



UnitedHealthcare
 9200 Worthington Road
 Westerville, OH 43082
 Phone: (888) 832-0964
 Fax: (866) 459-0518

2018 HEALTH CARE AND PRESCRIPTION DRUG DISCOUNT FORM

Complete this form and file it with UnitedHealthcare to apply for the Health Care and Prescription Drug Discount Program. You are only eligible to participate in the Health Care and Prescription Drug Discount Program if your total household income is equal to or less than the guidelines listed on the back of this form. It is not necessary to return this form if your income exceeds the eligibility limits on the Eligibility Table on page 2.

UnitedHealthcare must receive both sides of this form within 60 days of your qualifying event if you are newly retired, or 90 days of the qualifying event if you are a new survivor. If UnitedHealthcare does not receive this form by the deadline, you waive any right to request a discount for 2018. There are no retroactive discounts. This discount period will only be valid for 2018. You must submit a new application for any discount offered after that time. Please see the *Members' Guide to Health Care Benefits for 2018* for more information on discount eligibility.

Section A — Member / survivor information

Name: First, MI, Last, Suffix (Jr., III, etc.)		<input type="checkbox"/> Member <input type="checkbox"/> Orphan <input type="checkbox"/> Survivor	Social Security Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Street / P.O. Box			Date of Birth <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
City, State, ZIP Code	Home telephone												
Marital status (Do not mark single if you are divorced)													
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced													

Section B — Household information

	How many people live in your household? Members of the household include you, your spouse and any other person residing in your home who is primarily dependent upon you for support. Orphans, if applying separately, do not need to include other members of their household unless they are primarily dependent on the orphan for support.
\$	What was your total gross household income (amount before any deductions or taxes) on your most recently filed Federal Income Tax return including yourself, your spouse, and your dependents? Household income includes all income received by members of the household from OP&F and any other income that is reportable according to the Internal Revenue Service. Complete the worksheet on the back of this form to determine your total gross household income. Surviving spouses do not need to include their deceased spouse's income.

Section C — Signature and Acknowledgement

I represent to UnitedHealthcare that all the information shown herein or provided by me is true and complete and that no information has been omitted. I further agree that UnitedHealthcare is entitled to recover all losses incurred by OP&F resulting from the foregoing representation being incorrect or incomplete along with any losses incurred by OP&F relating to the failure to comply with the health care plan requirements or to timely provide requested information or documentation on behalf of myself or my covered person(s) and that any misstatement, misrepresentation or omission may impact my ability to participate in the Health Care and Prescription Drug Discount Program.

Member / Survivor Signature	Date of Signature
▶	

2018 Health Care and Prescription Drug Discount Program Overview

In 2018, OP&F may grant a 30 percent discount on the monthly contributions for health care and prescription drug benefits if you are enrolled in the OP&F-sponsored health care and prescription drug plans and have a household income less than or equal to the amounts listed in the Eligibility Table to the right. Each year, you must submit a new application to apply for the discounted rate.

Eligibility

To be eligible for the contribution discount for 2018, you must have had a total household income on your most recently filed Federal Income Tax return equal to or less than 225 percent of the poverty level established annually by the Department of Health and Human Services. As a result, the gross income levels that OP&F will use for the 2017 discount period are indicated on the right. For example, if there were a total of two individuals residing in your household in 2016 and your combined income was less than or equal to \$36,540, you would be eligible for the discount. Use the table on the right to determine if your household income makes you eligible for the 2018 Health Care and Prescription Drug Discount Program.

Application process

If your total household income is equal to or less than the guidelines listed in this section, you can apply for the discount by completing this form and attaching a copy of your most recently filed Federal Income Tax return. If you do not file a Federal Income Tax return, please contact UnitedHealthcare to request an affidavit to attest to the fact that you do not file Federal Income taxes. **UnitedHealthcare must receive this form and copy of your signed Federal Income Tax return (or affidavit) within 60 days of your qualifying event if you are newly retired, or 90 days of the qualifying event if you are a new survivor.** If UnitedHealthcare does not receive this form by the deadline, you waive any right to request a discount for 2018. There are no retroactive discounts. This discount period will only be valid for 2018. You must submit a new application for any discount offered after that time. Please see the *Member's Guide to Health Care Benefits for 2018* for more information on discount eligibility.

Eligibility Table	
Size of family unit	Household income less than or equal to
1	\$27,135
2	\$36,540
3	\$45,945
4	\$55,350
5	\$64,755
6	\$74,160
7	\$83,565
8	\$92,970
9	\$102,375
10	\$111,780
For each additional person, add \$9,405.	

Gross household income worksheet

This worksheet must be completed to determine your gross household income for section B on page 1.

All income received by members of the household from OP&F, any earnings related to service retirement or disability benefits, and any other income that is reportable according to the Internal Revenue Service. If you are a surviving spouse you do not need to include your deceased spouse's income.

Gross household income	Benefit recipient / survivor	Spouse	Dependents
OP&F income including disability benefits, Death Benefit Fund, annuities, and statutory survivor benefits	\$	\$	\$
Job-related income	\$	\$	\$
Child support	\$	\$	\$
Spousal support	\$	\$	\$
Unemployment	\$	\$	\$
Social Security	\$	\$	\$
Welfare assistance	\$	\$	\$
Workers' compensation	\$	\$	\$
Investment income (sales of stock, real estate, or other assets; dividends; cash; etc.)	\$	\$	\$
Other income	\$	\$	\$
TOTAL	\$	\$	\$

Total gross household income
(add the benefit recipient, spouse and dependent totals)

\$