, signature and date. This form is not used for tax reporting services. Our Accounting department needs it in order to send you checks.

MaineCare Participants Form: This form is to tell us who in the family is covered or going to be covered by the private health insurance. Please list the names, relationship to the policy holder; and MaineCare ID# for each person.

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EMPLOYER AND INSURANCE INFORMATION

Date of open enrollment: _______________ If Katie Beckett eligible – KB Premium Amt ___________

Employee Name:	____________	Employee SS#:	____________
Employee Address:	____________	Telephone Number	____________
Employer Name:	____________	Contact Person:	____________
Employer Address:	____________	Telephone Number:	____________

Medical Ins. Carrier Name: ____________ Medical Ins. Carrier Address: ____________

Dental Ins. Carrier: ____________ Dental Ins. Carrier Address: ____________

****PLEASE ONLY SHOW HOW MUCH IS ACTUALLY BEING DEDUCTED FROM PAYCHECK***

	Employee Cost	How Often Deducted	Coverage (Please X covered services)
Single – Medical	________		
Single – Dental	________	____ Weekly ↓	____ HMO, PPO
Employee w/Chrn - Medical	________	Please circle ***50 or 52*** times/yr.	____ Maj. Med/Comp. Plan
Employee w/Chrn - Dental	________	____ Bi-Weekly ↓	____ Prescriptions
Employee, Spouse - Medical	________	Please circle ***24 or 26*** times/yr.	____ Prescriptions Card
Employee & Spouse – Dental	________	____ Monthly	____ Vision – Exam 1yrly
Family – Medical	________		____ Flexible Spending Acct
Family – Dental		Yearly	HSA/HRA Health Acct

Medical Deductibles:		Dental Deductibles:	
Single:	____________	Single:	____________
Family:	____________	Family:	____________
Co pay:		Co pay:	

Enrolled: Medical	Y ____ N ____	Enrolled: Dental	Y ____ N ____
Certificate # ________	Group # ________	Certificate # ________	Group # ________
Single	____	Single	____
Employee w/Children	____	Employee w/Children	____
Employee w/Spouse	____	Employee w/Spouse	____
Family	____	Family	____

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MaineCare Member Information

Policy Holder: ____
MaineCare ID# ____

MaineCare Member: ______________________________________
MaineCare ID # ____
Relationship to Policy Holder: ____________________________

MaineCare Member: ______________________________________
MaineCare ID # ____
Relationship to Policy Holder: ____________________________

MaineCare Member: ______________________________________
MaineCare ID # ____
Relationship to Policy Holder: ____________________________

MaineCare Member: ______________________________________
MaineCare ID # ____
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MaineCare Member: ______________________________________
MaineCare ID # ____
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MaineCare Member: ______________________________________
MaineCare ID # ____
Relationship to Policy Holder: ____________________________

MaineCare Member: ______________________________________
MaineCare ID # ____
Relationship to Policy Holder: ____________________________

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ------------------ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,