

Broome County Surviving Spouse Health Plan Premium Reduction Application

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

I. General Information

Name of Surviving Spouse _____

Social Security Number

Date of Birth

Address _____

City _____

State _____

Zip Code _____

List All Household Members with whom surviving spouse 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 | Surviving Spouse 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 _____

