

FEDERAL POVERTY LEVEL ASSISTANCE APPLICATION (FPL)

ACTIVE OR RETIRED MEMBERS

Public Education Employees' Health Insurance Plan

P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150

334-517-7000 or 877-517-0020

Fax: 334-517-7001 or 877-517-0021

Web site: www.rsa-al.gov

Social Security Number or PID Number	First Name	Middle Name/Initial	Last Name	
Mailing Address		City	State	ZIP Code
Home Phone ____-____-____	Work Phone ____-____-____	Date Received <i>(For internal use only)</i> ____/____/____		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed				

Instructions

1. A **signed** copy of your prior year's Federal Income Tax Return Form 1040, 1040A, or 1040EZ along with copies of all supporting 1099's and W-2's must be attached. If you were married and did not file a joint return, you must also file a copy of your spouse's prior year's Federal Income Tax Return Form 1040, 1040A, or 1040EZ along with copies of all supporting 1099's and W-2's in order for this application to be processed.
2. Only one application can be submitted per plan year regardless of income change.
3. You must reapply for this assistance every year during Open Enrollment.
4. Any Federal Poverty Level assistance application received and/or postmarked aftncm

2016 Federal Poverty Levels (FPL)

Family Size	100% of FPL	150% of FPL	200% of FPL	250% of FPL	300% of FPL
1	\$11,880	\$17,820	\$23,760	\$29,700	\$35,640
2	\$16,020	\$24,030	\$32,040	\$40,050	\$48,060
3	\$20,160	\$30,240	\$40,320	\$50,400	\$60,480
4	\$24,300	\$36,450	\$48,600	\$60,750	\$72,900
5	\$28,440	\$42,660	\$56,880	\$71,100	\$85,320
6	\$32,580	\$48,870	\$65,160	\$81,450	\$97,740
7	\$36,730	\$55,095	\$73,460	\$91,825	\$110,190
8	\$40,890	\$61,335	\$81,780	\$102,225	\$122,670