



Broward County Ryan White Part A Health Insurance Continuation Program (HICP)
Health Insurance Premium Payment Assistance
Client Acknowledgment Form

Premium Assistance Eligibility

To be eligible for HICP Premium Assistance, the client must meet **all** of the following criteria:

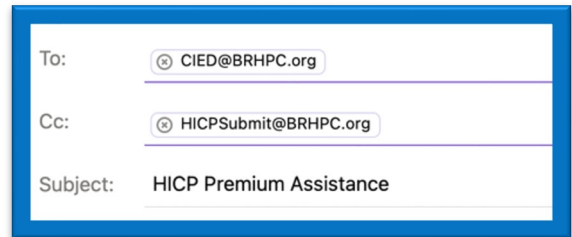
- Enrolled in an ACA Health Insurance Plan
- Monthly premium invoice (*premium minus APTC*) does not exceed **\$225**
- Receiving an Advance Premium Tax Credit (APTC)
- Calendar Year **2026** projected income reported to Healthcare.gov between **100%** and **250% FPL**
- Ryan White Part A eligibility is current prior to each monthly premium payment.
- Signed HICP Premium Assistance Client Acknowledgment Form

Premium Assistance Enrollment

Complete the following steps to enroll:

1. Send an email to:

- **To:** CIED@BRHPC.org
- **CC:** HICPSubmit@BRHPC.org
- Subject Line: [HICP Premium Assistance](#)



2. Attach the following documents:

- **Signed** Client Acknowledgment Form (This Document)
- *Insurance ID card with insurance carrier and policy name/# (copy of BOTH front and back) **and/or***
- One of the following premium payment documents with *carrier name, policy name and policy #*
 - Binder payment documentation (*only if this is the first month of coverage*)
 - Monthly premium invoice (*if not the first payment*)

IMPORTANT: Ongoing Requirements

To continue receiving monthly premium assistance, clients must:

- Submit a copy of their monthly premium invoice to HICPSubmit@BRHPC.org by the **15th of every month**
- File federal income taxes annually, including IRS Form 1095-A (Health Insurance Marketplace Statement)
- Failure to file will result in removal of the APTC by the Marketplace making client ineligible for assistance.

Advance Premium Tax Credit (APTC) Reconciliation

Clients are responsible for reimbursing Broward Regional Health Planning Council of any excess Advance Premium Tax Credit as identified on IRS Form 8962, Line 26, not to exceed the amount paid by HICP. Failure to submit required tax documents and/or repay excess APTC will result in loss of eligibility for HICP

Program Caps and Premium Assistance Limits

I understand that assistance provided through HICP is subject to funding availability and annual program limits. I acknowledge and agree that: HICP has an overall annual cap of \$3,000 per client per contract year for the entire Insurance Support Services category. Premium Assistance is limited to a maximum of \$2,700 per year, not to exceed \$225 per month. Premium Assistance payments count toward and are included within the overall \$3,000 annual cap.

Client Acknowledgment

By signing below, I acknowledge and agree to the following:

- I agree to repay BRHPC any excess APTC reported on my prior year's IRS Form 8962, Line 26, up to the amount paid on my behalf through HICP.
- I confirm that I have reviewed, understand, and agree to comply with HICP Client Policies and Procedures.
- I understand that my signature is required prior to receiving this Premium Assistance services.

Client Name (Print)

Client Signature

Date

Broward County Ryan White Part A HICP Premium Assistance

Frequently Asked Questions (FAQ)

This FAQ summarizes key details about HICP Premium Assistance, including eligibility, how to enroll, and ongoing responsibilities.

- **What is the Health Insurance Continuation Program (HICP) Premium Assistance?** HICP Premium Assistance is a service under Broward County Ryan White Part A that helps eligible clients pay their ACA health insurance monthly premium (after the Advance Premium Tax Credit is applied).
- **What are the basic eligibility requirements?** You must meet all program criteria, including: being enrolled in an ACA plan, receiving an Advance Premium Tax Credit (APTC), having current Ryan White Part A eligibility prior to each monthly premium payment, having projected CY 2026 income between 100% and 250% of the Federal Poverty Level (FPL), and signing the Client Acknowledgment Form.
- **What does the \"\$225\" premium limit mean?** Your monthly premium invoice amount (premium minus APTC) must be \$225 or less to qualify for Premium Assistance.
- **How do I enroll in HICP Premium Assistance?** Send an email to CIED@BRHPC.org and copy HICPsubmit@BRHPC.org. Use the subject line “HICP Premium Assistance,” and attach your health insurance policy information plus one premium payment document (binder payment documentation for the first month of coverage, or a monthly premium invoice if it is not the first payment). If your name and date of birth do not appear on an attached document, include them in the email.
- **Where do I send my monthly premium invoice, and when is it due?** Submit a copy of your monthly premium invoice to HICPsubmit@BRHPC.org by the **15th of every month** to continue receiving monthly premium assistance.
- **Do I have to file taxes to stay eligible?** Yes. You must file your federal income taxes by the IRS due date, including IRS Form 1095-A (Health Insurance Marketplace Statement). Failure to file taxes may result in removal of APTC by the Marketplace, which can make you ineligible for assistance.
- **What is APTC reconciliation, and could I owe money back?** APTC reconciliation happens when you file taxes. If your IRS Form 8962 shows you received excess APTC (Line 26), you are responsible for reimbursing Broward Regional Health Planning Council up to the amount HICP paid on your behalf.
- **What happens if I don't submit required tax documents or don't repay excess APTC?** Failure to submit required tax documents and/or repay excess APTC will result in loss of eligibility for HICP.
- **Who can I contact about Ryan White Part A eligibility?** Your Ryan White Part A eligibility must be current prior to each monthly premium payment. For eligibility questions, contact CIED at 954-566-1417.