

STATE EMPLOYEES' INSURANCE BOARD FPL Premium Discount Application

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

You Must Submit Your Federal Income Tax Return Transcript with this Application:

For active and retired employees, you must provide your current (immediately preceding year) federal income tax return transcript with this application showing that your and your spouse's adjusted gross income is less than or equal to 300% of the federal poverty level. If you are married and file taxes separately, you must also include a copy of your spouse's current (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. Please allow 7-10 business days for delivery of your transcript(s).

The SEIB calculates any potential premium discount based upon the adjusted gross income and the number of individuals in your household reported on the federal income tax return transcript(s).

Reminders:

- The discount will be effective the first day of the second month after the SEIB receives and approves your complete application and transcript(s). No refunds will be allowed for late or incomplete applications.
- You must re-apply for the discount every year. The discount expires June 30th of the following year.
- The discount does not apply to members on Leave of Absence, COBRA, or surviving dependent coverage.
- For additional information, please visit our website at <https://www.alseib.org/HealthInsurance/SEHIP/FPL.aspx>.

AFFIRMATION AND RELEASE

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.

Subscriber Signature

Date

Spouse Signature

Date

Please return to:

**State Employees' Insurance Board
Attention: Accounting
PO Box 304900
Montgomery, AL 36130
Phone: 1-866-836-9737, option 5
Fax: (334) 263-8720
Email: Accounting@alseib.org**