



**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**

- 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
- \_\_\_\_\_

Documents should be mailed to:

HCTC Bridge Program  
Department of Workforce Services  
1050 South Medical Drive, Suite A.  
Brigham City, UT 84302

Or faxed to: 435-734-4062, Attn: HCTC Bridge Program  
My email address: [Jeanfisher@utah.gov](mailto:Jeanfisher@utah.gov)  
HCTC Toll Free Line: 1-877-529-5578