Healthcare Cost Hardship Plan (HCHP) Application

Please refer to the back of this form for instructions and further detail.

Name: [ ] Last 4 digits of SSN: [ ]

Address: [ ]

E-mail: [ ] Phone: [ ]

In order to qualify for the Healthcare Cost Hardship Plan, you must be on the Open Access Plan 1 (OAP2) or Open Access Plan 2 (OAP2) health plan, have incurred at least 7 percent of your adjusted gross income in healthcare expenses, and exhausted your Flexible Spending Account (FSA). You must also provide the following information in order to be reimbursed for your expenses:

☐ Last year's tax return showing household adjusted gross income (Line 37, IRS Form 1040)

☐ Supporting medical documentation (ex. bills and receipts)

How to figure out the amount to be reimbursed:

A: Your household's adjusted gross income (AGI):

B. Seven percent (7%) of your AGI (A multiplied by 0.07):

C. Your total medical expenses (ex. coinsurance, co-pays, and deductible):

D. Medical expenses to be reimbursed (C minus B):

I understand that by signing below, I am certifying that all of the information provided on this form and attached documentation is true. I understand that failure to provide all necessary information on or attached to this form or to respond to requests for additional information will result in a denial of my request. I understand that a reimbursement of expenses exceeding seven (7) percent of my household's adjusted gross income will be considered non-taxable income.

Signed: ___________________________ Date: [ ]

Please send form to: Crosby Benefit Systems, Inc., Mail: 27 Christina Street, Newton, MA 02461,
Fax: 617-928-0001, or E-mail: servicecenter@crosbybenefits.com
Healthcare Cost Hardship Plan (HCHP) Application
Instructions and Additional Information

Purpose:
To provide financial assistance to Dartmouth College employees on the Cigna Health Care Open Access Plan 1 (OAP2) or Open Access Plan 2 (OAP2) plans who cannot meet the increased cost of medical plan co-payments, coinsurance and deductibles.

Eligibility:
Dartmouth College employees with at least 1 year of continued service.
Dartmouth College employees in the Open Access Plan 1 (OAP1) or Open Access Plan 2 (OAP2).
Dartmouth College will verify participation in the Cigna plan.
Flexible Spending Account (FSA) funds must be exhausted before requesting reimbursement. This will be verified by Crosby Benefits.
  o FSA funds can be used for eligible expenses not associated with this application.
  o The College and your contribution toward the FSA must be exhausted.
Employees or retirees who meet all other eligibility requirements and who also receive their medical benefits through COBRA are eligible.
Based on household income as evidenced by the Adjusted Gross Income (AGI) from previous year tax return (Line 37 of 2010 IRS Form 1040).
Reimbursement is for expenses exceeding 7% of household income.
Reimbursement includes all out-of-pocket costs for services covered by the OAP1 and OAP2 plan within a single year.

Maximum Annual Reimbursement:
All out-of-pocket costs over 7% of household income are eligible for reimbursement. Out-Of-pocket costs may include co-payments, coinsurance and deductibles.

Approval and Payment:
A completed application form, with supporting documentation, must be submitted to Crosby Benefits. Failure to provide all necessary information on or attached to the application form, or to respond to requests for additional information, will result in a denial of the request.
Crosby Benefits will send notification of approval/denial and request/return documentation as needed.
Reimbursement will be processed only at designated times: June, September, December and March.
  o Deadlines to submit applications and documentation in order to receive reimbursement is one month prior to the designated times above. (ex. deadline to submit is May 1st for June 1st reimbursement)
In the case where one is approved for reimbursement and incurs expenses after approval, and within the same tax year, one can submit subsequent documentation to Crosby Benefits with a new application cover sheet.
The reimbursement will be considered non-taxable income.

Documentation Required (for Crosby Benefits):
Completed Healthcare Cost Hardship Plan Application
Previous year's tax return, including the Adjusted Gross Income (AGI) (Line 37 of 2010 IRS Form 1040).
Supporting medical documentation (ex. bills and receipts for incurred expenses and anticipated expenses that go above 7% household income.)