

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
Private Health Insurance Premium (PHIP)
11 State House Station
Augusta, Maine 04333-0011
Toll Free: (800) 977-6740; Fax: (207) 287-9385
TTY: Dial 711 (Maine Relay)

Private Health Insurance Premium Benefit

Thank you for your interest in MaineCare's Private Health Insurance Premium (PHIP) Benefit. The PHIP Benefit pays insurance premiums for MaineCare members who meet certain criteria.

What is the MaineCare PHIP Benefit?

PHIP pays private health insurance premiums for MaineCare members who qualify. You must already have health insurance, or you must be able to get it. You may have health insurance through your job, or you may have an individual policy through an insurance company. MaineCare will not find health insurance for you.

PHIP paying your private health insurance premiums will not make you lose MaineCare.

Note:

If your child is enrolled in the Katie Beckett Program and you become eligible for the PHIP Program, your Katie Beckett premium may increase.

If you lose MaineCare eligibility you would no longer qualify for PHIP and your private insurance premiums would become your responsibility.

How will the PHIP benefit help me?

MaineCare will pay the insurance premium you qualify for under the PHIP program.

How does the premium get paid?

The PHIP Benefit Program will pay the policy holder monthly, one month in advance.

Can I have MaineCare and private health insurance at the same time?

Yes, PHIP is only for people who have MaineCare and private health insurance combined.

How do I find out if the PHIP benefit can pay my insurance premium?

Please complete the PHIP application and attach all required documentation. Incomplete applications take substantially longer to process.

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Instructions for filling out the PHIP Application:

- **Employer and Insurance Information Form:** Please fill in all requested information on the form. Be sure you list the amount you pay for your policy and, if it is an employer plan, how often money is deducted from your paycheck. Please also note when open enrollment is so we know when to expect your costs to change and what your policy period is.
- **MaineCare Member Information Form:** Please list the names, relationship to the policy holder; and MaineCare ID number and date of birth for each person covered.
- **W-9 Form:** Please see attached New Vendor instructions. This form is needed to issue payment.
- **Direct Deposit Form:** Please see attached instructions. The form must be filled out in the Policy Holder's Name if direct deposit is requested. A check will be sent until the direct deposit is verified and finalized. Direct deposit is NOT required, a check will be sent via mail if a direct deposit form is not submitted with the application.
- **Rates** for the insurance to include the breakdown of cost for Employee, Employee/Spouse, Employee/Child, and Family. Received during open enrollment period and attainable through your employer's Human Resources Department or online. Example below:

Level of Coverage	Employee Deduction
Employee Only	\$24.88
Employee & Spouse/Domestic Partner	\$234.17
Employee, Spouse/Domestic Partner & Child(ren)	\$313.21
Employee & Child(ren)	\$145.30

- **Proof of Insurance Payment** circled on a current pay stub, bank statement or bill.
- **Insurance Cards** copy of medical, dental and pharmacy insurance cards, front and back.
- Keep in mind that we do not qualify you for prior months.
- Please mail the completed application to Third Party Liability / PHIP Unit, 11 State House Station, Augusta, ME 04330-0011 or you may fax your application to 287-9385 ATTN: PHIP.

Sincerely,

Benefits Administrator
1-800-977-6740
Fax (207) 287-9385

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EMPLOYER AND INSURANCE INFORMATION

Open enrollment date: _____ Policy period: From _____ To _____

Email: _____ KB Premium Amt (if applicable) _____

Employee

Name: _____

Address: _____

Employer

Name: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

Contact Person: _____

Telephone Number: _____

Medical Insurance: _____ Address: _____

Member ID# _____ Group# _____

Dental Insurance: _____ Address: _____

Member ID# _____ Group# _____

****PLEASE ENTER RATE BEING DEDUCTED FROM PAYCHECK***

	Employee Rate	Place an X on the correct deduction schedule
Single – Medical	_____	_____ Weekly 50 times/yr.
Single – Dental	_____	_____ Weekly 52 times/yr.
Employee w/Chrn - Medical	_____	_____ Bi-Weekly 24 times/yr.
Employee w/Chrn - Dental	_____	_____ Bi-Weekly 26 times/yr.
Employee & Spouse - Medical	_____	_____ Monthly
Employee & Spouse - Dental	_____	
Family – Medical	_____	
Family – Dental	_____	

