

SUPPLEMENT TO THE PA 600L

For Individuals Participating in Waivers Who want to Apply for MAWD

MAWD offers health care coverage for individuals with disabilities who are employed. There are two groups of coverage: *Worker with a Disability*, and *Worker with a Medically Improved Disability*. Because MAWD has higher income and resource limits than other Medicaid eligibility groups, individuals enrolled in a waiver have the opportunity to earn more income and save more with MAWD while maintaining their waiver services.

If you have applied for waiver services, or are receiving waiver services; and you wish to apply for MAWD, please complete and sign this form and return it to your local County Assistance Office. If you require assistance in doing so, please contact the appropriate staff at the Program Office that administers your waiver.

PLEASE NOTE:

- **If you apply and are determined eligible for MAWD, you will be responsible for paying a monthly premium.**
- **Because disability requirements for MAWD may be different from those for your waiver, please make sure to have medical information available.**

WHEN WILL BENEFITS BEGIN?

Your eligibility for MAWD will begin on the first day of the month in which your application is received, if you choose to pay the premium for that month. If you wish to pay that premium, check the first box below. If you do not want eligibility to start in the month you apply, check the second box below. Your premium would then start on the first day of the following month.

I wish to start coverage on the first day of the month in which my application is received.

I wish to start coverage on the first day of the following month.

Please Note: To determine your eligibility for MAWD, it will be necessary to review your disability. Because of this, you may not receive a decision on your eligibility within 30 days. When the decision is made, you may elect to receive coverage starting in the month your application was received. You would then be responsible for premium payments starting with the month in which your application was received. However, you may instead choose to start coverage in the month the decision on your eligibility is made. You would then be responsible for premium payments starting from that month forward.

HOW TO PAY THE PREMIUM

To participate in MAWD, you will be responsible for paying a monthly premium. With payroll deduction, your employer will deduct the monthly premium amount directly from your paycheck. ***Please check the box below if you want payroll deduction.***

YES, I want payroll deduction

If you are self-employed, do not want payroll deduction, or your employer doesn't offer payroll deduction, you will be sent a monthly statement. You will be responsible for mailing that statement each month with your payment. ***Please check the box below if you want a monthly statement, and do not want payroll deduction.***

NO, I do not want payroll deduction

Please complete and sign below.

Name	Social Security Number	Phone Number

Signature

Date