



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

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Insurance Premium Refund Agreement

This agreement is for a client currently receiving insurance premium assistance administered through the NH CARE Program—meaning NH Care is paying for monthly insurance premiums. Your insurance plan may periodically become **overpaid** by NH CARE resulting in a credit balance (refund) to you as the subscriber. For example:

- The premium changes, or you are no longer eligible and do not notify NH CARE to change the amount being paid.
- Your policy is cancelled for any reason, and do not notify the NH CARE Program.

To participate in this insurance benefits program, please sign and return this agreement, and keep a copy for your records. This agreement is valid so long as the NH CARE Program is paying premiums for one or more insurance plans. Failure to complete this requirement make affect eligibility for insurance credits in the future. *If there is a lapse in plan coverage, a new agreement should be completed.*

Agreement

By signing below, **I understand:**

- I must submit my monthly insurance plan premium invoice statements *prior to the first day* of each coverage month, either to the NH CARE Program; OR to the benefits administrator (American Exchange), via the provided secure web portal; OR via my Case Manager.
- Cash assistance, including premium refunds by my insurance plan, is not allowed by the NH CARE Program, and these funds must be returned to the NH CARE Program.
- I must notify the NH Care Program of any changes in my health or dental plan.

Insurance refund checks for payments made by NH CARE should not be cashed. Transfer these funds to the NH CARE Program directly, or via Case Managers. Checks are endorsed over to the NH CARE Program as follows:

On the back of the check, above the endorsement line, write *“Pay to the order of State of NH Treasury”*, followed by **your name** and **signature**. This indicates you are giving up your claim to the check and transferring the funds to the State of New Hampshire.

Printed Name _____

Signature _____ **Date** _____