

Legal Name (please print) _____

Date of Birth _____

WellPower ID# _____

Annual Household Income: \$ _____

Number of persons support by income: _____

Dependents under the age of 18: _____

Social Security (SS): No Yes

Social Security Disability Insurance: No Yes

Agreement. By signing below, I confirm, to the best of my knowledge and belief, my household income and the number of persons supported by that income, as shown above. I understand that WellPower is using this information to determine whether I am eligible to have my financial responsibility, except medication co-payments, waived through WellPower's Financial Assistance Program. I agree to notify WellPower if my financial situation changes, or I learn something about my financial situation different than what I reported. I understand that at least once a year WellPower will ask me to verify my information.

X _____
Signature of individual or personal representative

Signature Date

Name of Personal Representative (if applicable)

Relationship

For WellPower Use Only

| Financial Assistance Eligibility Determination | |
|---|--|
| <input type="checkbox"/> Not Eligible On behalf of WellPower, I have reviewed this individual's financial situation as self-reported. Based on the individual's best guess of the yearly household income and number of persons supported by that income, the individual's household income is above 330% of the current federal poverty guidelines. Therefore, this individual does not qualify for WellPower's Financial Assistance Program. | <input type="checkbox"/> Eligible On behalf of WellPower, I have reviewed this individual's financial situation as self-reported. Based on the individual's best guess of the yearly household income and number of persons supported by that income, the individual's household income is at or below 330% of the current federal poverty guidelines. Therefore, this individual qualifies for WellPower's Financial Assistance Program. |

Reviewed by: _____

Reviewed Date: _____

X _____
Signature of reviewer

Title