



**Healthy NY Recertification and Plan Selection Form
Individual and Sole Proprietor**

Mail To: Healthy NY, Attn: Enrollment, 14 Central Park Drive, Hooksett, NH 03106

A. Member Information			
Social Security Number	Name (First, Middle, Last)		Phone Number
Address (Where you reside)	City	State	Zip Code
Mailing Address (if different from above)			

B. Income Verification (use income chart below to determine eligibility)			
Family Size	Current Monthly Gross Income		Monthly Gross Income Allowed (Based on Family Size)
Please list the total number of members in your household: _____	Applicant	Spouse	Up to \$2,257* 1 person
	\$ _____	\$ _____	Up to \$3,036* 2
	Total Gross Income		Up to \$3,815* 3
	\$ _____		Up to \$4,594* 4
			Up to \$5,373* 5
			Up to \$6,153* 6
			Add \$780* per person Each additional

- Household members include you, your spouse (if residing in your household) and dependent children. Pregnant women count as two people for determining the number of household members.
- Income Includes: wages, salary, interest and dividends, self-employment income, social security income, retirement income, alimony, unemployment benefits and workers compensation. Do not include public assistance, supplemental security income (SSI), foster care payments or child support received

C. Medicare Eligibility (Persons covered under Medicare will lose eligibility for Healthy NY)

Is anyone to be covered under the policy also eligible for Medicare? ____ Yes ____ No

If yes, please write the name of the person: _____

D. Plan Selection (Changes only permitted at recertification or at time of a rate change)

HMO (no pharmacy)	HMO (with pharmacy)	High Deductible (no pharmacy)	High Deductible (with pharmacy)
----------------------	------------------------	----------------------------------	------------------------------------

High Deductible: The deductible is \$1,200* for individuals and \$2,400* for families (more than one person). Except for preventive care, you must pay for the cost of covered services until you meet the deductible. You can access preventive care before meeting the deductible and will have a co-payment for these services. Co-payments do not apply towards the deductible. This plan is meant to be used with a health savings account. Contributions to the health savings account are tax-deductible, and money in the account can earn interest tax-free. You can contribute up to \$3,050* for individual coverage and \$6,150* for family coverage into the account in 2010. Visit www.HealthyNY.com for more information.

Dependent Age Extension Benefit Yes No

Submission of a completed Add/Term/Change form is required for dependant enrollment.

E. Certification

By signing this certification of eligibility, I certify under penalty of perjury that I am a resident of New York State and all statements contained in this certification are true to the best of my knowledge. I further certify all individuals to be covered under my policy are ineligible for Medicare.

Signature: _____ Date: _____

Any person who knowingly and with the intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning an fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

*These amounts may be increased in accordance with NY Department annual increases.