

Instructions for completing the Maryland Employed Individuals Application

Important: Print with blue or black ink or visit <https://mmcp.health.maryland.gov/eid/pages/home.aspx> complete the fillable PDF.

Section 1: Name and Address

Print your name, address and telephone number. Print your residential address. You must be a Maryland resident for this program. If you are homeless, please write "homeless" in the home address line and fill in the state and the county. Print your mailing address if different from your residential address. *Please note: If you do not want mail sent to your home address you must: provide an alternate address or phone number for messages in this section.

Section A Demographics

Print your social security number, birthdate and other demographic information by following the chart on page 2. If you are only applying for yourself please put your information in the first column. If you are married **YOU MUST COMPLETE ALL FIELDS.**

Section B Citizenship/ Immigration Status

If anyone for whom you are applying is not a United States citizen, fill in this section. Only answer these questions for each person who wants benefits.

Section C Authorized Representative

You may choose a person to apply for you. If you choose someone to help you, give us the following information about the person and check what you would like your representative to do.

Section D Students

Are any members between ages 18-50 attending a school for higher education (college, vocational or technical school). If you are not a current student, please print N/A in this section.

Section E Resources/ Assets

Do you or your spouse (if any) have any resources or assets such as a checking or savings account, stocks, bonds, cash on hand, property other than where you live, prepaid burial plans, trust (special needs included) IRA or Keogh account. If you have a direct express card or prepaid credit card please also include information. For bank statements please make sure that your statement includes the first day of the month of your application. For example, if you apply on April 15th your bank statement must include April 1st information.

Section F Transfer of Assets

Have you or your spouse (if any) sold, traded, or given away any property, stocks, bonds, cash on hand.

Section G Earned Income

Do you or your spouse (if any) receive any income from employment? If so, make sure to include with your application your pay stubs if you are employed. If you are paid weekly submit four (4) pay stubs. If you are paid bi-weekly please submit two (2) paystubs. If you are paid monthly, please provide three (3) months of wages. If you are self-employed submit your Schedule C. If you do not have a Schedule C

please provide a business ledger with 3 months of information (3 months must include the month of application)

Section H Other Income and Benefits

If you or your spouse (if any) receives, applied for or was denied any benefit listed below check in the box next to the benefit.

Section I Medical Expenses

Do you or your spouse (if any) pay medical expenses? If so put the monthly amount that you pay.

Section J Life Insurance, Funeral Plans, Burial Funds

If you have any of these plans, please include them with your application.

K. MEDICAL INSURANCE Complete as Appropriate

Has anyone applying dropped health insurance coverage in the past six months? Does anyone applying have any health insurance? If so, please complete this portion of the application. You have a right for suitable accommodations, please complete this form if you would like to invoke this right. Please make sure that you read the rights and responsibilities page. Please sign and date application. If the application is not signed it will not be accepted.