



RI Executive Office of Health & Human Services  
Department of Human Services  
Hazard Building 74  
74 West Road, Cranston, RI 02920

## Application for State-funded Assistance to Pay for Health Care Coverage

**Directions:** To receive help paying for your health insurance, please fill out this form and mail it to us at the address below. We will reimburse you for part of your monthly premium. The amount is based on your income and family size.

[Name]

[Address]

[City/Town, RI zip code]

If your name and address is not correct, please print the correct information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Last 4-digits of Social Security number: \_\_\_\_\_

Name of health plan selected (silver plan): \_\_\_\_\_

Telephone number (day time): \_\_\_\_\_

I attest that the information on this form is true.

\_\_\_\_\_  
Name of person applying (signature)

\_\_\_\_\_  
Date

**Mail this form to:**

EOHHS/Rite Share, Hazard Bldg., 74 West Rd., Cranston, RI 02920