TOWN OF WINCHESTER, MASSACHUSETTS
RETIREE HEALTH INSURANCE MITIGATION PLAN
~~HARDSHIP~~ APPLICATION
rebate

A. IDENTIFICATION
Complete this section fully.

Applicant's Name: _____

Retirement Date: _____

Mailing Address: _____
_____
_____

Health Insurance Plan: _____

Monthly ~~Deduction:~~ _____
health insurance payment

Phone Number: _____

Last 4 digits of SS#: _____

~~Household Size:~~ _____

~~Household Includes:~~ Household members/dependents
(provide name & relationship)
_____
_____
_____

Need a place to list all health care costs - those covered as well as 'out of pocket (transportation, home health care, over the counter medical supplies, etc)

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B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR

Copies of your Federal and State Income Tax returns and other documentation will be required to verify your income.

	Applicant	Spouse/Partner
Retirement/Pension Benefits:		
Winchester Contributory Retirement System		
Massachusetts Teacher's Retirement System		
Social Security		
Other		
Wages, Salaries and Other Compensation		
Net Profits from Business or Profession		
Interest and Dividends		
Other ~~Receipts~~ (please describe)		
income		
Totals		

Are you receiving any other federal, state or local assistance (i.e. tax relief, fuel assistance, etc.)? If so, please provide a brief description of the assistance and the amount you receive:

_____

_____

_____

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C. SIGNATURE *Sign here to complete the application.*	
This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct and complete.	
Signature	Date

Other comments:

Need a cover letter - crucial

HR person approve form and cover letter?

HR person send HAR form to non medicare folks?