

HCTC Family Member Eligibility**Part I: Provide Information About You**Name *(First, Middle Initial, Last, Suffix)*

Gender

 Male Female

Social Security Number (SSN)

Your Date of Birth *(mm/dd/yyyy)*

Your Primary Phone Number

Your Alternate Phone Number

Mailing Address *(Street Number, City, State, ZIP code)***Part II: Provide Information About Your Family Member Who Was HCTC Eligible**Family Member Name *(First, Middle Initial, Last, Suffix)*

Family Member Social Security Number

Family Member Date of Birth *(mm/dd/yyyy)*At the time of the event my family member was *(Check One)* A Trade Adjustment Assistance (TAA), Alternative TAA, or Reemployment TAA recipient A Pension Benefit Guaranty Corporation (PBGC) payee**Part III: Qualifying Event**

Check the box below next to the qualifying event:

 Death Finalized a DivorceDate of Qualifying Event *(mm/dd/yyyy)***Part IV: Supporting Documentation**

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

- Final Divorce Decree
- Death Certificate

Please fax the completed form and supporting documents from a secure fax line to:

IRS - HCTC Program
Fax: 866-303-5298

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 authorize the HCTC Program to independently discuss with my health insurer, third party administrator or former employer, my eligibility status and HCTC payments made on my behalf to these organizations.

Signature**Full Name *(Print)*****Date**

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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.