



Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF INFECTIOUS DISEASE CONTROL

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

NH CARE PROGRAM
REIMBURSEMENT OF TAX REFUND AGREEMENT

I, _____ agree to endorse (sign over) any payment made to me by the Internal Revenue Service (IRS) as a result of underpayment of the Advanced Premium Tax Credit (APTC) to the NH CARE Program, which makes insurance premium payments on my behalf.

This payment is the sole property of the NH CARE Program. The NH CARE Program expects to receive the payment within 10 days of you having received the refund. Any checks should be signed over to "Treasurer, State of NH". The check, along with any accompanying documentation should be mailed to:

NH CARE Program
DHHS Division of Public Health Services
29 Hazen Drive
Concord NH 03301

By signing below, I agree to these terms and conditions.

Signature: _____ Date: _____

Note: Failure to repay the NH CARE Program may result in suspension of benefits and/or other enforcement efforts, such as referral to the NH Department of Justice for collections.