



**Massachusetts HIV Drug Assistance Program (HDAP)**

**Agreement Regarding Reconciliation of Premium Tax Credits – Tax Year 2023**



***Please sign, date, and return this form immediately.***

**PROVIDE PORTAL UPLOAD:** Submit documents electronically to HDAP, CHII, and BRIDGE staff.

Provider Portal: <https://mahdaprovider.providecm.net/Account/LogOn>

Client Portal: <https://mahdap.providecm.net/>

**EMAIL** it securely to: [BRIDGEteam@crihealth.org](mailto:BRIDGEteam@crihealth.org) using our [Secure Email](#).

Find instructions and link to access the secure email here: <https://crihealth.org/contact/#Secure>.

**FAX** this form to (617) 502-1703, **MAIL** it to: Community Resource Initiative, ATTN: BRIDGE Team, Schrafft's City Center, 529 Main Street, Suite 301, Boston, MA 02129



**REQUIRED**

I, **(Name)** \_\_\_\_\_, agree to make payment to Community Resource Initiative for any refundable federal tax credits I receive from the Internal Revenue Service (IRS) for Net Premium Tax Credits (PTCs), resulting from health insurance premium payments made on my behalf by the Massachusetts HDAP/CHII program during tax year 2023.

I understand that this credit due to Net PTCs, which I may receive as an additional credit in my tax refund or as a reduction in the amount I must pay in taxes, is the sole property of the HDAP/CHII program, which expects to receive payment within 10 days of my having received a refund from the IRS or my paying the IRS a reduced amount in taxes.

I also authorize HDAP/CHII to make a payment to the IRS on my behalf if I owe money to the IRS due to Excess Advance PTCs, because of overpayment of Advance PTCs due to my 2023 income being greater than my estimated income for 2023 that I reported to the Massachusetts Health Connector in my application. I understand HDAP/CHII cannot pay the IRS on my behalf until I have provided them with the required documentation.

By signing below, I agree to these terms and conditions.



**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please contact the BRIDGE Team with questions: [BRIDGEteam@crihealth.org](mailto:BRIDGEteam@crihealth.org), or (617) 502-1700, press "1", then press "5".***