



11 Downing Court
Exeter, NH 03833

(603) 772-8119

Name
Address
City/State/Zip

Date:

Thank you for your interest in SeaCare Health Services. Below is a list of documents we will need to enroll you in the program. When completed, please mail the information to SeaCare at the above address.

1. Completed application with signatures.
2. A complete and **signed** copy of your **2010** Federal Income Tax Return, including **all schedules** and **W-2 forms**. If you do not file please contact the IRS at **(800) 908-9946** to request a verification of non-filing.
3. Copies of the three (3) most recent, paycheck stubs or a statement from the employer, for each household member.
4. Copies of three (3) most recent consecutive bank statements (e.g., savings, checking, money market, IRA, 401K, etc.), **all pages**, for all accounts.
5. Copies of unemployment, disability compensation benefits statements.
6. Copies of social security and/or pension benefits income.

If you do not have something that is marked on this list please call SeaCare at (603) 772-8119 as you may still qualify for the program.

Sincerely,
SeaCare Health Services
Medical Access Program