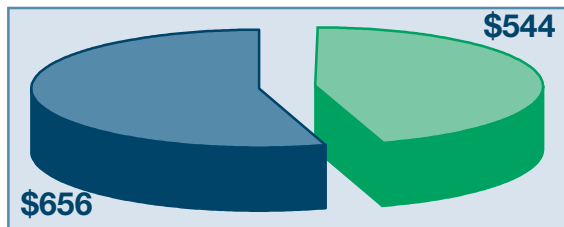


This Panel for Self-Employed Only

To be eligible for assistance, a self-employed must:

- Be self-employed;
- Be a Massachusetts resident;
- Not have an income greater than the maximum family income guidelines after eligible business expenses*; and
- Purchase, or plan to purchase, approved health insurance.

Self-Employed Payment Example



- Insurance Partnership Pays
- Self-Employed Pays

Example assumes a family of four with a \$1,200 monthly health insurance premium.

*Please call for details and application instructions.

Key Program Points

- The Program is designed to assist income eligible uninsured residents purchase employer-sponsored health insurance.
- The Insurance Partnership is NOT a health plan.
- You choose the health plan that you want, we just help you pay.
- Employers can receive up to \$1,000 per employee per year for each employee that signs up.
- Businesses with 50 or fewer full-time employees are eligible.
- *Employees, in many cases, can have most of their share of the premiums paid by the program.*
- Payments to employers are made monthly.



Visit our Web Site:

www.4ip.org

Don't Have Health Insurance?

Can't Afford It?

The Insurance Partnership May be Able to Help!



The Insurance Partnership
From the Commonwealth of Massachusetts



Does Your Business Qualify?

To join the Insurance Partnership, a business must:

- Employ 50 or fewer full-time employees (*self-employed please see back panel*);
- Offer (or plan to offer) comprehensive health insurance to its employees;
- Contribute (or be willing to contribute) at least 50% of the cost of the insurance purchased by the employee; and
- Have at least one uninsured employee.

Do Your Employees Qualify?

To qualify for the Insurance Partnership Program, an employee must:

- Be between the ages of 19 and 64 (inclusive);
- Be a resident of Massachusetts; not have been offered health insurance through his current employer during the past six months, and not have been eligible for coverage through his spouse's current employer during the past six months' and
- Have a gross family income that does not exceed:

Maximum Family Income*

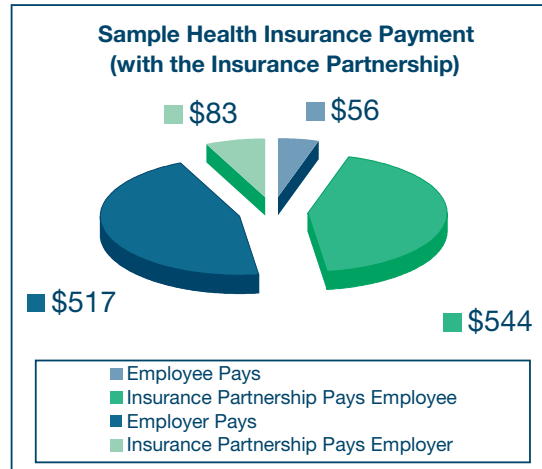
Family Size	Maximum Family Income
1	\$32,508
2	\$43,740
3	\$54,936
4	\$66,168
5	\$77,400

*Each additional dependent please add \$11,232. Income standards valid March 1, 2009 through February 28, 2010.

How Will Your Employees Benefit?

A currently uninsured employee's cost to purchase health insurance can be significantly reduced.

Assuming in the example below, a \$1,200 monthly health insurance premium with a 50% employer contribution, the Insurance Partnership payments will be:



Payment Example Explained:

The ABC Company has an eligible employee* with a family tier of coverage and two children. With the Insurance Partnership (IP), the employee will pay only \$56 per month towards health insurance. The employer receives a separate payment of \$83.33 each month for covering this family under his company health plan.

*This example assumes a family of four with an annual income of \$66,168 or less.

Note: Program is subject to change without notice. Restrictions and exceptions may apply.

To Apply for The Insurance Partnership:

1. **Complete the applications.** You will need to fill out both the **Employer Application**, and your eligible employees will have to fill out a **Medical Benefit Request form (MBR)**. If you don't have these applications, please call us or download the applications from our web site (www.4ip.org).

2. **Gather the necessary paperwork.** **Businesses with employees** will need to provide a copy of your **WR-1** listing employees, a copy of your **health insurance bill**, or a quote for health insurance. **Your employees** will need to provide 1) copies of their 2 most recent **pay stubs**, and 2) appropriate proof of identification and citizenship.

3. **Call customer service** at the number below to make sure that your applications are complete.

4. **Mail your completed applications to:**

The Insurance Partnership
2 Hampshire Street, Suite 100
Foxboro, MA 02035

In State: **1-800-399-8285**

Out of State: 1-508-698-2070
Fax: 1-508-543-0432

www.4ip.org