

Section A. Insured Information

Healthy NY Identification Number				
Name	First	Middle	Last	
Telephone No.	()		
Street Address of Insured				
City	State	Zip	County	
Mailing Address if different from Street Address				
City	State	Zip	County	

Section B Household Income

Please indicate your current monthly household income and the current monthly income of your spouse (if your spouse resides in your household). Do not count the income of anyone else in your household.

- **Income includes:** wages, salary, interest and dividends, self-employment income, social security income, retirement income, alimony, unemployment benefits and workers compensation.
- **Please do not include:** public assistance, supplemental security income (SSI), foster care payments or child support received.

Applicant's Current Monthly Gross Income	\$
Spouse's Current Monthly Gross Income	\$
TOTAL	\$

(Please Note: Sole Proprietors may deduct documented monthly business expenses in calculating their monthly income.)

Section C Household Members / Household Size

The allowance income limit depends upon the number of household members you have. Household members include you, your spouse (or domestic partner if you are a Sole Proprietor) if residing in your household, and dependent children. Pregnant women count as two people for determining the number of household members.

Number of Household Members = _____.

Your total gross household income must not exceed the household income limitations of the program.

Healthy NY Household Income Guidelines*

Family Size	Monthly Income at or Below
1	\$ 2,167
2	\$ 2,917
3	\$ 3,667
4	\$ 4,417
5	\$ 5,167
For each additional person add:	\$ 750

*Effective 1/1/08

Pregnant women count as two people

Section C Household Members / Household Size *(continued)*

Are you a resident of New York State?

Yes

No

Healthy NY is available with coverage for prescription drugs (up to \$3,000 per person annually) or without prescription drug coverage. Healthy NY is also available with High Deductible Health Plan Coverage (HDHP). Once you select your choice of benefits, you cannot switch for a year. You may change benefit plans only at the time of annual recertification. The premiums are different for each benefit package.

Healthy NY coverage only

Healthy NY with High Deductible Health Plan Coverage (HDHP)

Healthy NY **with** prescription drug coverage
(max \$3,000 per person annually)

Healthy NY with Prescription Drug Coverage
and a High Deductible Health Plan (HDHP)

Is any Medicare eligible individuals enrolled on the Policy?

Yes

No

If so, please provide the individual's name (First, MI, Last), gender, and Social Security Number.

Section D. 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 that I am ineligible for health insurance offered through my employer and all individuals to be covered are ineligible for Medicare.

I understand that any person who knowingly and with the intent to defraud any 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 any 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.

Date: _____

Signature _____