



WASHINGTON STATE HEALTH
INSURANCE POOL

LOW INCOME DISCOUNT APPLICATION

Please type or print in black ink. Complete the Applicant Information section on this page and the attached **Family Income Reporting Form** and return them both to WSHIP at the address listed below. Incomplete applications may delay the processing of your Low Income Discount Application. If you have questions while completing this application, log onto our web site at www.wship.org, or call **Customer Service** at **1.800.877.5187**.

SECTION 1: APPLICANT AND HOUSEHOLD INFORMATION

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ ZIP _____

County of Residence _____

Marital Status: Single Married Legally separated

Male Female Birth Date ____/____/____ Age _____

Total Family Size _____ (including children 18 years and younger)

Social Security Number of Applicant _____ - _____ - _____
(Your social security number is voluntary. If you do not provide it, you may have to prove your eligibility more often.)

Name of Spouse _____

Social Security Number of Spouse _____ - _____ - _____
(Your social security number is voluntary. If you do not provide it, you may have to prove your eligibility more often)

Email Address _____

Home Telephone (____) _____ Work Telephone (____) _____

Mail forms to: WSHIP, Attn: Enrollment, PO Box 1090, Great Bend, KS 67530

FOR OFFICE USE ONLY
EFFECTIVE DATE ____ / ____ / ____

SECTION 2: FAMILY INCOME

Fill in the following information for all current employers for yourself and your spouse, if legally married. If you need more room, use a separate sheet and include your full name and address.

	Applicant	Spouse
Employer/company name		
Employer's address		
Employer's phone number		
Date you started working for this employer		
Employer/company name		
Employer's address		
Employer's phone number		
Date you started working for this employer		
Employer/company name		
Employer's address		
Employer's phone number		
Date you started working for this employer		

FAMILY INCOME REPORTING FORM
Show gross amounts (before taxes) on this form.

Have you changed employers in the last 12 months? Yes No
 Has your income changed in the last 12 months? Yes No
 Briefly explain changes: _____

If you have not received a full 30 current/consecutive days of income or benefits from any source of income you listed below, please explain why here. Also explain any periods for which you don't have documentation.

WSHIP may average or use your last 30 days' income to get the most accurate picture of your income.

You must check "yes" or "no" for each family member on every income line item. Show gross monthly amounts. If more dependents, list on a separate sheet or copy this form.	Self	Spouse	Child
Gross wages, salary, tips, assistantships, commissions	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Self-employment or rental income Provide Washington State Unified Business Identifier (UBI) # _____ Check box if no UBI # <input type="checkbox"/> (For details on what to send WSHIP, see the next page.)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Unemployment compensation, strike benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Social Security benefits – circle types received Retirement Survivor Supplemental security (SSI) Disability If Social Security disability, date of entitlement _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Retirements, pensions, annuity benefits Is the amount received due to an early withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Child support, alimony/spousal maintenance received	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Insurance benefits, whether private or through employment, such as life, accident, long- or short-term disability	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Interest, dividends, trust, estate, inheritance, capital gains, gambling, lottery, royalties	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Veterans' benefits, military allotments	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Workers' compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Public assistance cash grants DO NOT INCLUDE FOOD STAMPS	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Income from any other source Explain _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Work- or school-related dependent/child care expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Explanation of income types and what to send with your *Family Income Reporting Form*

You must provide copies from the Internal Revenue Service (IRS) of the following:

- Your IRS Form 1040, federal income tax form, and all schedules
- Schedule K-1 for each family member for each S-Corporation, partnership, or trust beneficiary
- A complete IRS transcript, if you do not have a copy of your IRS Form 1040
- A signed and dated statement explaining that you did not file

To request a transcript or letter of non-filing status, call the IRS at 1-800-829-1040.

Proof of income must include the name of the person paid, the **gross** amount(s) paid, and the dates paid. Send a full 30 days' proof for each income source. On a separate sheet, explain any gaps in income. **(Always send current documents.) Do not mail originals. They cannot be returned to you.**

