

MEDICAID BUY-IN FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)
GRACE PERIOD REQUEST FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COUNTY: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

I AM REQUESTING A GRACE PERIOD FOR CONTINUED PARTICIPATION IN THE MBI-WPD FOR THE FOLLOWING REASON:

[ ] CHANGE IN MEDICAL CONDITION: (medical verification needed)

[ ] Verification Attached (physician's statement)

Date of Last Day Worked: \_\_\_\_\_

[ ] JOB LOSS (through no fault of the participant)

\_\_\_\_\_ This is a temporary layoff. My anticipated return date is \_\_\_\_\_.

\_\_\_\_\_ I am actively seeking new employment.

[ ] Verification Attached (e.g., layoff notice, statement from Department of Labor, VESID, etc.)

Please Explain: \_\_\_\_\_

Date of Last Day Worked: \_\_\_\_\_

I certify, under penalty of perjury, that the information I have provided on this request form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

To be Completed by the Local District Social Services Office

LDSS Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

[ ] REQUEST APPROVED Date: \_\_\_\_\_

Grace Period: \_\_\_\_\_ to \_\_\_\_\_

[ ] REQUEST DENIED Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Signature of LDSS Contact

\_\_\_\_\_  
Date

## **MBI-WPD GRACE PERIOD INSTRUCTIONS**

### **What Are Grace Periods?**

A grace period is a time period during which MBI-WPD program participant is not working but remains eligible for the program. Two types of grace periods may be granted:

- **Medical Reasons:** a grace period of up to six months will be allowed if, for medical reasons, the MBI-WPD participant is unable to continue working. Medical verification will be required. When an applicant requests this type of grace period, LDSS must request medical verification.
- **Grace Period for Job Loss:** a grace period of up to six months will be allowed if, no fault of the participant, job loss is suffered, i.e., due to layoff, etc. Verification is required. Districts must verify that the recipient is reasonably expected to return to employment, for example, a temporary layoff, or that the recipient is actively seeking new employment.

Note: MBI-WPD participants reporting job loss due to non-medical reasons should be referred to One-Stop Centers, VESID and BPAO services as applicable, so that assistance with employment may be sought prior to loss of eligibility in the program.

### **How Do I Go About Getting a Grace Period?**

A MBI-WPD participant must complete a grace period request on the opposite side of this form. The completed form, along with the required documentation must be submitted to your Local District Social Services (LDSS) office.

### **How Often Can I Have a Grace Period?**

Recipients may be granted multiple grace periods during a 12-month period. However, in no event may the sum of the grace periods exceed six months in the 12-month period.

### **What Kind of Documentation Do I Need?**

When applying for a Change in Medical Condition Grace Period, a physician's statement is required which contains the current health problem, treatment and the anticipated amount of time you will be out of work.

When applying for a Job Loss Grace Period, verification is also required. Acceptable forms of verification include layoff notice, statement from Department of Labor, VESID, etc.

### **How Will I Know if My Grace Period is Approved?**

Your LDSS office will send you a letter informing you of your approval and the period of time authorized. Remember, the sum of your grace periods cannot exceed six months in a 12-month period.

### **What Happens When I Return to Work?**

You should immediately notify your LDSS office of your return to work. Unless you inform the LDSS office of your return to work, your grace period continues throughout the approved period. This is important because the sum of the grace periods cannot exceed six months in a 12-month period.

### **Will My Grace Period Affect My Premium Payments?**

Premium payments are calculated on the applicant's net (earned and unearned) income between 150% and 250% of the FPL. You must notify your LDSS office immediately of any change in income. The LDSS office will use this information to re-calculate your premium payments.