

CIRCUIT COURT OF COOK COUNTY  
CHANCERY DIVISION

DONALD KAIDER,

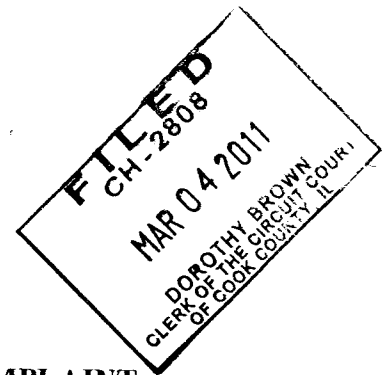
Plaintiff,

v.

JULIE HAMOS, MICHELLE R.B.  
SADDLER, DAN RUTHERFORD,  
JUDY BAAR TOPINKA

Defendants.

Case No. **11 CH 08344**



**PLAINTIFF DONALD KAIDER'S  
PETITION FOR LEAVE TO FILE HIS TAXPAYER COMPLAINT**

Plaintiff Donald Kaider ("Kaider" or "Plaintiff"), by undersigned counsel, hereby petitions this Court for Leave to File his Taxpayer Complaint (attached as Exhibit 1 hereto), pursuant to 735 ILCS 5/11-303 (hereafter referred to as "Petition"), and in support of this petition, states as follows:

1. At all relevant times, Kaider is, and has been, a resident of Chicago, Illinois and an Illinois taxpayer.
2. Attached as Exhibit 1 to this Petition is Kaider's Taxpayer Complaint against defendants Julie Hamos ("Hamos"), Director of the Illinois Department of Health and Family Services ("IDHFS"); Michelle R. B. Saddler ("Saddler"), the Secretary of the Illinois Department of Human Services ("IDHS"); Dan Rutherford ("Rutherford"), Illinois State Treasurer; and Judy Baar Topinka ("Baar Topinka"), Illinois State Comptroller, for the misuse of public funds in violation of federal law.

3. Specifically, Kaider challenges two Illinois Programs, “Moms & Babies” and “All Kids” for disbursing public funds to pay for medical services to ineligible aliens<sup>1</sup> (including “illegal aliens”), which violates 8 U.S.C. § 1621, specifically prohibiting such expenditures.
4. This attached Complaint is narrowly tailored and only involves the misuse of public funds through these two programs to pay for medical services to ineligible aliens. Plaintiff is not challenging the validity of these two programs in their entirety. For example, the proposed Complaint does not seek to enjoin payment for services to children of illegal aliens, if the children themselves are U.S. citizens or otherwise eligible aliens.
5. On information and belief, the misuse of public funds noted above (and discussed in further detail in the attached Complaint) has already depleted the State Treasury of millions of dollars, and will continue to do so, without judicial intervention. The misuse of public funds (*i.e.* payment of certain medical services for illegal aliens) creates an incentive, and acts as a magnet, for illegal aliens to enter Illinois knowing that they can receive such benefits, further depleting limited state resources. As such, this is a matter of great public concern.
6. Plaintiff’s proposed Complaint contains three counts: Count I seeks an injunction under 735 ILCS 5/11-303; Count II seeks an injunction under state common law; and Count III seeks declaratory relief under 735 ILCS 5/2-701.
7. 735 ILCS 5/11-303 states, in pertinent part:

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<sup>1</sup> “Ineligible Aliens” are defined in the attached Complaint based on federal law 8 U.S.C § 1621.

Such action, when prosecuted by a citizen and taxpayer of the State, shall be commenced by petition for leave to file an action to restrain and enjoin the defendant or defendants from disbursing the public funds of the State. Such petition shall have attached thereto a copy of the complaint, leave to file which is petitioned for. Upon the filing of such petition, it shall be presented to the court, and the court shall enter an order stating the date of the presentation of the petition, and fixing a day, which shall not be less than 5 nor more than 10 days thereafter, when such petition for leave to file the action will be heard. The court shall also order the petitioner to give notice in writing to each defendant named therein and to the Attorney General, specifying in such notice the fact of the presentation of such petition and the date and time when the same will be heard. Such notice shall be served upon the defendants and upon the Attorney General, as the case may be, at least 5 days before the hearing of such petition.

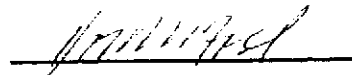
Kaider has complied with the requirements of this section, and if granted leave under this petition, will notify the Defendants and Attorney General accordingly.

8. There is no requirement to petition for leave to file a claim for declaratory relief (asserted in Count III of the attached Complaint).
9. WHEREFORE, for the reasons stated herein, and in the attached Complaint, Plaintiff respectfully requests an Order granting his Petition.

Dated: March 3, 2011

DONALD KAIDER

BY:



Howard W. Foster  
FOSTER PC - #48056  
150 N. Wacker Drive  
Suite 2150  
Chicago, IL 60606

**CIRCUIT COURT OF COOK COUNTY  
CHANCERY DIVISION**

**DONALD KAIDER,**

Plaintiff,

v.

**JULIE HAMOS, MICHELLE R.B.  
SADDLER, DAN RUTHERFORD,  
JUDY BAAR TOPINKA**

Defendants.

Case No.

**COMPLAINT**

Plaintiff, Donald Kaider, through his undersigned attorneys, brings this action for an injunction and declaratory relief against Defendants Julie Hamos (“Hamos”), Director of the Illinois Department of Health and Family Services (“IDHFS”); Michelle R. B. Saddler (“Saddler”), the Secretary of the Illinois Department of Human Services (“IDHS”); Dan Rutherford (“Rutherford”), Illinois State Treasurer; and Judy Baar Topinka (“Baar Topinka”), Illinois State Comptroller (collectively referred to as “Defendants”); to prevent the misuse of public funds relating to payment of medical services for “ineligible aliens”<sup>1</sup> under the “Moms &

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<sup>1</sup> An “ineligible alien,” is a term used in this Complaint and refers to an alien who does not fall within any of following categories: a qualified alien under 8 U.S.C. § 1641; a nonimmigrant as used in 8 U.S.C. § 1101 *et seq.*; or an alien who is paroled into the United States under section 212(d)(5) of 8 U.S.C. § 1182(d)(5) for less than one year. *See* 8 U.S.C. § 1621(a). Aliens who fall into one of these three aforementioned categories (and will be hereafter referred to as “eligible aliens”) are not prohibited from receiving state or local public benefits, pursuant to 8 U.S.C. § 1621(a). “Illegal aliens” or “undocumented aliens” (*i.e.* aliens who have not received U.S. permission to be in this country either for business, pleasure, and/or residency) are “ineligible aliens.”

