

Healthcare Cost Hardship Plan (HCHP) Application

Complete this application and send it, with the documents listed in section 2, to the Benefits Office. Page 2 explains eligibility, deadlines, and how reimbursement works.

1. About you

Name		Dartmouth ID#	
Address			
Email		Phone	

2. What you are sending (check each one)

- ☐ Most current annual federal tax return (Form 1040) showing your household adjusted gross income (AGI)
- ☐ Supporting medical documentation, such as bills and receipts. These must itemize the expenses.

3. Figure out your reimbursement

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 (coinsurance, copays, and deductible)	\$	
D. Medical expenses to be reimbursed (C minus B)	\$	

Lines B and D calculate automatically in Adobe Acrobat and Reader. If yours do not, type them in.

4. Certification

By typing my name below, I certify that all of the information provided on this form and in the attached documentation is true. I understand that failure to provide all necessary information, 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 percent (7%) of my household's adjusted gross income is considered taxable income.

Name (typed as your signature)		Date	
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Send to: Human Resources Benefits Office, 7 Lebanon Street, Suite 203, HB 6042, Hanover, NH 03755. Email: Human.Resources.Benefits@dartmouth.edu. Fax: (603) 646-1108.

HCHP Instructions and Additional Information

Purpose

The Healthcare Cost Hardship Plan provides financial assistance to Dartmouth College employees enrolled in the Cigna Open Access Plan (OAP) or the Cigna Choice Fund (CCF) whose out-of-pocket expenses, not including premium contributions, exceed 7% of their household income. Out-of-pocket expenses are copayments, deductibles, and coinsurance.

Eligibility

- You are an active Dartmouth College employee with at least 1 year of continued service.
- You were enrolled in the OAP or CCF plan when the expense was incurred. Dartmouth College will verify your participation in the Cigna plan after receiving your application.
- Reimbursement is for expenses exceeding 7% of household income. Household income is your adjusted gross income (AGI) from your most current annual tax return.
- Reimbursement includes all out-of-pocket costs for services covered by the OAP and CCF plan within a single calendar year.
- Flexible Spending Account (FSA) funds must be used up before you request reimbursement. FSA funds can still be used for eligible expenses not associated with this application. Your elected contribution and the College contribution of \$250* toward the FSA must be used up.
 - *Non-exempt staff and employees earning \$60,000 or less automatically receive \$250 in a Health Care Flexible Spending Account. If you are part-time or your hire date is after January 1, the amount is prorated.
 - If spouses both work at Dartmouth College and each receives the College contribution to the FSA, the total of both FSAs must be used up before you request reimbursement.

Maximum annual reimbursement

All out-of-pocket costs greater than 7% of household income are eligible for reimbursement. Out-of-pocket costs may include copayments, coinsurance, and deductibles.

Approval and payment

- Dartmouth College processes reimbursements only at designated times: June, September, December, and March. The March reimbursement is for the full prior calendar year.
- The deadline to submit your application and documentation is one month before each designated time. For example, the deadline is May 1 for the June 1 reimbursement.
- Submit a completed application form, with supporting documentation, to the Benefits Office. Failure to provide all necessary information, or to respond to requests for additional information, will result in a denial of the request.
- If you are approved and have more expenses after approval within the same calendar year, you can submit the new documentation with a new application cover sheet.
- The reimbursement is considered taxable income.

Documentation required

- Completed Healthcare Cost Hardship Plan Application
- Most current annual tax return, including your household adjusted gross income (AGI)
- Supporting medical documentation, such as bills and receipts. These documents must itemize expenses.