



North Carolina Health Insurance Risk Pool
dba Inclusive Health
HCTC Application Addendum

Complete only if you are applying for the Health Coverage Tax Credit (HCTC). This addendum is a supplement to the Inclusive Health Application for Coverage. It should be completed, and attached to a completed Inclusive Health Application for Coverage.

APPLICANT INFORMATION

Last Name: _____	First Name: _____	MI: _____
Social Security #: _____	Date of Birth: _____	

HCTC QUALIFICATION

1. Indicate certification type:	
<input type="checkbox"/> Trade Adjustment Assistance (TAA)	
<input type="checkbox"/> Pension Benefit Guaranty Corporation (PBGC)	
2. Provide the following information about the TAA or PBGC employer.	
Company Name:	_____
Company Phone #:	_____
Employment Dates:	From _____ To _____
3. How is the applicant related to the HCTC certified person?	
<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD
4. Provide the following information about the HCTC certified person:	
First Name: _____	MI: _____ Last Name: _____

ELIGIBILITY INFORMATION

1. Are you eligible for or enrolled in Medicare Part A or B?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. Are you entitled to health coverage through the military health system (CHAMPUS/TRICARE). This does not include health coverage received as a Veteran Affairs (VA) benefit.	
<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. Are you imprisoned under federal, state or local authority?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. Are you being claimed as a dependent on someone else's federal tax return?	
If yes, indicate who's tax return: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other (describe) _____	

REQUIRED DOCUMENTATION

Please provide one of the following documentation with this application.	
1. Copy of the Trade Adjustment Assistance (TAA) certification or proof that you are receiving a pension through the Pension Benefit Guarantee Corporation (PBGC)	
2. Copy of the Health Coverage Tax Credit (HCTC) certification	
I certify that the above information is correct and that this addendum is a part of my INCLUSIVE HEALTH application.	
Signature of Applicant: _____	
Signature of Parent or Guardian(if applicant is minor) _____	