

## What is ConnPACE?

ConnPACE is a state funded program that helps senior and disabled residents pay for certain prescription drugs, insulin, and insulin syringes. Participants pay a copay for each prescription and ConnPACE pays the rest.

If your income is less than \$16,100 if single, or \$21,800 (combined) if married, then your copay is \$12.00.

If your income is at least \$16,100 but not more than \$20,300 if single, or at least \$21,800 but not more than \$27,500 (combined) if married, then your copay is \$15.00.

(Note: If you were enrolled in ConnPACE prior to September 1, 2002, and maintain continuous enrollment, your copay will remain at \$12.00 per prescription.)

## Are You Eligible?

### 1 RESIDENCY

You must have lived in Connecticut for at least **6 months** immediately before applying for ConnPACE.

### 2 AGE OR DISABILITY

You must be at least **65 years old**, or **disabled and over 18 years old**. If disabled, you must be currently receiving disability payment under the Social Security Disability Program or the Supplemental Security Income Program.

### 3 INSURANCE

#### YOU MAY NOT:

- Have an insurance plan that pays for all or a portion of each prescription on a continuous basis;
- Have a deductible insurance plan that includes prescriptions;
- Be enrolled in the State Medicaid (Title XIX) Program.

#### YOU MAY:

- **Have an insurance plan with a maximum benefit. If you have an insurance plan with a maximum allowable benefit, you may apply to ConnPACE now. However, you cannot use the ConnPACE card until after you have exhausted the maximum benefit through your private insurance carrier.**

**ConnPACE is the payer of last resort and will become effective only after your insurance benefits have been exhausted.**

- Have an Anthem Blue Cross & Blue Shield plan that pays for prescriptions after a hospital or outpatient stay. ConnPACE will pay before your hospitalization and after BCBS no longer pays.

### 4 INCOME

Your adjusted gross income for the previous year plus Social Security (minus Medicare Part B premiums) must be less than:

<b>SINGLE</b>	<b>MARRIED</b>
<b>\$20,300</b>	<b>\$27,500</b>

#### Note:

1. If you are married but living apart, and neither of you has access to or receives support from the other's income, you are considered single.
2. If you are married, you must count both yours and your spouse's income.
3. If last year's income exceeds the limits, you may use this year's income. We will estimate a full year's income based on the documentation returned with your application.
4. Income limits are increased annually based on the annual inflation adjustment in Social Security, if any.

#### The following are considered income:

Social Security (minus Medicare Part B premiums), Supplemental Security, and Railroad Retirement income; pensions; wages; interest; dividends; net rental income; veteran's benefits; and other non-taxable income.

## How do you apply?

### **1 Complete Application**

Complete Sections A through I of the attached application. If both you and your spouse are applying, complete one application for each person.

### **2 Pay An Annual Registration Fee**

Write a check or money order payable to ConnPACE for \$25. If both you and your spouse are applying, write two separate checks for \$25.

### **3 Assemble Documents**

Assemble photocopies of documents to prove **residency, income, age**, and, if applicable, **disability and health insurance**. If you are married, include documents for your spouse's income.

### **4 Mail**

Enclose **your application, fee, and documents** in the envelope provided and mail. If an envelope is not provided, mail to:  
**ConnPACE, P.O. Box 5011, Hartford, CT 06102.**

## What documents do you need to submit?

(COPIES ONLY, DO NOT SEND ORIGINALS)

### **Residency**

One of the following: Driver's license; Federal Income Tax Form 1040 completed and signed; Social Security document showing your address.

### **Age**

One of the following: Driver's license; Birth certificate; Social Security document showing date of birth; Passport; Naturalization papers.

### **Insurance**

Health insurance card (front and back).

**NOTE:** Do not send a copy of your Medicare Card.

### **Income**

**If you file an Income Tax Return:** Form 1040; Social Security form 1099 or check or bank statement showing direct deposit of check; check or bank statement showing direct deposit of Railroad Retirement, or pension; documents to prove other non-taxable income.

### **If you do not file an Income Tax Return:**

Same documents as above except for Form 1040; document to prove wages, net rental income; bank statement showing annual interest income.

### **Disability**

Social Security TPQY (Third Party Query form) no more than four months old.

## When will you receive your ConnPACE card?

### **If your application is complete and you are eligible:**

We will send you a card in about **30 days**. The card is good for one year. Since we process the fee immediately, you may receive your cancelled check before hearing from us.

### **If your application is not complete:**

We will send you a letter requesting the missing information.

### **If you are not eligible:**

We will send you an explanation and refund your fee.

## Will you have to renew your card?

Yes. We will send you a renewal form 75 days before your card expires. Call us if you don't receive it, or have lost it. **You must return it at least 45 days before your card expires.**

## What if you have questions?

Call ConnPACE Monday through Friday from 8:30 a.m. to 4:30 p.m.

