

Instructions for Small Business Applicant Application for Certificate of Eligibility for the Health Insurance Premium Tax Credit

Small Business Name:

Please print the name of the small business.

Small Business Address Number and Street or PO Box:

Please print the address to which the Certificate of Eligibility should be mailed. An accurate address is essential for processing the application.

Small Business Contact Name:

Please print the name of the person that will be signing the application and that may be contacted if the Department of Revenue has questions.

Small Business Contact Person's Phone Number:

Please fill in the day-time phone number at which the small business contact person can be reached during the day should there be questions concerning the application.

Length of Time Small Business has been in Existence:

Please print the number of years that this business has been in operation in Arizona. A small business must have been in existence in Arizona for at least one year to qualify for a Certificate of Eligibility.

Maximum Number of Employees at Any Time during the Most Recent Calendar Year:

Please write the highest number of employees employed by your small business at any point in the calendar year. If this number is less than two or more than 25, the small business is not eligible for the program.

Number of Employees Seeking Single Coverage:

Please write the number of employees that intend to begin health insurance coverage through your small business that will elect single coverage.

Number of Employees Seeking Family Coverage:

Please write the number of employees that intend to begin health insurance coverage through your small business that will elect family coverage.

A small business must NOT have provided health insurance to its employees for at least six consecutive months prior to the application to be eligible for the program.

This application must be signed by the small business owner or contact person and dated. Failure to complete the form in full will result in processing delays and could result in denial because funds are allocated on a first come, first served basis subject to a \$5 million credit limit. Failure to complete the form accurately will result in denial.

If you have questions, contact healthinsurancepremiumtc@azdor.gov or call (602) 716-6924. Submit the completed form by E-mail to healthinsurancepremiumtc@azdor.gov.