

## Certification Statement

To apply for DirigoChoice coverage as Self-employed or as an Individual, you must check **one** of the boxes below. If you have any questions about this form, please call the Dirigo Health Agency at 1-877-892-8391 toll free in Maine (TTY 207-287-4344).

1. A. The following statement is true:  
I am self-employed and have no employees.
2. A. The following statement is true:  
I am unemployed.
- B. The following two statements are true:  
(1) I do not work more than 20 hours a week for any single employer.  
(2) I am not self-employed and I am not the employer of an eligible business of 2 to 50 employees.
- C. The following two statements are true:  
(1) I am employed in an eligible business of 2 to 50 employees. I am not the employer.  
(2) My employer does not provide access for me and my dependent(s) to an employer sponsored health benefits plan and has not done so in the last 12 months.
- D. The following two statements are true:  
(1) I am the employer or I am an employee of an eligible business of 2 to 50 employees.  
(2) DirigoChoice was offered to the employees. We were unable to get 75% participation.
- Attached is a signed letter detailing efforts specific to offering DirigoChoice to the employees. The employer letter includes (a) intended contribution level; (b) the number of hours an employee must work each week to qualify for coverage in the business; and (c) the number of full-time employees working 30 or more hours per week and the number of part-time employees.
- E. The following statement is true:  
I am an early retiree (*i.e.*, under age 65) who worked for an eligible business of 2 to 50 employees. My former employer does not contribute to early retiree health insurance coverage.
- F. All three of the following statements are true:  
(1) I am employed by a household and I work more than 20 hours a week (for example: nanny, housekeeper).  
(2) I am not self-employed. The household is considered my employer. My employer does not provide access for me and my dependent(s) to an employer sponsored health benefits plan and has not done so in the last 12 months.  
(3) I am not the employer of an eligible business of 2 to 50 employees.
- G. The following statement is true:  
I am eligible to apply for the Health Coverage Tax Credit (HCTC) Program certified under the Trade Adjustment Assistance (TAA).

### In signing this statement I certify:

I meet the eligibility requirements checked above. I reside in the State of Maine and have for at least the last 60 days. As a new enrollee or as a renewing member, I am not currently eligible for Medicare. My dependent(s) must also meet the eligibility requirements if I am covering them. I will contact the Dirigo Health Agency if my circumstances change. I understand that failure to do so may result in loss of coverage. I understand it is a crime to knowingly provide false, incomplete or misleading information on this form and that I could be charged with perjury. I understand I may be required to recertify my status every six months.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DirigoChoice is underwritten by HPHC Insurance Company, Inc. (HPHC), an affiliate of Harvard Pilgrim Health Care, Inc.