

## STATE EMPLOYEES' INSURANCE BOARD FPL Premium Discount Application

SEIB Subscriber Information				
Name (First, Middle Name, Last):			Date of Birth:	
Street Address:		City:	State:	ZIP Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number:	E-Mail Address:	
Contract Number:			Social Security Number:	

**Income:** You must provide a copy of your current (i.e. immediately preceding year) federal income tax return transcript when you send this application to the SEIB. If you are married and file taxes separately, you must also include a copy of your spouses' current (i.e. immediately preceding year) federal income tax return transcript. Include all pages of the transcript(s). There is no charge to get your transcript from the Internal Revenue Service (IRS). To receive your free federal income tax return transcript, visit <https://www.irs.gov/individuals/get-transcript> or call 800-908-9946. You should receive your transcript within 7-10 business days.

**Household Members:** The SEIB will use the number of dependents shown on your federal income tax return transcript to determine your household size for purposes of calculating your potential premium discount.

AFFIRMATION AND RELEASE	
<p>I declare that the above information and the accompanying transcript(s) are true, complete, and accurate. I understand that submitting false or misleading information on this application is a crime punishable under state and federal law. I also understand that if any statements or accompanying transcript(s) are found to be incorrect, incomplete, false, or misleading, I will be required to repay all discounts, plus interest.</p>	
<p>_____ Subscriber Signature</p>	<p>_____ Date</p>
<p>_____ Spouse Signature</p>	<p>_____ Date</p>

### Reminders

- You must reapply every year. The discount will expire June 30<sup>th</sup> of the following year. No refunds will be allowed due to failure to submit an application or for late or incomplete applications.
- The discount will be effective the first day of the second month after SEIB's receipt and approval of the application and transcript.

Please return to:

**State Employees' Insurance Board**  
**Attention: Accounting**  
**PO Box 304900**  
**Montgomery, AL 36130**  
**Phone: 1-866-836-9737 ext. 1792**  
**Fax: (334) 263-8720**  
**Email: [Accounting@alseib.org](mailto:Accounting@alseib.org)**

# State Employees' Health Insurance Plan Federal Poverty Level Discount Program

The FPL Premium Discount is a percentage discount off your monthly health insurance premium based on your total household income. Active and retired employees whose total household income is less than or equal to 300% of the federal poverty level, as defined by federal law, may be eligible for a percentage discount off the approved premium.

In order to obtain the discount, you and your spouse must submit a completed FPL Premium Discount Application to the SEIB and furnish acceptable proof of total annual household income by providing your current (i.e. immediately preceding year) federal income tax return transcript. The discount will be effective the first day of the second month after SEIB's receipt and approval of the **application and transcript**. **You must reapply every year. The discount will expire June 30<sup>th</sup> of the following year. No refunds will be allowed due to failure to submit an application or for late or incomplete applications.**

The discount does not apply to members on Leave of Absence, COBRA, or surviving dependent coverage.

## 2020 Insurance Premium Discounts Chart

Discounts are based on your total household income not exceeding the amount in the table for the applicable discount. For example, if you are married with 2 children (your total family size is 4) and have a total household income of \$47,000 your potential premium discount is 30%.

Family Size	50%	40%	30%	20%	10%
1	12,760	19,140	25,520	31,900	38,280
2	17,240	25,860	34,480	43,100	51,720
3	21,720	32,580	43,440	54,300	65,160
4	26,200	39,300	52,400	65,500	78,600
5	30,680	46,020	61,360	76,700	92,040
6	35,160	52,740	70,320	87,900	105,480
7	39,640	59,460	79,280	99,100	118,920
8	44,120	66,180	88,240	110,300	132,360

**\*For families/households with more than 8 persons, add \$4,480 for each additional person.**

For additional information, please visit our website at <https://www.alseib.org/HealthInsurance/SEHIP/FPL.aspx>.