Explanation of income type	Examples of copies you might send
Wages, salary, tips, assistantships, commissions	<ul style="list-style-type: none"> • Pay stubs for four consecutive weeks or one month • Signed and dated statement from employer(s)
Self-employment or rental income	<ul style="list-style-type: none"> • IRS 1040 and all applicable schedules • Schedule K-1(s), if applicable • Statement of income and expenses (any business not shown on 1040) • Washington State Unified Business Identifier (UBI) number
Unemployment compensation, strike benefits	<ul style="list-style-type: none"> • Unemployment stubs for four consecutive weeks or one month. • Strike benefit statement • Computer print-out from agency/payer
Social Security benefits	<ul style="list-style-type: none"> • Initial notice of award letter • Statement showing monthly benefit amount • Computer print-out from agency/payer
Retirements, pensions, annuity benefits	<ul style="list-style-type: none"> • Award letter or benefit statement • Cost of living allotment statement • Signed and dated statement from payer(s) • Computer print-out from agency/payer
Child support, alimony/spousal maintenance	<ul style="list-style-type: none"> • Payment order • Court documents or Division of Child Support (DCS) statement • Signed and dated statement from payer(s) • Computer print-out from agency/payer • Copy of check or signed statement from recipient
Insurance benefits	<ul style="list-style-type: none"> • Award letter • Court documents • Statement from institution
Interest, dividends, trust, estate, inheritance, capital gains, gambling, lottery, royalties	<ul style="list-style-type: none"> • IRS 1040 and all applicable schedules • Statement from trustee, investment firm, bank, or financial institution • Court documents • Copy of contract
Veterans' benefits, military allotments	<ul style="list-style-type: none"> • Award letter or benefit statement • Leave and Earnings Statement (LES)
Workers' compensation	<ul style="list-style-type: none"> • Award letter or benefit statement • Labor & Industries (L & I) payment order for four consecutive weeks (two consecutive orders)
Public assistance cash grants	<ul style="list-style-type: none"> • Award letter or benefit statement • Computer print-out from Department of Social and Health Services (DSHS)
Income from any other source	<ul style="list-style-type: none"> • Signed and dated statement from payer • Signed and dated statement from applicant/member
Personal care workers, independent providers	<ul style="list-style-type: none"> • Social Service Payment System (SSPS) invoice, and • Remittance Advice, pages 1 and 2

Can dependent care expenses be deducted? Yes; you may deduct work- or school-related dependent care expenses (work- or school-related means the dependent spends time in dependent care so that adults in the home can go to work or school). You must provide copies of receipts that include the amount you paid, the dates of care, and the dependent care provider's name, address, and phone number.

Section 3: Self-Employment or Rental Income Reporting Form

Name: _____

Mailing Address: _____

If you filed an income tax return for your business, provide a copy of all forms, schedules, and K-1s, if applicable. If you have more than one business, copy this form. Complete a separate form for each business.

If you have owned the business(es) or rental property less than 12 months and it's not reported on your Schedule C, fill in the income and expenses for the number of months you have been in business or owned the property.

Do not mail originals to WSHIP; they will not be returned to you.

Name of business:		
Name(s) of business owner(s):		
Washington State Unified Business Identifier (UBI) number:		Check box if no UBI# <input type="checkbox"/>
Date business began / /	Months you are reporting From / / Through / /	Total number of months in business
Type of business	<input type="checkbox"/> Rental(s)	<input type="checkbox"/> C-Corporation
	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> S-Corporation
		<input type="checkbox"/> LLC
		<input type="checkbox"/> Partnership
Percent of business owned by you and your spouse, if married: ____%		

Income	Total for this period
Gross Receipts, sales, or rental income	
Expenses: Business-related only (Depreciation or amortization not allowed)	Total for this period
Merchandise and materials	
Gross wages paid to employees (less employment credits)	
Employer's payroll-related taxes	
Advertising/other promotional	
Car and truck	
Commissions/management fees	
Insurance (not WSHIP)	
Interest—Mortgage	
Interest—Other	
Legal and professional fees	
Rent or lease of vehicles, machinery, equipment	
Rent or lease of other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses	
Travel, meals, and entertainment	
Utilities	
Business use of the home (If you can prove more than half of your home is used for business most of the year, or you have a separate building on your residential property that is used only for business)	
Total business expenses	
Total net profit (or loss)	

No income? If you and your spouse are reporting no income, briefly explain below how you supported yourself and sign the statement.

I certify to the best of my knowledge all of the above information is true and accurate.

Signature _____ Please print name _____ Today's Date _____

Signature of Spouse _____ Please print name _____ Today's Date _____

Section 4: AGREEMENT AND SIGNATURE

AGREEMENT MUST BE SIGNED BY YOU

Signature of applicant: _____

Applicant name printed: _____

Date: _____

Please submit all required forms and documentation to:

**WSHIP
Attn: Enrollment
PO Box 1090
Great Bend, KS 67530**

***Questions? Call 1-800-877-5187
On the internet, go to: www.wship.org***