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Babies” and “All Kids” programs. On information and belief, Plaintiff alleges the following in support of this claim:

### **PARTIES, JURISDICTION, AND VENUE**

1. At all relevant times, Donald Kaider has resided in Chicago, Illinois and is a resident of the State of Illinois. At all relevant times, he has paid Illinois State taxes.
2. Defendant Hamos is the Director of IDHFS, whose offices are located at: 201 South Grand Avenue, Springfield, Illinois, 62763; and 401 South Clinton, Chicago, Illinois 60607, among others.
3. Defendant Saddler is the Secretary of IDHS, whose offices are located at: 100 South Grand Avenue, Springfield, Illinois; and 401 South Clinton Street, Chicago, Illinois, among others.
4. Defendant Rutherford is the Illinois State Treasurer, whose offices are located at: Capitol Building, 219 Statehouse, Springfield, Illinois, 62706; and 100 West Randolph, Suite 15-600, Chicago, Illinois, 60601, among other locations. He is a constitutional officer of the State.
5. Defendant Baar Topinka is the Illinois State Comptroller, whose offices are located at: 201 Capitol, Springfield, Illinois, 62706; and 100 West Randolph Street, Suite 15-500, Chicago, Illinois 60601, among others. She is a constitutional officer of the state.
6. This Court has personal jurisdiction over Hamos, Saddler, and Baar Topinka as provided by 735 ILCS 5/2- 209(a) and (b), because Defendants are individuals who reside in the State of Illinois and do business/transact business within this

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State.

7. Pursuant to 735 ILCS 5/2-101 *et seq.*, venue is proper in Cook County because at least part of the transaction from which the cause of action arises takes place in Cook County, including the following: the Defendants have offices located in Chicago, Illinois and conduct official business in Cook County; Plaintiff resides in Cook County (and pays his state taxes from Cook County); the two programs at issue are administered throughout the state, including Cook County; the medical services (paid for by the disbursement of state funds) are provided to ineligible aliens throughout the state, and on information and belief, with a majority of these services provided in Cook County; and similarly, the medical providers who receive the funds (for the medical services provided to ineligible aliens) are also located throughout the state, and on information and belief, with a majority located in Cook County.
8. This Court has subject matter jurisdiction of the case as an Illinois State taxpayer action, and pursuant to 735 ILCS 5/11-303 *et seq.*

### **FACTUAL BACKGROUND OF CLAIM**

9. This case involves the Defendants' illegal disbursement of public funds through two Illinois social welfare programs, "Moms & Babies" and "All Kids." These two programs disburse Illinois tax revenue, in part, to "ineligible aliens" (including "illegal aliens"), in violation of federal law.
10. As the Director of IDHFS and as Illinois Secretary of IDHS, Hamos and Saddler are ultimately responsible for the administration and oversight of these two programs.

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11. As the State Treasurer and Comptroller, Rutherford and Baar Topinka are ultimately responsible for the disbursement of state money to fund these programs. The State Treasurer is charged with maintaining state funds and keeping them secure. The State Comptroller, as the chief fiscal control officer of Illinois, orders all payments into and out of the funds held by the State Treasurer.

### A. **The “Moms & Babies” Program**

12. “Moms & Babies” is an Illinois State program for pregnant women and their babies which pays for the mother’s outpatient and inpatient hospital services during pregnancy. These services include, but are not limited to: prenatal checkups; doctor visits; lab tests; prenatal vitamins; medicine; specialty medical care; eye care; dental care; emergency room care; mental health and substance abuse care; labor/delivery; and transportation to obtain medical care.
13. “Moms & Babies” also pays for the baby’s medical services for 60 days after the baby is born and beginning three months prior to the submission of the application. Additionally, if the mother is covered under this program at the time her baby is born, services for the baby are covered for the first year of life. These services include, but are not limited to: well-baby care, shots/vaccines, etc.
14. The recipient mother does not pay any premiums or co-payments for this program (for either her services or the services for the baby).<sup>2</sup>
15. The only requirements for the pregnant mother to enter this program are certain income-based requirements.

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<sup>2</sup> Additional information about this program can be obtained at: <http://www.allkids.com/pregnant.html> (accessed on February 22, 2011).

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16. The recipient mother does not need to be a U.S. citizen or legal alien to receive benefits from Moms & Babies. No Social Security number is needed, or even sought, to enroll. “Ineligible aliens” are not prohibited from receiving benefits for themselves or their children. *See Ex. A, Page 1 (“All Kids” application).*
17. Plaintiff Kaider only seeks to enjoin Defendants from administering and disbursing funds in connection with “Moms & Babies” to “ineligible alien” mothers (including illegal alien mothers). Plaintiff Kaider is not seeking to enjoin payment of benefits under “Moms & Babies” to any child born in the United States, regardless of the immigration status of the child’s parents.

### **B. The “All Kids” Program**

18. The “All Kids” program is an Illinois program offering uninsured children comprehensive healthcare that includes, but is not limited, to: doctor visits; hospital visits; prescription drugs; eye care; dental care; and medical devices.<sup>3</sup>
19. The “All Kids” program is codified at 215 ILCS 170/1 *et seq.*
20. Under this program, parents pay for monthly premiums, but qualifying families pay significantly less than they would in the private insurance market for a comparable plan.
21. Parents seek benefits on behalf of the recipient child. Eligibility for this program is not based on any legal immigration status of either the recipient child or the parent. “Ineligible alien” children are not prevented from receiving benefits under 215 ILCS 170/20 (which enumerates the program’s requirements).

