

Department of Health and Human Services
MaineCare Services
Third Party Liability
11 State House Station
Augusta, Maine 04333-0011
Toll Free (800) 977-6740; Fax (207) 287-9385
TTY Users: Dial 711 (Maine Relay)

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.**

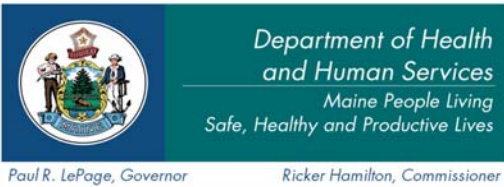
How do I find out if the PHIP Benefit can pay my insurance premium?

- 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 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
1-800-977-6740
Fax: 287-9385



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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?

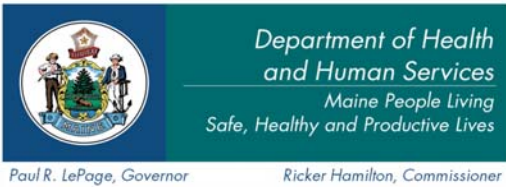
Yes, even if you have private health insurance, you can qualify for MaineCare. The PHIP benefit is only for people who have MaineCare.

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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**PHIP APPLICATION
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
 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 Flexible Spending Acct
Family – Medical	_____		
Family – Dental		Yearly	HAS/HRA HealthAcct

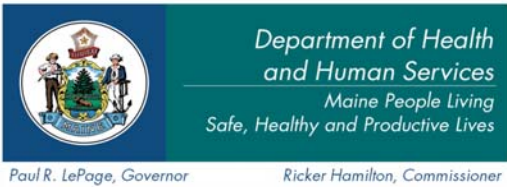
Medical Deductibles:

Single: _____ Family: _____
 Co-pay: _____

Enrolled: Medical Y _____ N _____ Enrolled: Dental Y _____ N _____

PLEASE REPORT YOUR INSURANCE INFORMATION TO MEMBER SERVICES ,800-977-6740

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 # _____

Relationship to Policy Holder: _____

MaineCare Member: _____

MaineCare ID # _____

Relationship to Policy Holder: _____

MaineCare Member: _____

MaineCare ID # _____

Relationship to Policy Holder: _____

MaineCare Member: _____

MaineCare ID # _____

Relationship to Policy Holder: _____

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: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> 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.

Social security number								
or								
Employer identification number								

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

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 ▶
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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,

STATE OF MAINE
ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT

To: OFFICE OF THE STATE CONTROLLER
ATTN ACCOUNTING STAFF
14 STATE HOUSE STATION
AUGUSTA ME 04333-0014
Phone 207-626-8420 Fax 207-626-8447

**We require you to submit a
voided check or letter from your
bank for account verification.**

NEW CHANGE

Circle ONE

Payee's Name*

**TIN is required ~ Employer ID No. or Social Security No.*

TIN of Payee* EIN SSN
Circle ONE

Contact Person's Name &
Phone # (If different from Payee)

Vendor Code in the State's Accounting system.

Vendor Code Include VC or VS

Address of Payee
(Street/PO, City, State, & Zip)

Vendor Code can be provided by the State Agency.

One Vendor Code (VC/VS) Number per a form.

Email

I authorize the State of Maine to send DD/EFT payment detail to the email address included.

By signing and returning this document, you agree to the following statement:

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

OLD Bank Info: *This section is for Changes ~ For New bank set up, please skip to NEW section below.*

Name on Account

Routing #
(Transit/ABA #)

Name of Financial Institution

Account #

Address of Financial Institution
(Street/PO, City, State, Zip & Phone)

Savings Checking
Circle ONE

**You MUST notify us of changes to your name, address, & contact info by completing a Vendor Activation/Change form.
Locate our forms at: <http://www.maine.gov/osc/forms/index.shtml> (Under VENDOR section.)**

NEW Bank Info: **New bank info is REQUIRED to be written on this document.*

Name on Account*

Routing #
(Transit/ABA #)

Name of Financial Institution*

Account # *

Address of Financial Institution*
(Street/PO, City, State, Zip & Phone)

Savings Checking
Circle ONE *

We require you to submit a voided check or letter from your bank for account verification.

Signature of Payee* _____

Date

(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

INCOMPLETE FORMS WILL NOT BE PROCESSED

AGENCY CONTACT NAME _____ PHONE # _____ SHS # _____ DATE _____

EFT_V5 3/20/13