



**Utah Department of Workforce Services
Health Coverage Tax Credit (HCTC) Bridge Payment
Customer Check List**

Please provide the following information so we can verify your HCTC eligibility.

Personal Information

Name _____

- Completed application
- Age verification (Driver's License or photocopy of Birth Certificate) for each qualified family member

Eligibility Information

Pension Benefit Guaranty Corporation (PBGC)

- PBGC check stub
OR
- Letter from PBGC indicating that you are receiving payments
OR
- Other _____

Health Plan Information

- Coupon, Invoice or Bill
- Other, please specify

OR COBRA Health Plan Information

Make 2 copies of the following: For Utah & Federal HCTC (Put SSN on Federal Copies)

- Coupon, Invoice, or Bill (with the following information on the invoice: Name of participant, Name of Plan Administrator, phone number, due date, amount of premium due)
- Copy of Signed and dated Cobra Election form
- Proof of Cobra payment (i.e. canceled check/statement from Plan Administrator)
- Other, please specify

AND

✓ Complete Federal HCTC Application when received in Mail. 1-866-628-4282

Documents should be mailed to:

Department of Workforce Services
Attn: Vint DeGraw/HCTC Bridge Program
1385 South State St.
Salt Lake City, UT 84115

Or faxed to: 801-468-0070, Attn: HCTC Bridge Program
My email address: vdegrow@utah.gov
HCTC Toll Free Line: 1-877-529-5578