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<sup>3</sup> Additional information about this program, and its requirements, can be obtained at: <http://www.allkids.com/about.html> and <http://www.allkids.com/about.html#insurance> (accessed on February 22, 2011).



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22. Thus, the beneficiaries are not required to have a Social Security number.
23. This is inconsistent with other social service programs offered by the State of Illinois including Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP), both of which require all recipients to provide proof of citizenship or legal alien status.
24. Unlike TANF and SNAP, for “All Kids”, the immigration status of the child is only checked/verified if the applicant indicates that the recipient child is a U.S. Citizen or a Legal Permanent Resident. Applicants who indicate that the recipient child is a U.S. citizen must provide certain documentation establishing their citizenship, such as a passport or combination of birth certificate and school ID. *See Ex. A, Page 2.* (“All Kids” application) Similarly, applicants who indicate that the recipient child is a Legal Permanent Residents must provide their alien registration number and other documentary proof. *See Ex. A, Page 3.* (“All-Kids” application) However, applicants who are applying on behalf of “ineligible alien” children are *not* required to provide any documentation establishing their child’s immigration status.
25. Plaintiff Kaider only seeks to enjoin the Defendants from administering and disbursing funds in connection with “All Kids” to children who are “ineligible aliens” (including illegal alien children). He does not seek to enjoin payment of benefits under “All Kids” to any child born in the United States, any child who is a U.S. citizen, or any child who is otherwise an “eligible alien,” regardless of the immigration status of the child’s parents.

**MISUSE OF PUBLIC FUNDS BY THE DEFENDANTS**

26. The “Moms & Babies” and “All Kids” programs are funded by Illinois State tax dollars.
27. The disbursement of state funds to provide benefits to “ineligible aliens” (including illegal aliens) violates federal law, 8 U.S.C. § 1621(a), which states in pertinent part:

In general

Notwithstanding any other provision of law and except as provided in subsections (b) and (d) of this section, an alien who is not--

- (1) a qualified alien (as defined in section 1641 of this title),
- (2) a nonimmigrant under the Immigration and Nationality Act [8 U.S.C.A. § 1101 et seq.], or
- (3) an alien who is paroled into the United States under section 212(d)(5) of such Act [8 U.S.C.A. § 1182(d)(5)] for less than one year,

is not eligible for any State or local public benefit (as defined in subsection (c) of this section).

28. While the three categories of aliens listed above are not prohibited by federal law from receiving state and local public benefits, these two Illinois programs do not require proof that a recipient is a member of the alien categories listed above (or is a U.S. Citizen) that can receive public benefits (*i.e.* they do not require proof that the recipient is an “eligible alien” or U.S. Citizen).
29. As Director of IDHFS and Secretary of IDHS respectively, Hamos and Saddler are responsible for administering, managing, and overseeing IDHFS’s and IDHS’s programs in accordance with all applicable laws, both state and federal.

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30. As the State Treasurer and Comptroller respectively, Rutherford and Baar Topinka are responsible for disbursing state money to fund these programs, in accordance with all applicable laws, both state and federal laws.
31. The Defendants are each violating federal law, and acting beyond the scope of their authority, when they administer programs, and permit money to be disbursed through these programs, to pay for non-emergency services to “ineligible aliens” (including illegal aliens). Each instance of such payment constitutes a misuse of public funds by the Defendants in violation of 8 U.S.C. § 1621.
32. Specifically, with respect to “Moms & Babies,” the Defendants violate § 1621 each time Illinois State tax dollars are used to provide prenatal and/or post natal services to “ineligible alien” mothers (including illegal alien mothers). (Plaintiff Kaider does not allege that any violation or misuse of funds occurs for payment to any child born in the United States.)
33. Specifically, with respect to “All Kids,” the Defendants violate §1621 each time Illinois State tax dollars are used to provide benefits to children who are “ineligible aliens” (including illegal alien children). (Plaintiff does not allege that any violation or misuse of funds occurs for payment of services for any child born in the United States, any child who is a U.S. citizen, or any child who is otherwise a qualified alien, regardless of the immigration status of the child’s parents).
34. These programs are administered by the State of Illinois, and Illinois State tax dollars are disbursed, every day to pay for medical services to ineligible aliens under these two programs.

**COUNT I:**  
**STATUTORY CAUSE OF ACTION FOR AN INJUNCTION AGAINST THE**  
**DEFENDANTS TO PREVENT THE MISUSE OF PUBLIC FUNDS**

35. The preceding paragraphs are incorporated herein as though set forth in full.
36. Plaintiff Kaider, an Illinois resident and taxpayer, seeks an injunction against the Defendants for the purpose of halting the illegal and unauthorized disbursement of public funds/misuse of funds described above.
37. Specifically, Plaintiff Kaider seeks to enjoin the Defendants from: a) administering programs and disbursing taxpayer funds to pay for services to ineligible alien mothers through the “Moms & Babies” program; and b) administering programs and disbursing taxpayer funds to pay for services to ineligible alien children through the “All Kids” program.
38. Plaintiff Kaider has a right to enjoin the Defendants pursuant to 735 ILCS 5/11-301 and 735 ILCS 5/11-303, which states, in pertinent part:
- Who may file action. An action to restrain and enjoin the disbursement of public funds by any officer or officers of the State government may be maintained either by the Attorney General or by any citizen and taxpayer of the State.
- ...
- Action by private citizen. Such action, when prosecuted by a citizen and taxpayer of the State, shall be commenced by petition for leave to file an action to restrain and enjoin the defendant or defendants from disbursing the public funds of the State....
39. Plaintiff Kaider also has a right to enjoin the misuse of public funds based upon his ownership of these funds, including his equitable interest therein, and his liability to replenish the public treasury for the deficiency caused by such

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misappropriation(s).

40. The Defendants' misuse of these funds for illegal and/or unauthorized purposes is an injury which entitles Plaintiff to sue.
41. On information and belief, the misuse of public funds through these two state programs is occurring daily, as these programs are administered daily, and public funds continue to be disbursed to pay for services to ineligible aliens each day. Without an injunction and judicial intervention, Plaintiff Kaider will continue to be harmed and state revenue will continue to be depleted.
42. An injunction is the only form of relief that will prevent the Defendants' misuse of these funds. Once the Defendants disburse these funds, there is no remedy available to retrieve such funds. There is no other adequate remedy available to Plaintiff Kaider.
43. The granting of an injunction would prevent/redress any future harm completely, immediately, and going forward in time.

