PREMIUM ASSISTANCE APPLICATION CHECKLIST	
Medicare Part C & D	☐ Copy of detailed invoice from the insurance company that shows: • Applicant's first and last name. • Subscriber ID. • Monthly charges. • Billing address.
Qualified Health Plan (QHP) – Marketplace Plan	☐ Marketplace Eligibility Notice that shows the Advance Premium Tax Credit (APTC) that is offered. ☐ Most recent invoice showing 100% of the APTC applied. ☐ Copy of detailed invoice from the insurance company that shows: • Applicant's first and last name. • Subscriber ID. • Monthly charges. • Billing address.
Important Reminders!	☐ All monthly premiums (Medicare AND Marketplace) must meet the minimum premium of $10.00/month. ☐ If there are any changes to the applicant's income, household size or health insurance coverage, these must be reported to the Marketplace right away because this may change the monthly premium amount. To find out more information on which changes to report and how to make them, please visit HealthCare.gov. Once the applicant receives their updated invoice with the new premium amount, please fax this to MIDAP-PA at (517) 335-7723 or it can also be uploaded to the applicant's online application.