

Broome Retiree Health Plan Premium Waiver Application

This form must be **RECEIVED** by the Broome County Office of Risk & Insurance by **April 1, 2003**

I. General Information

Name of Retired Broome County Employee _____
 Social Security Number Date of Birth
 Address _____
 City _____ State _____ Zip Code _____

List All Household Members with whom retiree lives

II. Income Information (Must include income for all household members)

Income includes: social security & retirement benefits, interest, dividends, net capital gain(s), net rental income, & salary or earnings (incl. self-employment) for the 2002 tax year. Income does not include gifts or inheritances.

Source of Income	Retiree Income	Household member #2	Household member #3
Social Security (Include copy of SSA-1099)	\$	\$	\$
NYS Pension (Include copy of 1099-R)	\$	\$	\$
Interest (Include copy of 1099-INT)	\$	\$	\$
Dividends (Include copy of 1099-DIV)	\$	\$	\$
Wages (Include copy of W-2)	\$	\$	\$
Other (Specify)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	\$	\$

Did you or any household member file a 2002 federal or New York State tax return ? Yes No
 If the answer is YES, attach a copy of such tax returns.

I hereby affirm that the foregoing information is true and accurate to the best of my knowledge.

 Signature Date

 Name printed or Typed

