



A UnitedHealthcare Company

Healthy NY Annual Re-certification For Individuals and Sole Proprietors

Section A Member Information

Name	First	Middle	Last
Healthy New York I.D. Number		Telephone No.	
Street Address (where you live) Street			
City	State	Zip	County
Mailing Address if different than street address Street			
City	State	Zip	County

Section B Household Income

Please list your current monthly gross income and the current monthly gross income of your spouse (if your spouse resides in your household). Do not count the income of anyone else in your household.

- **Income includes:** wages, salary, interest and dividends, self-employment income, social security income, retirement income, alimony, unemployment benefits and workers compensation.
- **Please do not include:** public assistance, supplemental security income (SSI), foster care payments or child support received.

Applicant's Current Monthly Gross Income	\$
Spouse's Current Monthly Gross Income	\$
Total	\$

(Please Note: Sole Proprietors may deduct documented monthly business expenses in calculating their monthly income.)

Section C Household Members / Household Size

The allowable income limit depends upon the number of household members you have. Household members include you, your spouse (if residing in your household), and dependent children. Pregnant women count as two people for determining the number of household members.

Number of Household Members = _____

Please Note: Your household income must meet the guidelines below in order to continue to be eligible for the Healthy NY program.

Healthy NY Household Income Guidelines*

Family Size	Annual Income at or Below	Monthly Income at or Below
1	\$23,800	\$ 1,984
2	\$31,950	\$ 2,663
3	\$40,100	\$ 3,342
4	\$48,250	\$ 4,021
5	\$56,400	\$ 4,700
Each additional person add:	\$8,150	\$ 680

*Effective 01/05

Section D Documentation

You must attach proof of current income. The following are examples of acceptable documentation, if they show your current income:

- Pay stubs
- Tax returns
- W-2 forms
- Letters from employers
- Copies of paychecks
- Business documents

Section E Choice of Benefits

Healthy NY is available with coverage for prescription drugs (up to \$3,000 per person annually) or without prescription drug coverage. Once you select your choice of benefits, you cannot switch for a year. You may change benefit plans only at the time of annual recertification or if the rate changes. Choose your benefit plan.

_____ Healthy NY with prescription drug coverage
(max \$3,000 per person annually)

_____ Healthy NY without drug coverage

Section F Certification – Please read carefully.

By signing this certification of eligibility, I certify under penalty of perjury that I am a resident of New York State and all statements contained in this certification are true to the best of my knowledge. I further certify all individuals to be covered under my policy are ineligible for Medicare.

Date _____

Signature _____

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.