

STATE EMPLOYEES' INSURANCE BOARD

Federal Poverty Level (FPL) Discount Application

(Copies of your most recent income tax filing and pay stubs must be attached.)

1. Employee/Retiree Information

Name: First Middle Last		Contract Number of Employee	
Address			
City, State, Zip Code			
Home Phone ()	Work Phone ()	Cell Phone ()	
Marital Status: (circle one) Single Married		E-mail Address:	

2. Income: List your household's current total monthly income. This includes **other** income sources listed below. **You must submit pay stubs or other necessary documentation verifying your current household income.**

1. Social Security (include Medicare premium)	12. Veterans Benefits, Pensions, Compensation or Insurance
2. SSI (Gold Check)	13. Insurance Annuity or Proceeds
3. Public Assistance (Welfare)	14. Government Payments on Land
4. Railroad Retirement	15. Coal, Oil, Gravel Rights, Timber Leases
5. Unemployment Compensation	16. Royalties
6. Legal Settlements	17. Child Support
7. Federal Civil Service Annuity	18. Interest on Savings
8. State Retirement/Pension	19. Private Pension
9. Miner's Benefits	20. Dividends
10. Black Lung Benefits	21. Other: Specify _____
11. Rental Income	

Name of Person Receiving the Payments	Source of Income	Current Gross Monthly Amount	Projected Annual Gross Amount

NOTE: You must submit your **most current pay stub** and **most recent signed state and federal income tax returns**. If you are married and you and your spouse file separately, you must submit your spouse's state and federal income tax returns as well. **W-2 forms will not be accepted in place of pay stubs.**

FPL Application

3. Household Members

Line A - State Employee's/Retiree's name Line B - Spouse's name Line C - H names of dependents who live in your home	Social Security Number	Relationship to the State Employee	Date of Birth	Age	Sex
A.		SELF			
B.		SPOUSE			
C.					
D.					
E.					
F.					
G.					
H.					

4. Affirmation I declare that the above statements and answers are true, complete and correctly recorded. I understand that submitting false or misleading information on this application is a crime punishable under state and federal law. I also recognize and understand that if any of the statements or answers recorded are found to be incorrect, incomplete, false or misleading, I will also be subject to disciplinary action, including termination of employment, and will be required to repay all discounts, plus interest.

Signature of Employee/Retiree

Date

Please return to:

State Employees' Insurance Board
 Attention: Accounting
 P.O. Box 304900
 Montgomery, AL 36130
 Phone: 334-263-8379
 Fax: 334-263-8720