



## **2017 Health Care Expense Subsidy Application**

The information on this application is confidential, and will be treated as such.

Employee's Name: \_\_\_\_\_  
(Please print)

Smith ID Number: \_\_\_\_\_

Household income for 2015 from U.S. federal income tax return(s) for both you and your spouse (if there were two returns, add the amounts for each line):

(1)	Wages, salaries, tips	\$ _____(1)
(2)	Interest income	+ _____(2)
(3)	Dividends	+ _____(3)
(4)	Other income (alimony received, business and farm income, capital gains, pensions, annuities, rents, unemployment compensation, Social Security, Railroad Retirement, and any other taxable income)	+ _____(4)
(5)	Total family income in 2015:	\$ _____(5)

For calendar 2017, I will be enrolled in a: ☐ Double Health Plan  
☐ Family Health Plan

I have read the important information about the Health Care Expense Subsidy Program on the back of this form and certify that the information I have provided is correct.

Employee Signature

Date

**Submit this form with your 2015 tax return(s) to Human Resources.**

FOR HR USE ONLY:

☐ FSA @ \$\_\_\_\_\_

☐ 610 @ \$\_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT THE HEALTH CARE EXPENSE SUBSIDY

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A college-paid subsidy of from \$663 to \$2,652 is available to help offset health care expenses in 2017 for Smith employees who meet all of the following criteria:

- participate in a Smith College family or double health insurance plan
- had family income of less than \$65,245.35 in 2015

Please note the following terms and conditions:

- The plan year for the subsidy runs from January to December.
- The subsidy is not based on financial obligations or family size.
- For current employees, 2017 subsidy eligibility is based on total family income (including income from a spouse) in the 2015 tax year. There are no midyear adjustments. Subsidy amounts are prorated based on when the application is approved.
- For new employees, the 2017 subsidy is based on current Smith salary OR 2015 family income (including income from a spouse), whichever is higher.
- Family income must be verified by a signed federal income tax return. If yours is a two-income household, both spouses' income must be verified by tax return(s).
- Up to the first \$500 of the subsidy amount is made available through a health care flexible spending account and is nontaxable to the employee.

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**This subsidy program is funded in full by Smith College, and the college reserves the right to amend, modify, or terminate the program at any time.**

<b><u>Family Income</u></b>	<b><u>2017 Subsidy of up to:</u></b>
\$27,792 or less	\$2,652
\$27,793 to \$34,036	\$2,320
\$34,037 to \$40,279	\$1,989
\$40,280 to \$46,522	\$1,657
\$46,523 to \$52,765	\$1,326
\$52,766 to \$59,008	\$994
\$59,009 to \$65,244	\$663
\$65,245 or more	\$0