

Health Coverage Tax Credit

Program Kit



Introducing a new program that can pay nearly
two-thirds of your health plan premiums.

What You Need to Know and Do in Five Steps

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Since you have received this kit, you may be eligible to claim the Health Coverage Tax Credit (HCTC). This important benefit pays 65% of your qualified health plan premiums for as long as you remain eligible. That means you can save 65 cents out of every dollar you're paying now. You can even claim the credit if you don't owe any federal income tax.

Please note that this is not a government health insurance program; it is a federal tax credit.

In general, you may claim this credit if:

- You are receiving certain Trade Adjustment Assistance (TAA) benefits,
- You are receiving benefits under the Alternative Trade Adjustment Assistance (ATAA) program, or
- You are receiving benefits from the Pension Benefit Guaranty Corporation (PBGC) and you are at least 55 years old

In addition, you must be enrolled in a qualified health plan (see Step 2, "Determine if Your Health Plan Is Qualified" to learn what plans qualify).

There are two ways to receive the credit:

- As an advance tax credit to help pay for monthly health plan premiums as they become due, or
- As a lump sum when you file your 2003 federal tax return

This kit will take you step by step through the process of determining whether you are eligible for the credit. If you appear to be eligible, this kit will guide you through the registration process. Please follow the instructions carefully so you and your family can receive the full benefit of this program.

Health Coverage Tax Credit

Verify Your Eligibility

Do any of the following describe you? If you fit into any of the following categories, you may be eligible to receive the credit:

1. You receive a Trade Readjustment Allowance (TRA) under the Trade Adjustment Assistance (TAA) program.
2. You are eligible for TRA under the TAA program but have not used up your unemployment insurance (UI) benefits.
3. You receive benefits under the Alternative Trade Adjustment Assistance (ATAA) program.
4. You receive pension benefits from the PBGC or you received a lump sum payment from the PBGC after August 5, 2002 and you are at least 55 years old. Benefits received as a survivor, a beneficiary, or an alternate payee under a qualified domestic relations order also qualify if you are at least 55 years old.

If you have questions about TRA benefits under TAA or about ATAA, you can call your local state workforce agency for more information. You can also contact the Department of Labor Employment and Training Administration at 1-800-US-2JOBS.

If you have questions about pension benefits from the PBGC, you can call them at 1-800-400-7242.

You are not eligible for the HCTC if any of the following applies to you:

- You are enrolled in a health plan maintained by an employer or former employer that pays at least 50% of the cost of the coverage
- You are entitled to Medicare Part A or enrolled in Medicare Part B
- You are enrolled in the Federal Employees Health Benefits Program (FEHBP), Medicaid, or State Children's Health Insurance Program (SCHIP)
- You are entitled to health coverage through the U.S. military health system (Tricare/CHAMPUS)
- You can be claimed as a dependent on someone else's 2003 federal tax return
- As of the first day of the current month in which you are eligible, you are imprisoned under a federal, state or local authority

Additional Requirements:

- You must choose a qualified health plan (see Step 2, "Determine If Your Health Plan Is Qualified").
- You must be enrolled in this qualified health plan on the 1st day of the month in which you plan to claim the credit.

Verify Your Eligibility, continued

Step 1

HCTC may cover your family too!

If you are eligible, you can use the credit to help purchase qualified health coverage for your qualified family members.

Qualified family members are:

- Your spouse, and
- Dependents that you can claim on your federal tax return (see note below)

You cannot claim the HCTC for a qualified family member who is any of the following:

- Enrolled in a health plan maintained by an employer or former employer that pays at least 50% of the cost of the coverage
- Entitled to Medicare Part A or enrolled in Medicare Part B
- Enrolled in the Federal Employees Health Benefits Program (FEHBP), Medicaid, or State Children's Health Insurance Program (SCHIP)
- Entitled to health coverage through the U.S. military health system (Tricare/CHAMPUS)

If you and your spouse are both HCTC-eligible and are covered by the same plan, only one of you needs to register in order for both of you to receive the credit. The person who didn't apply is considered a qualifying family member.

On the other hand, if you are both HCTC-eligible and have different health plans, you must register separately in order to receive the credit. In addition, each of you will need to complete and attach the IRS Form 8885 to your federal tax return(s).

Note: Children of divorced parents are treated as dependents of the custodial parent for the purposes of the HCTC. The non-custodial parent may not claim the credit even if she or he is entitled to claim the tax exemption for the child or carries the child's health insurance.

Step 2

Determine if Your Health Plan is Qualified

Remember, you must be enrolled in a qualified health plan to claim the credit.

Please note that enrolling in a qualified health plan does not guarantee you will receive the HCTC.

