



PREMIUM ASSISTANCE REVIEW FORM

Please review the information below to ensure it is accurate. If the information is not correct, please write in the correct information so we may update our files. If any of the health insurance information for this individual is not populated, please report the correct information

	INFORMATION ON FILE	UPCOMING PLAN INFORMATION – (IF DIFFERENT)
Policy Holder/Member		
Employer Name		
Employer’s Human Resource Address		
Insurance Company		
Type of Plan	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> EPO <input type="checkbox"/> Major Medical <input type="checkbox"/> Indemnity	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> EPO <input type="checkbox"/> Major Medical <input type="checkbox"/> Indemnity
Plan Tier	<input type="checkbox"/> Individual <input type="checkbox"/> Dual <input type="checkbox"/> Couple <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Dual <input type="checkbox"/> Couple <input type="checkbox"/> Family
Policy Number		
Group Number		
Policy Start Date: (MM/DD/YYYY)		
Total Monthly Premium		
Monthly Employer Contribution		
Monthly Employee Contribution		
Rate Year (dates premium rates are effective):		
Individuals covered by Policy (MassHealth ID)		
Other Notes:		

Name of Human Resources/Benefits Person Completing Form _____

Phone Number: _____ Date: _____

- All Premium Assistance Review Forms must include a copy of the Summary of Benefits (which describes the coverage, deductible, out of pocket max, etc. for the health insurance plan you are enrolled in).
 - Summary of Benefits attached
- If this plan is not through your employer, please provide a copy of a bill or statement from your insurance company indicating your monthly premium cost.
 - Copy of Insurance Bill or Statement is Attached (only applies to policies not provided by employer or COBRA plans)

If you have any questions on how to complete this form please call 1-800-862-4840 | Fax (617) 451-1332