

IRS-HCTC PROGRAM

The Health Coverage Tax Credit (HCTC) Program is administered by the Internal Revenue Service (IRS). To be eligible for assistance from the IRS, you have to be eligible for Trade Readjustment Assistance (TRA) benefits. (This is the monetary benefit that Trade Adjustment Assistance (TAA) customers receive while in TAA approved training.)

One can also be eligible for assistance from the IRS if they receive a pension from the Pension Benefit Guarantee Corporation (PBGC).

West Virginia Bridge Gap Grant

The State of WV administers a National Emergency Grant (NEG) which can offer assistance to those customers who are eligible for the IRS-HCTC Program. This assistance is available while the customer is in the process of enrolling into the IRS-HCTC Program. This office is limited to processing up to 3 or 4 checks while the customer is waiting to get enrolled into the IRS-HCTC Program. The IRS normally takes about 6 to 8 weeks to enroll customers.

At this time, both the IRS and the WV Bridge Gap Grant can assist customers for 80% of premium through January and February 2011. **However, if Congress does not reauthorize the American Recovery and Reinvestment Act (ARRA), then both the IRS and the WV Bridge Gap Grant can only assist with 65% of premium.**

The customer will responsible for 20% if the assistance is for 80%. The customer will be responsible for 35% if the assistance is for 65%.

TO: Potential WV Bridge Gap Grant Participant

In response to your request for assistance from the West Virginia Bridge Gap Grant, I am enclosing an application. Please return the completed application along with proof you are eligible for UI/TRA benefits. We will also need proof of age (such copy of driver's license, birth certificate, etc.).

You may request assistance from the WV Bridge Gap Grant while you are waiting to get enrolled into the IRS-HCTC program. We are limited to processing 3 or 4 checks while you are getting enrolled into the IRS-HCTC program. **You must contact the IRS Customer Contact Center (toll free) 1-866-628-4282 to enroll into the IRS-HCTC program.**

Once you have your insurance statement* and have completed the application for assistance from the WV Bridge Gap Grant, please mail them, along with your UI/TRA eligibility statement and proof of age, to WorkForce West Virginia, Attn: Elaine Huskins, Building 4, Room 409, 112 California Avenue, Charleston, WV 25305.

If you decide to pay the full premium yourself, please make a copy of your check before sending it to the insurance company. Send the copy of check along with rest of required documents. I can then reimburse you 80% of premium. Our Grant cannot cover the cost of Dental or Vision. So we need to know how much of the premium is for Medical Coverage only.

If you have any questions, please do not hesitate to call me. Our toll-free number is (877) 967-5498.

Elaine Huskins
WV Bridge Gap Grant Coordinator
Elaine.O.Huskins@wv.gov

NOTE: As we discussed, we may be able to pay 80% of premium (you would pay 20%) up to Feb. 15, 2011. If Congress does not reauthorize the American Recovery and Reinvestment Act, then we can only pay 65% and you would be responsible for 35% of premiums during your eligibility period.

***This can be your insurance statement from COBRA, Mountain State Blue Cross/Blue Shield or ACCESS WV (whichever you decide to enroll in).**

**Mountain State Blue Cross/Blue Shield
(888) 480-7750 (toll free #) Tell them you are HCTC eligible.**

**ACCESS WV
(866) 445-8491, Ext. 133 (toll free #) Tell them you are HCTC eligible.**

WORKFORCE WEST VIRGINIA
 WV BRIDGE GAP GRANT
 Building 4, Room 409
 112 California Avenue
 Charleston, WV 25305
 Telephone: (304) 558-8416 Fax: (304) 558-7029
 (877) 867-5498 (toll free number)

**Request for NEG/HCTC
 Bridge Grant Payment**

 (Date of Birth)

(Please print all information)

 (Social Security Number)

 (Petition Number)

 (Last name)

 (First name)

 (Middle initial)

()

 (Address)

 (Phone number)

 (City)

 (State)

 (Zip code)

NEG/HCTC Bridge Grant Qualifying Information

I am providing an *invoice/receipt* to reflect that I have the following qualified health coverage:
 (check appropriate box and fill in information where needed)

___ Mountain State Blue Cross-Blue Shield State-Qualified Plan or ACCESS WV

___ COBRA continuation coverage

___ PBGC (Pension Benefit Guaranty Corporation) recipient but not eligible for Medicare

___ Individual (non-group) health coverage that began 30 days prior to separation from employment

___ Spousal coverage plans where the employer pays less than 50% of the premium

___ Other approved state-qualified plan _____

(Name of insurance company)

Customer Certification

The above information has been supplied to support my request for the NEG/HCTC Bridge Grant payment(s). All information contained in this request is correct and complete to the best of my knowledge. I understand that 80% of my monthly health care premium will be paid for up to three (3) months while I am in the process of applying for the advanced payment through the U.S. Department of Treasury, Internal Revenue Service. I acknowledge that if my health insurance policy is cancelled for nonpayment of my 20% payment during the period covered by this grant, I will return to the WorkForceWV the 80% reimbursement payment upon receipt. My signature on this form constitutes my authorization for the WorkForceWV to verify my health insurance coverage for each month covered by this grant. I know that this information is subject to verification and that penalties are prescribed by law for willful misrepresentation of facts in order to obtain payment(s) for which I am not entitled.

 (Signature of Customer)

 (Date)

Did you claim the Health Coverage Tax Credit on your 2010 Federal 1040 tax return? ___ Yes ___ No

Did you complete Form 8885 and send it with your 2010 Federal return? ___ Yes ___ No

Payment Calculation Office Use Only

Insurer: _____

Gross Premium:* \$ _____

80% Grant pays: \$ _____

20% You pay: \$ _____

Fiscal Use Only	
Check #	_____
Mailed	_____
Initials	_____

*If Gross Premium includes Dental or Vision Coverage, please show cost. The Bridge Grant Funds **cannot** be used for Dental or Vision Coverage.