The following types of health coverage are qualified:

- COBRA continuation coverage, unless the employer or former employer pays at least 50% of the premium cost
- Individual coverage* in which you were enrolled for at least the last 30 days before you were separated from the job that made you eligible for TRA benefits, ATAA benefits, or payments from the PBGC
- State-qualified health plans (you can get a current list from the HCTC Customer Contact Center at 1-866-628-HCTC)
- Your husband's or wife's insurance from work, if the employer contributes less than 50% of the total health plan premium. (At this time, you can only claim the credit with this type of coverage when you file your federal tax return and not in advance.)

Are you currently uninsured? If you do not have any health coverage and you think you're eligible for the HCTC, contact a qualified health plan to enroll. Verify the coverage terms with the health plan and decide if they are acceptable to you. Keep copies of all of your 2003 health plan invoices for your records.

You must be enrolled in a qualified health plan to claim the HCTC.

*Individual coverage provided under a contract issued to one individual or family at a time usually requiring evidence of insurability and usually purchased through agents, brokers, or associations.

You can receive your Health Coverage Tax Credit either monthly or when you file your 2003 federal tax return.

We recommend you keep the following: health plan policy information, health plan invoices, proof of payment, and HCTC program invoices (for advance tax credit only).

If you would like to receive your HCTC benefit monthly:

1. Enroll in an HCTC-qualified health plan, if you have not already done so (see Step 2, “Determine if Your Health Plan is Qualified” for more information).
2. Complete the HCTC Registration Form in this kit.
3. Enclose the completed Registration Form, a copy of your current health plan invoice, and a copy of your COBRA election letter (if applicable) in the postage-paid envelope provided to you. If you misplaced the envelope, mail these items to

**HCTC Processing Center
P.O. Box 218386
Houston, TX 77218-8386**

4. If you have questions regarding the Registration Form, please contact the HCTC Customer Contact Center at 1-866-628-HCTC. (TDD/TTY callers, please call 1-866-626-HCTC.)
5. The HCTC program will process your Registration Form. You will receive a confirmation letter if you are successfully registered for the advance HCTC program. However, this does not complete all the steps necessary to be an **active** participant. Read your confirmation letter carefully. It includes some steps you must follow to actually begin receiving the credit in advance.
6. You will receive an invoice from the HCTC program. Return your specified payment in the envelope included with this invoice. When your first payment is processed successfully, you should send future payments to the HCTC program instead of to your health plan administrator.

For detailed payment instructions, see Step 4, “Your Payment Responsibility.”

Claim the Credit, continued

Important notes on the advance tax credit

- Keep paying your insurance bill in full until you receive an invoice from the HCTC Processing Center (approximately four to six weeks after you mail in the registration form).
- You will receive Form 1099-H or substitute Form 1099-H at the end of the year. Form 1099-H provides the amount of advance tax credit you have received and the months for which you have received it in 2003. It should be issued to you by February 2, 2004. You will need it to help you determine the amount, if any, of your credit on IRS Form 8885.
- If you are eligible for the HCTC and you have health coverage through your husband's or wife's employer, advance payment of the tax credit is not currently available to you. In such case, you may be able to claim the credit when you file your 2003 federal tax return.
- At this time, if you have qualified family members covered under a separate health plan policy, you can only claim the HCTC for their eligible premium amounts on your federal tax return.

If you would like to claim your HCTC benefit when you file your 2003 federal tax return

1. Continue to pay your qualified health plan premiums in full each month.
2. Complete IRS Form 8885 to claim the credit. Submit it with your IRS Form 1040, 1040NR, 1040SS, or 1040PR.

Be sure you continue paying your health plan administrator until you are registered and receive an HCTC invoice.

Your Payment Responsibility

Step 4

The HCTC program will cover 65% of your eligible premium amount. The eligible premium amount covers major medical plans for you and qualified family members. **Please note:** Exceptions such as vision and dental coverage are not considered part of the eligible premium amount (except when your health plan includes them in your major medical care premium).

If desired, use this worksheet to estimate your monthly payment responsibility. You will need your most recent health plan invoice.

1. Enter the total health plan premium that you pay per month for yourself and any qualified family member(s). (1) _____
2. Enter the total of any premiums you pay per month for exceptions (for example, vision and dental coverage). (2) _____
3. Subtract line 2 from line 1. This is your monthly eligible premium amount. (3) _____
4. Multiply line 3 by 35% (.35) and enter the result. (4) _____
5. Add lines 2 and 4. (5) _____
6. Enter the amount of any health plan premium you pay for non-qualified individuals. (6) _____
7. Add lines 5 and 6. This is an estimate of your contribution as part of the HCTC advance tax credit program. (7) _____
8. Subtract the amount on line 4 from the amount on line 3. This is an estimate of what you will save through the HCTC credit. (8) _____

How do I make my payment? Each month you will receive an invoice from the HCTC Processing Center. You must pay your portion in full by the due date provided. Once your payment clears, the HCTC Processing Center will add the credit amount and submit the full payment to your health plan administrator each month for as long as you are eligible for the program. Please note that late or missed payments may impact your participation in the advance HCTC program. If you miss the HCTC deadline for your payment, you should send your full premium amount to your health plan administrator in order to maintain coverage.