**COUNT II:**  
**COMMON LAW CAUSE OF ACTION FOR AN INJUNCTION AGAINST THE**  
**DEFENDANTS TO PREVENT THE MISUSE OF PUBLIC FUNDS**

44. The preceding paragraphs are incorporated herein as though set forth in full.
45. It has long been the rule in Illinois that citizens and taxpayers have a right to enjoin the misuse of public funds, and that right is based upon the taxpayer's ownership of such funds and their liability to replenish the public treasury for the deficiency caused by such misappropriation.
46. The misuse of these funds, as described above, for illegal purposes prohibited by federal law is a damage which entitles citizens and taxpayers to sue.

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47. On information and belief, the misuse of public funds through these two state programs is occurring daily, as these programs are administered daily, and public funds continue to be disbursed to pay for services to ineligible aliens each day. Without an injunction and judicial intervention, Plaintiff will continue to be harmed and state revenue will continue to be depleted.
48. An injunction is the only form of relief that will prevent the Defendants' misuse of these funds. Once the Defendants disburse these funds, there is no remedy available to retrieve such funds. There is no other adequate remedy available to Plaintiff Kaider.
49. The granting of an injunction would prevent/redress any future harm.

**COUNT III:**  
**PLAINTIFF'S CLAIM FOR A DECLARATORY JUDGMENT**

50. The preceding paragraphs are incorporated herein as though set forth in full.
51. Pursuant to 735 ILCS 5/2-701, Plaintiff requests relief in the form of a declaratory judgment that the Defendants, through the "Mom & Baby" and "All Kids" programs' disbursement of state funds to pay for services to ineligible aliens, are expending state funds in violation of federal law and that they are enjoined from further doing so.

**PRAYER FOR RELIEF**

WHEREFORE, Plaintiff Donald Kaider, requests judgment in his favor and against the Defendants as follows:

- a) That the Court enters an order enjoining the Defendants from administering and disbursing any state funds to ineligible aliens through the "Moms &

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Babies” program and the “All Kids” program, as described above;

- b) That the Court enter a declaratory judgment in Plaintiff’s favor that the Defendants have violated federal law by administering and disbursing state funds to pay for services to ineligible aliens through the “Moms & Babies” and “All Kids” programs;
- c) That the Court award Plaintiff his costs, including his attorneys fees; and
- d) Any other relief the Court deems just and proper.

Dated: March 3, 2011

DONALD KAIDER

BY: \_\_\_\_\_  
Howard W. Foster  
FOSTER PC - #48056  
150 N. Wacker Drive  
Suite 2150  
Chicago, IL 60606



# Application

for All Kids, FamilyCare, and Moms & Babies Health Insurance

Nothing is more important than making sure your family has access to healthcare. Programs like these make that possible. Thank you for taking the time to complete this application. You can also apply online at [www.allkids.com](http://www.allkids.com).

- **All Kids** covers children who need health insurance. Some families who pay for private health insurance for their children may qualify for help to pay their premiums.
- **FamilyCare** covers parents living with their children age 18 or younger. FamilyCare also covers grandparents or other relatives who are raising children in place of their parents. Some families who pay for private health insurance may qualify for help to pay their premiums.
- **Moms & Babies** covers pregnant women and their babies.

**Apply now!** Print in ink. Answer all the questions. If you need more space use an extra sheet of paper. If someone in your family already gets All Kids, FamilyCare or Moms & Babies, you do not need to file a new application. Call your customer service representative or caseworker.

### Tell us about the applicant.

The applicant is usually the person filling out this form. The applicant should be the parent, guardian, or relative a child lives with, or a pregnant woman.

**Applicant's name** \_\_\_\_\_  
Last First

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ (m m/ d d/ y y y y) **Social Security Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Optional

**Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_  
Home Work

**If you do not have a phone and we can reach you by calling someone else, tell us who.**

**Name** \_\_\_\_\_, **Phone** (\_\_\_\_) \_\_\_\_\_

**How many people live with you?** \_\_\_\_\_ **How many of them want health insurance or help paying premiums?** \_\_\_\_\_

**What language do you use the most?**  English  Spanish  Other \_\_\_\_\_

You can help us by answering the next two questions, but you do not have to tell us.

**Are you of Hispanic or Latino origin?**  Yes  No

**Race:**  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Unknown (Mark all that apply.)

Need help? Visit [www.allkids.com](http://www.allkids.com) or call toll-free: 1-866-All-Kids (1-866-255-5437).

If you use a TTY, call 1-877-204-1012.



**Tell us about the people who want health insurance or want help to pay premiums.**

Be sure to list yourself if you want health insurance or want help to pay premiums.

Person #1	Person #2	Person #3
<b>1. Name</b>		
(Last, First)	(Last, First)	(Last, First)
<b>2. Sex</b>		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>3. Birth date</b>		
____/____/_____ ( m m / d d / y y y y )	____/____/_____ ( m m / d d / y y y y )	____/____/_____ ( m m / d d / y y y y )
<b>4. Tell us the Social Security Number, if the person has one. If they applied for one, tell us the date. ✓ Send proof they applied. For anyone else, write N/A.</b>		
____-____-_____ <input type="checkbox"/> This person applied for a number on _____. (mm/dd/yyyy)	____-____-_____ <input type="checkbox"/> This person applied for a number on _____. (mm/dd/yyyy)	____-____-_____ <input type="checkbox"/> This person applied for a number on _____. (mm/dd/yyyy)
<b>5. How is this person related to the applicant?</b>		
<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____
<b>6. Is this person an American Indian or Alaska Native?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Has this person received medical care in the past 3 months that you want us to pay for? If yes, tell us which months. ✓ Send proof of income for each month, if different from your current income.</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
<b>8. Is this person pregnant or has this person been pregnant in the last 3 months? ✓ If yes, send a signed statement from a doctor or health clinic with the expected date of delivery and the number of the babies expected.</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Need help? Visit [www.allkids.com](http://www.allkids.com) or call toll-free: 1-866-All-Kids (1-866-255-5437).  
If you use a TTY, call 1-877-204-1012.