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MaineCare Member Information

Policy Holder: _____
MaineCare ID and Date of Birth _____

MaineCare CaseHead: _____
MaineCare ID and Date Birth _____
Relationship to Policy Holder: _____

MaineCare Member: _____
MaineCare ID and Date Birth _____
Relationship to Policy Holder: _____

MaineCare Member: _____
MaineCare ID and Date Birth _____
Relationship to Policy Holder: _____

MaineCare Member: _____
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MaineCare Member: _____
MaineCare ID and Date Birth _____
Relationship to Policy Holder: _____

STATE OF MAINE
NEW VENDOR & VENDOR UPDATE FORM
INSTRUCTIONS

1. TYPE OF REQUEST

- a. Is it **NEW**?
- b. Adding location? (a sub/child entry to another existing.)
- c. **CHANGES** to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER

❖ **NOTE: Provide only ONE or the other do NOT give us both. If one is not provided the form is NOT processed.**

- Your social security number if you are an individual and being paid as such.
OR
- Your EIN if you're a company and being paid as such.

NOTE: follow ACROSS the paper – do not cross over between the types.

3. SOCIAL SECURITY NUMBER

- a. TIN TYPE - Social Security Number – if you gave SSN above.
- b. ORGANIZATION TYPE – Individual
- c. CLASSIFICATION – choose one (individual/sole prop/st employee/estate/non-res alien)

4. EMPLOYER ID NUMBER

- a. TIN TYPE- if you gave EIN above.
- b. ORGANIZATION TYPE – Company
- c. CLASSIFICATION – choose one
(corporation/partnership/trust/estate/other non-prof org/other gov't/fed gov't/st gov't/other/foreign)

5. LEGAL NAME

- a. **LEGAL NAME:** Person's first & last name if an SSN is provided above. OR Company's name if an EIN is provided above.
- b. **ALIIS/DBA:** alias or also known as OR the DBA = doing business as is entered here.

6. OTHER INFO (add in addition to TIN - NOT instead of)

- a. Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number. (if known)
- b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. (if known)

7. PAYMENT ADDRESS

- a. Address = Street **OR** post office box address (**NOT both**)
- b. C/O = Care Of or attention to (ATTN) goes in this space.
- c. City, State, & Zip
- d. Phone = the phone number of the legal name above.
- ❖ My **BILLING** and/or Admin Address is the same. (Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)

8. CONTACT

- a. Contact name for above address that we can contact in reference to payments.
- b. Contact phone number & extension for above address.
- c. Contact's Email for above address.
- d. Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)

9. PHYSICAL / PROCUREMENT ADDRESS ~ follow#7's a – d above in reference to contracts.

10. CONTACT ~ follow#8's a – d above in reference to contracts.

❖ **NOTE: addresses may be different between payment & procurement/physical**

11. AUTHORIZED SIGNATURE, TITLE & DATE

a person authorized to make changes for individual (self if form is for self) or company.

The image shows a sample of the State of Maine Substitute W-9 & Vendor Authorization Form. Red circles and letters (a-e) are placed over various fields and checkboxes to indicate where information should be provided. For example, 'a' is in the TIN Type field, 'b' is in the Employer ID Number field, 'c' is in the Social Security Number field, 'a' and 'b' are in the Legal Name and ALIIS/DBA fields, 'a' and 'b' are in the Payment Address fields, and 'a', 'b', and 'c' are in the Contact fields. The form also includes a signature line and a footer with fields for Office Use Only, Agency Contact Person, Name & Title, and Contact's Phone #.

State of Maine Substitute W-9 & Vendor Authorization Form

RETURN TO:
by mail
the agency who
requested the form
or sent it to you, or
the agency you're
doing business with.
(ie.. DHHS/Labor/
DEP/Education/etc)

PURPOSE: To establish or update an account with the State of Maine's accounting system.
Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine.

This form replaces the IRS W-9 form per the IRS W-9 language: "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."

