

Form **14116**  
(January 2010)

Department of the Treasury—Internal Revenue Service  
**HCTC Family Member Eligibility**

OMB Number  
**1545-2163**

**Part I: Provide Information About You**

Your name ( <i>first, middle initial, last, suffix</i> )	Social security number
Your mailing address ( <i>street number</i> )	( <i>city, state, ZIP</i> )
Telephone number	Gender: Male or Female
Your birth date ( <i>mm/dd/yyyy</i> )	

**Part II: Provide Information About Your Family Member Who Was HCTC Eligible**

Family member name ( <i>first, middle initial, last, suffix</i> )	Family member birth date ( <i>mm/dd/yyyy</i> )
Family member social security number	My family member is ( <i>check one</i> ): <input type="checkbox"/> A Trade Adjustment Assistance (TAA), Alternative TAA, or Reemployment TAA recipient <input type="checkbox"/> A Pension Benefit Guaranty Corporation (PBGC) payee

**Part III: Qualifying Event**

Check the box below next to the qualifying event: <input type="checkbox"/> Death <input type="checkbox"/> Divorce	Date of qualifying event ( <i>mm/dd/yyyy</i> )
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**Part IV: Supporting Documentation**

Please provide the HCTC program with one of the following supporting documents:

- Final Divorce Decree
- Death Certificate

Please mail the completed form and supporting documents to:

**HCTC Processing Center**  
P.O. Box 760189  
San Antonio, TX 78245

Under penalties of perjury, I declare that the information furnished on this form with regard to myself and to any family member(s), and any attachments to it, is true, correct, and complete. I understand that a knowing and willfully false statement on this form can result in my disqualification from the monthly HCTC Program. By signing, I also agree to allow the IRS to share my eligibility status and payment information with my health plan.

<b>Signature</b>	<b>Full Name (print)</b>
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**Date:**

**PAPERWORK REDUCTION ACT NOTICE.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The estimated average time to complete this form is 15 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we will be happy to hear from you. You can write to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

**PRIVACY ACT STATEMENT.** The following information is provided to comply with the Privacy Act of 1974 (P.L.93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.