Person #1	Person #2	Person #3
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**9. Is this person a U.S. citizen? If yes, tell us where they were born.**

<input type="checkbox"/> Yes City: _____ State: _____  <input type="checkbox"/> No	<input type="checkbox"/> Yes City: _____ State: _____  <input type="checkbox"/> No	<input type="checkbox"/> Yes City: _____ State: _____  <input type="checkbox"/> No
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✓ If yes, provide one of the following documents: U.S. Passport, Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561).  
If these are not available, provide one item from each column:

<p>Place of birth –</p> <ul style="list-style-type: none"> <li>• Certified copy of a birth certificate from the state or county where the person was born;</li> <li>• Final Adoption Decree;</li> <li>• Official military record that shows a place of birth;</li> <li>• Papers showing the person was employed by the U.S. government before 1976.</li> </ul>	<p>Identity –</p> <ul style="list-style-type: none"> <li>• Driver’s license;</li> <li>• State issued ID card;</li> <li>• School ID;</li> <li>• U.S. military ID;</li> <li>• U.S. military dependent card; or</li> <li>• Other government ID (city, county or U.S. state issued).</li> <li>• For children under age 16: <ul style="list-style-type: none"> <li>• School or day care records or a report card, OR</li> <li>• A parent or guardian’s signature on page 7 of this application</li> </ul> </li> </ul>
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Read page 9 for more information on how to get your birth certificate.

**10. If this person has a valid Alien Registration Number, write it below and provide proof. Pregnant women and children who do not have an Alien Registration Number may still get health insurance.**

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✓ Send a copy of one of the items listed below as proof for each Alien Registration Number you list on this form.

- Alien Registration Receipt Card, Permanent Resident Card or Green Card
- Passport with the following stamps or attachments: Arrival-Departure Record (I-94) including the stamp showing status, Resident Alien Form (I-551) or Temporary Resident Card (I-688)
- A court-ordered notice for asylees
- Other proof of lawful immigration status

**Receiving most public health benefits should not affect a person’s immigration status. The U.S. Citizenship and Immigration Service may consider someone to be a public charge if they live in long-term care, like a nursing home or mental health facility that the government pays for.**

Person #1	Person #2	Person #3
<b>11. Has this person had health insurance or Medicare any time in the last 12 months? If yes, complete all of the following.</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Month, Day and Year Coverage Began ____/____/____	____/____/____	____/____/____
If the insurance ended, tell us the month, day and year it ended and why.		
____/____/____	____/____/____	____/____/____
<input type="checkbox"/> Someone's job ended <input type="checkbox"/> Met lifetime limit <input type="checkbox"/> Other: _____	<input type="checkbox"/> Someone's job ended <input type="checkbox"/> Met lifetime limit <input type="checkbox"/> Other: _____	<input type="checkbox"/> Someone's job ended <input type="checkbox"/> Met lifetime limit <input type="checkbox"/> Other: _____
Insurance Company		
Name of Policyholder		
Policyholder's SSN (optional) ____-____-____	____-____-____	____-____-____
Employer Name		
Phone Number (    )	(    )	(    )
Policy Number		
Group Number		
Are both physician and hospital services covered?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this COBRA insurance? COBRA is group insurance you buy from a former job.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to policyholder		
If this person cannot use the insurance, tell us why.		

**12. For anyone 18 or younger, we need their parents' names. You can help us by answering the other questions, but you do not have to tell us. For anyone without this information, write N/A.**

<b>Mother's</b> full name:	<b>Mother's</b> full name:	<b>Mother's</b> full name:
SSN: ____-____-____	SSN: ____-____-____	SSN: ____-____-____
Employer:	Employer:	Employer:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>Father's</b> full name:	<b>Father's</b> full name:	<b>Father's</b> full name:
SSN: ____-____-____	SSN: ____-____-____	SSN: ____-____-____
Employer:	Employer:	Employer:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Need help? Visit [www.allkids.com](http://www.allkids.com) or call toll-free: 1-866-All-Kids (1-866-255-5437).  
If you use a TTY, call 1-877-204-1012.

Person #1	Person #2	Person #3
<b>13. For anyone who is married, tell us about their spouse. You can help us by answering these questions, but you do not have to tell us. For anyone without this information, write N/A.</b>		
<b>Spouse's full name:</b>  SSN: _____ Employer:  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Spouse's full name:</b>  SSN: _____ Employer:  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Spouse's full name:</b>  SSN: _____ Employer:  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

**Tell us about other people in your family and your income.**

**14. We need to know about your family group to decide if you can get health insurance.**  
 Family group means people in your family who live with you. You, your spouse, any children 18 or younger and their parents, if they also live with you, make up your family group.  
**Tell us about anyone in your family group who is NOT asking for health insurance.**

**Name** \_\_\_\_\_ **SSN (optional)** \_\_\_\_\_  
**Birth date** \_\_\_/\_\_\_/\_\_\_ **Relationship to applicant** \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN (optional)** \_\_\_\_\_  
**Birth date** \_\_\_/\_\_\_/\_\_\_ **Relationship to applicant** \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN (optional)** \_\_\_\_\_  
**Birth date** \_\_\_/\_\_\_/\_\_\_ **Relationship to applicant** \_\_\_\_\_

**15. Is any adult, parent, stepparent, spouse or pregnant woman named on this form currently employed?**  Yes  No  
**Is anyone named on this form self-employed or own their own business?**  Yes  No  
**If yes, complete the following. If you own your own business or are self-employed, enter "self" for employer.**

**Send a copy of one pay stub (including tips) received in the last 30 days from each job. If anyone is self-employed, provide 30 days of detailed business records that include income and expenses. For a sample form, visit [www.allkids.com](http://www.allkids.com).**

