Great Plains
UNITED METHODISTS

Application for an Emergency Health Grant

1. **Name:** _____

2. **Household Information (leave blank if a particular family member type not applicable).**
This information below matches that required for policy signup on healthcare.gov.

Type	Age	Sex	Other Information
Self			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user
Spouse			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Insurance provided by other 3rd party carrier ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user
Dependent 1			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Insurance provided by other 3rd party carrier ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user
Dependent 2			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Insurance provided by other 3rd party carrier ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user
Dependent 3			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Insurance provided by other 3rd party carrier ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user
Dependent 4			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Insurance provided by other 3rd party carrier ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user
Dependent 5			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Insurance provided by other 3rd party carrier ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user
Dependent 6			☐ Eligible for health coverage through a job, Medicare, Medicaid, or CHIP ☐ Insurance provided by other 3rd party carrier ☐ Parent of a child under 19 ☐ Pregnant ☐ Tobacco user

Please make sure to include a copy of your quoted prices and plans from healthcare.gov and the IRS Form W-9 included in this packet. To get your estimate, please go to https://www.healthcare.gov/see-plans/

If you have additional dependents, please attach an additional file with the information in this chart.

3. **2021 Estimated Adjusted Gross Household Income:** $_____
   For help on how to make this estimation, please go to https://www.healthcare.gov/income-and-household-information/*)*

4. **Have you selected a 2021 plan from a private insurer obtained outside of healthcare.gov?** Yes ☐ No ☐
   If yes, please include with your application a copy of the plan.

5. **What plan have you elected for 2021?**

   Plan Size (select only one)**:**
   - ☐ Self Only
   - ☐ Self + Spouse
   - ☐ Family Family Size _____

   Preferred Plan Type:
   - ☐ Bronze
   - ☐ Silver
   - ☐ Gold

6. **Quoted 2021 Monthly Health Premium:** $_____
   Please make sure to include a copy of your quoted prices and plans from healthcare.gov. To get your estimate, please go to https://www.healthcare.gov/see-plans/

7. **What plan did you elect for 2020?**

   Plan Size (select only one)**:**
   - ☐ Self Only
   - ☐ Self + Spouse
   - ☐ Family Family Size _____

   Preferred Plan Type:
   - ☐ Bronze
   - ☐ Silver
   - ☐ Gold

8. **2020 Monthly Health Premium:** $_____
   Please make sure to include a copy of your quoted prices and plans from healthcare.gov. To get your estimate, please go to https://www.healthcare.gov/see-plans/

9. **Do you have access to an ACA-qualified health insurance plan through your spouse's employer?**
   - ☐ Yes
   - ☐ No

10. **Briefly describe the personal circumstances that have caused you to request this grant:**

Please make sure to include a copy of your quoted prices and plans from healthcare.gov and the IRS Form W-9 included in this packet. To get your estimate, please go to https://www.healthcare.gov/see-plans/

11. **Mailing Address:**

12. **Telephone Number We Can Contact You At:**

13. **Preferred Email:**

By signing this document, I attest that the information provided is, to the best of my knowledge and abilities, an accurate reflection of my situation and I hereby submit my application for consideration.

_____ _____

Signature Date

Please make sure to include a copy of your quoted prices and plans from healthcare.gov and the 1099-MISC form included in this packet. To get your estimate, please go to https://www.healthcare.gov/see-plans/