



Massachusetts HIV Drug Assistance Program (HDAP)

Agreement Regarding Reconciliation of Premium Tax Credits

Please sign, date, and return this form immediately.

HDAP PORTAL UPLOAD: Please use "other document" category and write "APTCs" in comments box

HDAP Portal: <https://mahdapprovider.providecm.net/Account/LogOn>

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

EMAIL it securely to: 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.

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 actual income being greater than my estimated income that I reported to the Massachusetts Health Connector when I applied for insurance. 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, or (617) 502-1790.