**Name** \_\_\_\_\_ **Employer** \_\_\_\_\_  
**Employer address** \_\_\_\_\_ **Phone ( \_\_\_\_\_ )** \_\_\_\_\_  
**Number of hours worked weekly** \_\_\_\_\_ **Amount paid before taxes (include tips, bonuses, commissions)** \_\_\_\_\_ **How often paid** \_\_\_\_\_

**Name** \_\_\_\_\_ **Employer** \_\_\_\_\_  
**Employer address** \_\_\_\_\_ **Phone ( \_\_\_\_\_ )** \_\_\_\_\_  
**Number of hours worked weekly** \_\_\_\_\_ **Amount paid before taxes (include tips, bonuses, commissions)** \_\_\_\_\_ **How often paid** \_\_\_\_\_

**Name** \_\_\_\_\_ **Employer** \_\_\_\_\_  
**Employer address** \_\_\_\_\_ **Phone ( \_\_\_\_\_ )** \_\_\_\_\_  
**Number of hours worked weekly** \_\_\_\_\_ **Amount paid before taxes (include tips, bonuses, commissions)** \_\_\_\_\_ **How often paid** \_\_\_\_\_

Need help? Visit [www.allkids.com](http://www.allkids.com) or call toll-free: 1-866-All-Kids (1-866-255-5437).  
 If you use a TTY, call 1-877-204-1012.

**16. Is anyone named on this form GETTING money from any source other than employment (such as Social Security, child support, spousal support, rental property, unemployment benefits, pensions, trusts)?**  Yes  No **If yes, tell us about them.**

✓ Send proof of one payment received in the last 30 days for each source of income you list.

**Name** \_\_\_\_\_ **Source** \_\_\_\_\_

Payment amount \_\_\_\_\_ How often paid \_\_\_\_\_

If this is rental property income, does the person receiving the income manage the property?  Yes  No

**Name** \_\_\_\_\_ **Source** \_\_\_\_\_

Payment amount \_\_\_\_\_ How often paid \_\_\_\_\_

If this is rental property income, does the person receiving the income manage the property?  Yes  No

**Name** \_\_\_\_\_ **Source** \_\_\_\_\_

Payment amount: \_\_\_\_\_ How often paid \_\_\_\_\_

If this is rental property income, does the person receiving the income manage the property?  Yes  No

**17. Is anyone named on this form PAYING child support or spousal support?**

Yes  No **If yes, tell us how much they paid in the last month.**

✓ Send proof of one payment made to each person in the last 30 days.

**Name** \_\_\_\_\_ **Amount** \_\_\_\_\_ **How often paid** \_\_\_\_\_

**Name** \_\_\_\_\_ **Amount** \_\_\_\_\_ **How often paid** \_\_\_\_\_

**18. Is anyone named on this form PAYING for child care so they can work?**

Yes  No **If yes, tell us how much they paid in the last month for each child.**

**Name** of child in child care \_\_\_\_\_ **Name** of care giver \_\_\_\_\_

Person paying for care \_\_\_\_\_ Payment amount \_\_\_\_\_

Relationship of care giver to child (if any) \_\_\_\_\_ How often paid \_\_\_\_\_

**Name** of child in child care \_\_\_\_\_ **Name** of care giver \_\_\_\_\_

Person paying for care \_\_\_\_\_ Payment amount \_\_\_\_\_

Relationship of care giver to child (if any) \_\_\_\_\_ How often paid \_\_\_\_\_

**Name** of child in child care \_\_\_\_\_ **Name** of care giver \_\_\_\_\_

Person paying for care \_\_\_\_\_ Payment amount \_\_\_\_\_

Relationship of care giver to child (if any) \_\_\_\_\_ How often paid \_\_\_\_\_

**19. Please tell us how you heard about All Kids.**

Check all the boxes that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Radio ad              | <input type="checkbox"/> Doctor's office    | <input type="checkbox"/> School                      |
| <input type="checkbox"/> TV ad                 | <input type="checkbox"/> Clinic             | <input type="checkbox"/> Government office or agency |
| <input type="checkbox"/> Billboard             | <input type="checkbox"/> Hospital           | <input type="checkbox"/> W.I.C. site                 |
| <input type="checkbox"/> Newspaper ad or story | <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Labor union                 |
| <input type="checkbox"/> Mail sent to my home  | <input type="checkbox"/> Employer           | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Internet or Website   |   |  |

**Read and sign.**

Read carefully, then sign and date the application below.

1. We will keep what you tell us private as required by law.
2. Some families have to make a payment each month for this health insurance. This payment is called a premium. The amount of the premium depends on the family's income.
3. Some families have to pay part of the bill when they visit the doctor, go into the hospital or get a prescription filled. These payments are called co-payments. The amount of co-payment depends on the family's income.
4. You agree the state may seek reimbursement for services the state covered for your family if those services should have been paid for by any other health coverage your family may have.
5. Be sure to answer the questions correctly. We may check all information on this form. You must help us if we ask you to prove that your information is right.
6. We will **not** share any information about immigration of any person who does not have an Alien Registration Number. We **will** verify the immigration status of any person if you gave us their Alien Registration Number. To do that, we will check the number with the U.S. Citizenship and Immigration Service (USCIS). We may send other information to USCIS, such as copies of proof you sent of an Alien Registration Number and the person's Social Security Number, if they have one.
7. You must tell your All Kids or FamilyCare representative within 10 days if any of the following happens:
  - Your income changes.
  - The number of people in your family who live with you changes.
  - Your address or phone number changes.
  - Someone who gets health benefits moves out of Illinois, dies, or goes to jail or prison.
8. If we pay medical bills for you, you give your right to collect medical support payments to the State of Illinois. You must help us if we ask you to establish paternity or obtain medical support payments for members of your family. You may not have to do this if you have a good reason not to. Your children can get health insurance even if you do not help us when we ask you to help.
9. Anyone who misuses our health insurance card may be committing a crime.

**I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that I could be penalized if I knowingly give false information.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Make a mark and have another adult sign next to your mark if you cannot sign your name.)