**1-800-423-5026**

**Hartford area:** (860) 832-9265

## **IMPORTANT INFORMATION – PLEASE READ**

Dear ConnPACE Applicant,

In order to expedite the processing of your application or renewal form we ask for your cooperation with the following:

- When making copies of your documentation to send with your application or renewal form, please make **all copies 8 ½ x 11” in size**. Small attachments can easily be separated from your application, causing delays in processing your enrollment.
- We ask that you please do not staple attachments to your application or renewal form. Please use paper clips instead of staples.
- If a husband and wife are both applying for ConnPACE at the same time, it is necessary to send **two separate applications, two \$25 checks or money orders and two complete sets of documentation**.

Thank you for your cooperation!

# ConnPACE APPLICATION

*If married, each spouse must complete a separate application and submit a separate fee.*

<b>A Identification</b>			<i>OFFICE USE</i>	
Last Name	First	Middle Initial	ID# _____	
Street Address		Box or Apt. #	AGE      Y   N	
City	State CT	Zip	RES      Y   N	
Telephone Number ( _____ ) _____ - _____	Social Security Number _____ - ____ - _____		INC      Y   -	
			DIS      Y   N   S	
			TOWN _____	
			CLERK _____	
<b>B Marital Status</b>			<b>C Date of Birth</b> (proof required)	
<input type="checkbox"/> Single, Divorced, Widowed <input type="checkbox"/> Married (Spouse's Social Security # _____ - _____ - _____) <input type="checkbox"/> Separated with no financial support between spouses, or spouse resides in a nursing home			Month    Day    Year _____ / _____ / _____	
<b>D Other Identifying Information</b> (optional)				
<b>Race</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Alaska Native <input type="checkbox"/> Asian			<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>E Residency</b> (proof required)			<input type="checkbox"/>	<input type="checkbox"/>
Have you been a Connecticut resident for the past six months?			Yes	No
<b>F Disability</b> (proof required)			Yes	No
Are you over the age of 18 and receiving disability payments under the Social Security Disability (Title II) or the Supplemental Security Income (Title XVI) program?			<input type="checkbox"/>	<input type="checkbox"/>
<b>G Insurance</b> (proof required)			Yes	No
1. Are you enrolled in the State Medicaid (Title XIX) program?			<input type="checkbox"/>	<input type="checkbox"/>
2. Are you enrolled in an Insurance Plan or HMO, with <b>maximum allowable benefits</b> ?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide the requested insurance information on the back of this form.				
<p>Please Note: <b>Even if you have not met your maximum benefit, send your completed application to ConnPACE now. If you have submitted your completed ConnPACE application prior to exhausting other insurance coverage, you will not have a lapse in <u>prescription</u> coverage. However, you cannot use the ConnPACE card until after you have exhausted the maximum benefit through your private insurance carrier.</b></p>				

Yes No

3. Are you enrolled in an Insurance plan that pays for prescriptions?

If yes, provide the information below.

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Effective Dates: Start \_\_\_\_\_ Stop \_\_\_\_\_

**NOTE:** A copy of your Insurance Card (front and back) must be provided with this form.

**H Income** (proof of all income sources required)

*OFFICE USE*

YEAR \_\_\_\_\_

**Read the following carefully:**

- If you are married and reside with your spouse, you must report all sources of income, including both Social Security benefits (minus Medicare Part B premiums), even if only one spouse is applying.
- If last year's income exceeds the limits, you may use this year's income.
- Submit a copy of a document to prove each source of income listed.
- If you filed a Federal Income Tax Return, you must submit a signed and completed copy.
- Documents to prove income must show your name or Social Security number, and the year the income was received.

**Indicate your income:**

**Annual Amount**

	Applicant	Spouse
1. Adjusted Gross Income from the Federal Income Tax Return (If joint return, place amount under the "Applicant" column)	\$ _____	\$ _____
2. Social Security (minus Medicare Part B premiums), Supplemental Security Income, and Railroad Retirement income	\$ _____	\$ _____
3. Pensions, retirement income, annuities, veteran's benefits	\$ _____	\$ _____
4. Interest and dividends (If joint accounts, place amount under the "Applicant" column).	\$ _____	\$ _____
5. Other income (wages, net rental income, non taxable income)	\$ _____	\$ _____

**I Certification and Authorization**

I certify that the information on this form is true, accurate, and complete. I understand that if I provide false, fraudulent, or misleading information, I face fines and penalties under State law. I authorize the Social Security Administration, banking institutions, private insurance companies, and others to release information necessary to determine my ConnPACE eligibility. I further authorize any health care provider to release all medical records pertaining to prescriptions covered by ConnPACE to assure that the services paid for by ConnPACE were appropriate. Social Security Number disclosure is required for the ConnPACE program under authority granted in 42 U.S.C. Section 405. Your Social Security Number will serve as the basis for your ConnPACE client identification number.

\_\_\_\_\_  
YOUR SIGNATURE OR MARK

\_\_\_\_\_  
DATE

**DID YOU REMEMBER TO:**

1. Complete and sign this application?
2. Include copies of documents to prove residency, age, income, disability, if applicable, and Health Insurance (card)?
3. Include a check or money order for \$25 payable to ConnPACE?

**RETURN TO:**

**ConnPACE  
P.O. Box 5011  
Hartford, CT 06102**