Your Payment Responsibility, continued

The HCTC Processing Center will accept the following forms of payment:

1. Personal check
2. Business check
3. Money order
4. Certified check
5. Cashier's check

You should make your check payable to "US Treasury – HCTC." Your check must draw US funds from a US bank.

To send in your payment:

1. Enclose payment for the correct amount along with the payment coupon in the envelope provided. Be sure to write the Social Security Number (SSN) or Tax Identification Number (TIN) of the eligible individual on the check.
2. Send your payment to the US Treasury – HCTC. If you don't have the payment envelope that was sent with your invoice, you can send your payment to this address:

US Treasury – HCTC
P.O. Box 970023
St. Louis, MO 63197-0023

You must pay your portion in full by the due date on the HCTC invoice.

Notice to HCTC Participants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic fund transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic fund transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under a federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

Your Payment Responsibility, continued

Step 4

Until you receive your first invoice from the HCTC program, you should continue paying 100% of your health plan premium directly to your health plan administrator. Because registration takes 4 to 6 weeks to complete, you should budget to pay your full health plan premium during that time. You will be able claim the credit for that period when you file your federal tax return.

Make sure your health plan payments are up to date. The HCTC program is not responsible for any balance you owe prior to receiving the advance credit and will not bill you for this amount.

Once your first payment to the HCTC program is processed, you become an **active** participant in the advance HCTC program. For any period in which you are billed by the HCTC program, as long as you make your full payment to the program by the due date, you do not also need to send a payment directly to your health plan for those premium amounts. However, you may continue to receive invoices from your health plan as before. (You should save these for your personal records.)

Notify the HCTC Customer Contact Center at 1-866-628-HCTC (TDD/TTY: 1-866-626-HCTC) of any of the following changes:

- Qualified family member(s) status
- Health plan premium amount
- Health plan benefits
- Health insurance company
- Health insurance product (e.g., HMO, PPO, POS)
- Your personal information (e.g., your home address and phone number)
- Termination of health coverage
- Your eligibility

If you receive a letter from the HCTC program notifying you that you are no longer eligible for the advance tax credit, you should resume sending your full payment to your health plan administrator to maintain coverage.

Notify the HCTC Customer Contact Center of any changes to your personal or health plan information.

Frequently Asked Questions About the HCTC Program

1. If I'm eligible, when can I begin receiving the HCTC and for how long?

Generally, you may continue to receive the HCTC for as long as you meet the eligibility requirements listed on page 4. If you are eligible for the credit under TAA, you may receive the credit for one extra month after your TAA eligibility ends.

2. If I am not a United States citizen, can I still claim the credit?

Yes, as long as you meet the program eligibility requirements.

3. If I do not owe any federal income tax, can I still claim the credit?

Yes, but you must file IRS Form 8885 with your 1040, 1040NR, 1040SS, or 1040PR when you file your federal tax return.

4. If I become employed, will I stop receiving the credit?

Going back to work will not in itself disqualify you from receiving the credit. However, you must still continue to meet the eligibility requirements listed on page 4 in order to remain eligible for the HCTC.

5. What is IRS Form 8885?

You should use IRS Form 8885 to claim the HCTC on your federal tax return. This form helps you determine if you are eligible and provides instructions for claiming the credit. You should complete and submit it along with your federal tax return. If you do not have IRS Form 8885, call the IRS at 1-800-TAX-FORM. You may also download the form at <http://www.irs.gov/pub/irs-pdf/f8885.pdf>.

6. What is IRS Form 1099-H?

If you claim the HCTC in advance, you will receive IRS Form 1099-H or substitute Form 1099-H. This form lists the amount of advance tax credit you received and the months for which you received it in 2003. It is for your records. You will need it to complete IRS Form 8885, which should be used to claim the HCTC for those months in which you were eligible for but did not receive the advance credit.

How Can We Help?

It's important to be sure that both you and your health plan qualify for the Health Coverage Tax Credit, and that you complete the Registration Form correctly. If you have any questions after going through this kit, please contact us. We're here to help!

Call toll-free 1-866-628-HCTC (1-866-628-4282).

TDD/TTY callers, please call 1-866-626-HCTC (1-866-626-4282).

Or visit us on the Web at <http://www.irs.gov> (IRS keyword: HCTC).

Be sure to fill out the Registration Form completely and correctly before sending it in.



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Internal Revenue Service

www.irs.gov

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