FILL OUT FORM COMPLETELY - ALL AREAS WITH * ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

TYPE OF REQUEST* (Must select one.)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> New Request | <input type="checkbox"/> New Location/Additional Entry | <input type="checkbox"/> Change |
| <input type="checkbox"/> Social Security No. => | <input type="checkbox"/> Individual => | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Employer ID No. => | <input type="checkbox"/> Company => | <input type="checkbox"/> Corporation |

- | | | | |
|-------------------------------------|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Legal Name | <input type="checkbox"/> Phone # | <input type="checkbox"/> Contact Info | <input type="checkbox"/> Payment Address |
| <input type="checkbox"/> DBA Name | <input type="checkbox"/> Care Of | <input type="checkbox"/> Email Only | <input type="checkbox"/> Ordering Address |

TAXPAYER ID NUMBER* (TIN) (Provide ONE only)

Social Security # (person) or a Federal Employer ID # (business) TIN

TIN Type * <small>choose ONE</small>	Organization Type *	Classification * <small>choose ONE</small>	<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Estate
<input type="checkbox"/> Social Security No. =>	<input type="checkbox"/> Individual =>	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Employer ID No. =>	<input type="checkbox"/> Company =>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
		<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't
			<input type="checkbox"/> Estate	<input type="checkbox"/> Other Non-Profit Org
			<input type="checkbox"/> Other	<input type="checkbox"/> Foreign (W8 required)

LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)

Legal Name* Alias/DBA

Other Info

Vendor Customer Number (if known) VC#/VS# Account/Client/Provider Number (if known)

Payment Address*

My Billing Address Admin. Address is the same.

Address C/O

City/State/Zip Phone

Contact*

Name Phone Ext

Email Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

Procurement/Physical Address*

My Billing Address Admin. Address is the same.

Address C/O

City/State/Zip Phone

Contact*

Name Phone Ext

Email

Authorized Signature, Title & Current Date*

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

OFFICE USE ONLY	Information on State Agency Submitting Vendor Form	OFFICE USE ONLY
State Agency & SHS # <input style="width: 150px;" type="text"/>	Agency Contact Person Name & Title <input style="width: 450px;" type="text"/>	Contact's Phone # <input style="width: 150px;" type="text"/>

STATE OF MAINE
ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT

MAIL TO: _____
AGENCY RETURN LABEL STAMP
State agency or department you are doing business with. (i.e., DHHS/Labor/DEP)

We require you to submit a voided check or letter from your bank for account verification.

Choose ONE
 NEW
 CHANGE

Payee's Name _____
Contact Person's Name & Phone # (If different from Payee) _____
Address of Payee (Street/PO, City, State, & Zip) _____
Email _____

TIN of Payee* _____ Choose ONE
 SSN
 EIN
*TIN is required ~ Employer ID No. or Social Security No.
Vendor Code _____ Include VC or VS
One Vendor Code (VC/VS) Number per a form & can be provided by agency.
 I authorize the State of Maine to send DD/EFT payment detail to the email address included.

By signing and returning this document, you agree to the following statement:

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

OLD Bank Info: *This section is for CHANGES ONLY ~ For New bank set up, please skip to NEW section below.*

Name on Account _____ Routing # _____
(Transit/ABA #)
Name of Financial Institution _____ Account # _____
Address of Financial Institution (Street/PO, City, State, Zip & Phone) _____
Choose ONE
 SAVINGS
 CHECKING

You MUST notify us of changes to your name, address, & contact info by completing a Vendor Activation/Change form. Locate our forms at: <http://www.maine.gov/osc/forms/index.shtml> (Under VENDOR section.)

NEW Bank Info: **New bank info is REQUIRED to be written on this document.*

Name on Account* _____ Routing # * _____
(Transit/ABA #)
Name of Financial Institution* _____ Account # * _____
Address of Financial Institution* (Street/PO, City, State, Zip & Phone) _____
Choose ONE
 SAVINGS
 CHECKING

We require you to submit a voided check or letter from your bank for account verification.

Signature of Payee* _____ Date _____
(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

INCOMPLETE FORMS WILL NOT BE PROCESSED