If you completed this application on behalf of the Applicant, sign and complete the following.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Name (print) \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

## Final checklist

- Did you answer all the questions on the application?
- Did you sign and date the application?
- Do you have copies of all the proofs we said you would need?  
All the information that needs proof is marked with a ✓ .
- If you want to apply for rebates, did you get both sides of the Rebate Form completed and signed?

### Mail your application along with copies of any proof to:

**All Kids Unit  
P. O. Box 19122  
Springfield, IL 62794-9122**

If you use the envelope that came with this application, you do not need to use a stamp.

## Next steps

- If any information changes after you send the application, call toll-free 1-866-All-Kids (1-866-255-5437) to tell us what changed. If you use a TTY, call 1-877-204-1012.
- We will review your application as quickly as possible.
- If we find something is missing, we will send you a letter telling you what else to send.
- Please allow 45 days for us to make a decision.
- We will send you a notice to tell you if you can get All Kids, FamilyCare or Moms & Babies. If you do not qualify, we will also send a notice and tell you why.

## Other important information

- If your children already have an All Kids card, do not apply again. If you want to add someone to your All Kids, FamilyCare or Moms & Babies health plan, you do not have to send a new application. Call your caseworker at the Illinois Department of Human Services (DHS) or call your All Kids customer service representative to add another family member.
- If your family has child support or Social Security income, a stepparent in the home, high medical bills, or you are applying for a disabled family member or one who is 65 or older, it may be better for you to apply at your DHS Family Community Resource Center. For more information, call toll-free 1-866-All-Kids (1-866-255-5437). If you use a TTY, call 1-877-204-1012.
- If you are not satisfied with the actions taken on your application, you have the right to a fair hearing. You can ask for a fair hearing by writing your local office, or by writing the Department at Bureau of Administrative Hearings, 401 South Clinton Street, Sixth Floor, Chicago, Illinois 60607 or by calling 1-800-435-0774. If you use a TTY, call 1-877-734-7429. **Use these numbers only to file an appeal.** All other calls and inquiries should be directed to 1-866-All-Kids (1-866-255-5437). If you use a TTY, call 1-877-204-1012.
- All Kids, FamilyCare and Moms & Babies are open and accessible without regard to sex, race, disability, national origin, religion or age. The State of Illinois is an equal opportunity employer that practices affirmative action. The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

## U.S. citizenship documents

Because of a new federal law, we must ask people who are United States citizens to send us documents that prove they are citizens. This new law affects all children and adults who apply for medical benefits if they are U.S. citizens.

**If you do not have these documents for anyone in your family who is a U.S. citizen, you must try to get them.**

You can get birth certificates from the state or county where the person was born. You may have to pay for official copies of birth certificates. Usually, you need to know the person's name, date of birth and parents' names to order their birth certificate.

- Persons who were born in Illinois can get their birth certificate from the county where they were born. Here are a few county phone numbers and websites:

County	Phone	Website
Champaign	1-217-384-3720	<a href="http://www.champaigncountyclerk.com/vitals">www.champaigncountyclerk.com/vitals</a>
Cook	1-312-603-7799	<a href="http://www.cookctyclerk.com">www.cookctyclerk.com</a>
DuPage	1-630-682-7035	<a href="http://www.co.dupage.il.us">www.co.dupage.il.us</a>
Jackson	1-618-687-7360	<a href="http://www.co.jackson.il.us/elected/co_clerk.htm">www.co.jackson.il.us/elected/co_clerk.htm</a>
Kane	1-630-232-5950	<a href="http://www.co.kane.il.us/coc">www.co.kane.il.us/coc</a>
Lake	1-847-377-2411	<a href="http://www.co.lake.il.us/cntyclk/vital">www.co.lake.il.us/cntyclk/vital</a>
Peoria	1-309-672-6059	<a href="http://www.co.peoria.il.us">www.co.peoria.il.us</a> (Select "Get Vital Records")
Rock Island	1-309-786-4451	<a href="http://www.co.rock-island.il.us">www.co.rock-island.il.us</a>
St. Clair	1-618-277-6600	<a href="http://www.co.st-clair.il.us">www.co.st-clair.il.us</a> (Select "B")
Will	1-815-740-4615	<a href="http://www.willclrk.com/vitalrecords.htm">www.willclrk.com/vitalrecords.htm</a>

You can get a complete list of where to go for a birth certificate for any county in Illinois on the Internet at [www.idph.state.il.us/vitalrecords/countylisting.htm](http://www.idph.state.il.us/vitalrecords/countylisting.htm). The Illinois Department of Public Health can help you find a county office if you call **1-217-782-6553**. If you use a TTY, call 1-800-547-0466. The call is free.

- Persons who were born in Illinois can also get birth certificates from the Illinois Department of Public Health by calling **1-217-782-6553**. You can order your birth certificate over the Internet at [www.idph.state.il.us/vitalrecords](http://www.idph.state.il.us/vitalrecords) if you use a credit card.
- The National Center for Health Statistics can help you find out where to get birth certificates for people who were born in a state other than Illinois. Call **1-866-441-6247**. The call is free. If you can use a computer, visit [www.cdc.gov/nchs](http://www.cdc.gov/nchs).

**If you cannot get these documents, call 1-866-All-Kids to tell us why. If you use a TTY, call 1-877-204-1012. The call is free. There may be other documents that you can use to show that you or your family member is a U.S. citizen.**



## Other benefit programs offered by the State of Illinois

**Veterans Care** offers access to affordable, comprehensive healthcare to veterans across Illinois. Veterans pay an affordable monthly premium of \$40 or \$70 and receive medical, dental and vision coverage. For additional information, please visit [www.illinoisveteranscare.com](http://www.illinoisveteranscare.com) or call 1-877-4VETS-RX. If you use a TTY, call 1-877-204-1012.

**Illinois Cares Rx** provides a safety net for seniors and persons with disabilities so they won't have to pay more out of pocket under the Medicare drug plan. To find out more, visit [www.illinoiscaresrx.com](http://www.illinoiscaresrx.com) or call the Illinois Health Benefits hotline at 1-800-226-0768. If you use a TTY, call 1-877-204-1012.

