SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

2018 HEALTH CARE PREMIUM DISCOUNT APPLICATION

To qualify, one family member enrolled in SERS health care coverage must be eligible for Medicare.

Individuals and families with lower incomes can save 25% on their SERS health care premiums through the Health Care Premium Discount Program. (Discount does not apply to dental and vision premiums.)

You need to be at or below the qualifying income for your household size to receive the premium discount.

Household Size	Qualifying Income
1	$15,075
2	$20,300
3	$25,525
4	$30,750
5	$35,975
6	$41,200
7	$46,425
8	$51,650

SERS determines eligibility by:

1) Adding together your and your spouse's incomes from 2016
2) Subtracting the SERS health care premiums you and your family members will pay in 2018
3) Subtracting the Medicare Part B reimbursement you will be eligible to receive in 2018.

If you think you might qualify, please submit an application. SERS will do the math and let you know**.**

Premium reductions are approved for a calendar year. A new application is required each year.

SECTION 1: Personal Information (Please Print)

BENEFIT RECIPIENT'S NAME

SOCIAL SECURITY NUMBER ___ - ___ - ____

HOME TELEPHONE NUMBER ( )

DATE OF BIRTH

STREET ADDRESS OR ROUTE NUMBER OR P.O. BOX

CITY STATE ZIP CODE

SPOUSE'S NAME

SOCIAL SECURITY NUMBER ___ - ___ - ____

DATE OF BIRTH

DEPENDENTS

IN THE SECTION BELOW, LIST YOUR CHILDREN AND ANY OTHER PERSON LISTED ON YOUR 2016 FEDERAL INCOME TAX RETURN.
For anyone not on SERS' health care coverage, please attach a copy of your federal tax form as proof.

NAME

SOCIAL SECURITY NUMBER ___ - ___ - ____

DATE OF BIRTH

NAME

SOCIAL SECURITY NUMBER ___ - ___ - ____

DATE OF BIRTH

If you have more than two dependents, attach a separate page with their names, SSNs, and dates of birth.

OVER

SECTION 2: Gross Household Income for 2016

Income	Is income per month or per year?	Benefit Recipient	Is income per month or per year?	Spouse, if applicable
SERS Pension	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Social Security	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Additional Pensions	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Alimony	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Annuities Taxable Amount	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Child Support	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Income from an Estate	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Interest Income	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
IRA Distribution Taxable Amount	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Public Assistance (welfare check)	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Supplemental Security Income (SSI)	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Income from a Trust	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Unemployment benefits	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Veterans Benefits	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Wages	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$
Workers Compensation	☐ MONTH ☐ YEAR	$	☐ MONTH ☐ YEAR	$

SECTION 3: 2017 Income Changes

Fill out this section if there has been a major change in your household finances during the past year. For example, if your income changed because your spouse died, please explain how your income was affected and the date of the change. This information will be considered in determining your eligibility.

_____

_____

_____

SECTION 4: Acknowledgement

The information provided on this application is true and accurate. I understand that any false or inaccurate information can result in revocation of the premium subsidy and recovery by SERS of any subsidy amounts.

_____ _____

Benefit Recipient Signature or Power of Attorney Date

RETURN TO:

School Employees Retirement System of Ohio, 300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746