



Healthcare Financial Assistance Application

Return Information to:
MAIL: Iowa C.O.P.S.
Attn: HEALTHCARE COMMITTEE
 PO Box 52
 Granger, IA 50109

EMAIL: yanira@iowacops.org

This application is for survivors of Law Enforcement Officers killed in the line of duty who are not Medicare/Medicade eligible AND were covered under your spouses/parents policy at the time of their death. If you need help to complete this form please email us at yanira@iowacops.org.

Instructions for completing this form:

Please fill this form out completely and return all required documentation to the Iowa Concerns of Police Survivors Healthcare Committee via email or to our PO Box with Attn: Healthcare Committee in order to be processed. Financial assistance will not be considered to those who do not complete the application process in full; including the requirement for the patient to apply for programs for which they may qualify (i.e. Medicaid).

Please submit the following documentation:

1. Copies of your current federal tax return with all schedules, including W-2s
2. Household income verification noted below
3. Letter from the Department your officer was employed by stating coverage benefits at time of death, and current benefits offered to you and your dependents.

Primary Survivor Name _____ Birth Date _____
 Relationship to Officer _____ Home Phone _____ Cell Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer Name _____ Work Phone _____

Please list addresses for the last 12 months:

Address	City	State	Zip	From (Month/Year)	To (Month/Year)

Officer's Name _____ Spouse Birth Date _____

Department Officer was employed by _____ Officer's End Of Watch _____

Additional Dependents that Officer carried insurance for:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

Household Monthly Income

If you are unable to provide copies of the verified information; please provide 3 months bank statements with an explanation on the back of this form.			
Type	Survivor Income	Spouse Income (if applicable)	Type of Income Verification Required
Employment Income (Gross)	\$	\$	<input type="checkbox"/> Provide paycheck stubs for the last two pay periods
Self-Employment Income (Gross)	\$	\$	<input type="checkbox"/> Provide 3 months bank statements
Pension, Retirement, Social Security Income	\$	\$	<input type="checkbox"/> Provide your Pension/Retirement statement, and/or Social Security award letter
Unemployment, Disability Income, etc. <small>Check if Disabled/unemployed longer than 6 months</small>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	<input type="checkbox"/> Provide unemployment, disability award letter, or 3 months bank statements
Child Support, Alimony	\$	\$	<input type="checkbox"/> Provide a copy of your divorce decree, legal separation notice, or custody agreement
Other Financial Assistance (Please list source):	\$	\$	<input type="checkbox"/> Provide an explanation of your income source(s)

Please turn to the back of this form to complete the application.