The **Illinois Rx Buying Club** provides an average discount of 24% at many Illinois pharmacies. To get more information or to enroll visit [www.illinoisrxbuyingclub.com](http://www.illinoisrxbuyingclub.com) or call 1-866-215-3462. If you use a TTY, call 1-866-215-3479.

**Health Benefits for Workers with Disabilities** is a comprehensive healthcare program for employed persons with disabilities. Working individuals between the ages of 16 and 64 may be eligible. To download an application, visit [www.hbwfillinois.com](http://www.hbwfillinois.com) or call 1-800-226-0768. If you use a TTY, call 1-866-675-8440.

**HFS Medical Benefits** provides comprehensive healthcare for low-income seniors and persons of any age with disabilities. To apply, visit a local Department of Human Services office. To find an office nearby, call 1-800-843-6154. If you use a TTY, call 1-800-447-6404. You can download a mail-in application by visiting [www.health.illinois.gov](http://www.health.illinois.gov).

The **Low Income Home Energy Assistance Program (LIHEAP)** helps qualified households pay for winter energy services. The amount of the benefit depends on income, household size, fuel type and geographic location. Visit [www.liheapillinois.com/community.html](http://www.liheapillinois.com/community.html).

The **Illinois Department of Human Services' Child Care Program** provides low-income, working families with access to quality, affordable child care. Parents can learn about child care in their community and see if they qualify for a subsidy by contacting their local Child Care Resource and Referral agency (CCR&R). Visit [www.ilchildcare.org](http://www.ilchildcare.org) or call 1-800-649-1884 to find your local CCR&R.

The **HFS Division of Child Support Enforcement (DCSE)** will help anyone who needs support for a child. DCSE helps parents and caretakers locate the parent who does not live with the child, legally establish the child's father, get child support or medical coverage and change the amount a parent has to pay for child support. Services are free. You can apply for services by visiting [www.ilchildsupport.com](http://www.ilchildsupport.com), by calling 1-800-447-4278 or by visiting a DCSE office. If you use a TTY, call 1-800-526-5812. The call is free.

If you are interested in registering to vote, please go to [www.elections.il.gov/](http://www.elections.il.gov/) or call the Department of Human Services Helpline at 1-800-843-6154 or 1-800-447-6404 (for TTY). If you would like assistance or need translation services, please contact your DHS Family Community Resource Center.

Need help? Visit [www.allkids.com](http://www.allkids.com) or call toll-free: 1-866-All-Kids (1-866-255-5437).  
If you use a TTY, call 1-877-204-1012.



# Rebate Form for All Kids and FamilyCare

Use this form if you want All Kids or FamilyCare Rebate.

A rebate is a monthly amount we will pay you if you already pay for health insurance for yourself, your spouse or your children. If you choose to get rebates, you will use your current insurance card to get healthcare.

Only families who have health insurance can get rebate payments. Also, only families with a certain amount of income can get rebates. You may be able to get rebates for your children if your family is like one in the list below. The income amounts for adults are lower.

- You are the **only** person in your family → You may qualify for rebates if the income you get each month is between \$1,201 and \$1,805.
- You have **two** people in your family → You may qualify for rebates if the income you get each month is between \$1,616 and \$2,428.
- You have **three** people in your family → You may qualify for rebates if the income you get each month is between \$2,030 and \$3,052.
- You have **four** people in your family → You may qualify for rebates if the income you get each month is between \$2,445 and \$3,675.

Add \$623.00 for each additional person.

To ask for rebates, you must send this form **with** the rest of your application.

## Part A

The main person whose name is on the insurance must sign this part of the form. Often this person is called the policyholder. This person may get the health insurance from a job.

Policyholder's name \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

We must have the SSN (Social Security Number) so we can pay the rebate to this person.

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Tell us the names of the family members you want rebates for.

\_\_\_\_\_  
\_\_\_\_\_

I agree to call All Kids/FamilyCare right away if this health insurance ends, someone is added or taken off the health insurance, the amount paid for the insurance changes, covered benefits change or someone else becomes the policyholder.

I authorize my employer, plan administrator and insurance company to provide the information requested in Part B on the next page for the purpose of determining whether I qualify for All Kids/FamilyCare. I also authorize my employer, plan administrator and insurance company to verify my coverage and any of the information below for any time when I get All Kids/ FamilyCare Rebate.

Signature of Employee/Policyholder \_\_\_\_\_

**Part B**

This part of the form must be completed by the employer providing the health insurance or the insurance agent.

**Note to Employer/Insurance Agent:** The employee/policyholder named on the front of this form is applying for help to cover the cost of their family's health insurance premiums. Please assist them by completing the information below and returning the form to the employee/policyholder as soon as possible. (As used below, "employee" applies to an employee or private policyholder.) For help in completing this form, call toll-free 1-877-805-5312.

**Employer (if employer policy)** \_\_\_\_\_

**Employer address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Person completing this form** \_\_\_\_\_

**Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ **Fax** ( \_\_\_\_\_ ) \_\_\_\_\_

**Insurance company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**What benefits are covered?**  Physician Services  Hospital Inpatient Services  
Check all that apply.

**Amount of premium paid by employee \$** \_\_\_\_\_  
Include amounts paid for dental, vision and prescription coverage.

**Premiums are paid**  weekly  every 2 weeks  twice a month  monthly  
 every 2 months  quarterly  semi-annually  annually

**Persons covered by the employee premium contribution:**

\_\_\_\_\_  
\_\_\_\_\_

**Does the employer pay 100% of the cost of the employee's coverage?**  Yes  No  
If no, how much of the amount listed above is for coverage of the employee only (single rate)?

\$ \_\_\_\_\_ Include amounts for dental, vision and prescription coverage.

Enrollment period for policy \_\_\_\_\_

Date the premium listed above began or begins \_\_\_\_\_

Date of next scheduled change in premium \_\_\_\_\_

**Authorized signature of employer/agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return the completed rebate form to the employee for submission with the All Kids / FamilyCare application.**

Need help? Visit [www.allkids.com](http://www.allkids.com) or call toll-free: 1-866-All-Kids (1-866-255-5437).  
If you use a TTY, call 1-877-204-1012.



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