

## MEPD INCOME WORKSHEET

1. Case name	
2. Case number	
3. Eligibility period	From: _____ To: _____ (Enter as TD05 LAST REV) (Enter as TD05 NEXT REV)
Worker name	Date

Complete this form for applications, reviews, and when changes are reported. Keep a copy in the case file. Enter the gross earned and unearned income of all family members, including unmarried children **under 18**. If there are two MEPD applicants/members who are married, do separate calculations for each one to get the correct premium amount for each individual.

When the MEPD member qualifies for QMB or SLMB:

- ◆ Be sure to set up a separate case on IABC, and
- ◆ Enter the poverty level from the QMB or SLMB eligibility calculation on the TD03.

When the MEPD member does not qualify for QMB or SLMB:

- ◆ Enter the poverty level shown on the next page for MEPD eligibility on the TD03.

**Note:** The MEPD member is never eligible for E-SLMB. See 8-F, **People in Medicare Savings Programs**.

### *Unearned Income*

Enter the total amount of child support. The *Total* will include only two-thirds of the child support amount.

4.	Eligible Person A		Person B		Person C		Person D		Person E		Person F	
	Average Monthly Amount		Average Monthly Amount		Average Monthly Amount		Average Monthly Amount		Average Monthly Amount		Average Monthly Amount	
	Source 1		Source 1		Source 1		Source 1		Source 1		Source 1	
	Source 2		Source 2		Source 2		Source 2		Source 2		Source 2	
	Source 3		Source 3		Source 3		Source 3		Source 3		Source 3	
	Child Support		Child Support		Child Support		Child Support		Child Support *		Child Support	
	<i>Total</i>		<i>Total</i>		<i>Total</i>		<i>Total</i>		<i>Total</i>		<i>Total</i>	
5. Subtotal unearned incomes (Add 4A through 4F)												
6. Less \$20 disregard												
7. Subtotal unearned income												

### Gross Earned Income

For earned income entries, first check the frequency the income is received. Checking "monthly" will total all the amounts entered. Checking "weekly," "twice a month," or "every 2 weeks" will average the amounts entered.

	Eligible Person A	Person B	Person C	Person D	Person E	Person F
	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly (4.3) <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks (2.15)	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly (4.3) <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks (2.15)	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly (4.3) <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks (2.15)	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly (4.3) <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks (2.15)	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly (4.3) <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks (2.15)	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly (4.3) <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks (2.15)
	Amount 1	Amount 1	Amount 1	Amount 1	Amount 1	Amount 1
	Amount 2	Amount 2	Amount 2	Amount 2	Amount 2	Amount 2
	Amount 3	Amount 3	Amount 3	Amount 3	Amount 3	Amount 3
	Amount 4	Amount 4	Amount 4	Amount 4	Amount 4	Amount 4
	Amount 5	Amount 5	Amount 5	Amount 5	Amount 5	Amount 5
8.	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>

	Eligible Person A	Person B	Person C	Person D	Person E	Person F
9. Less \$20 disregard (If not deducted from unearned income)						
10. Subtotal earned income						
11. Deduct \$65 work expense						
12. Subtotal earned income						
13. Deduct any impairment-related work expense (Disabled only)						
14. Subtotal earned income						
15. 1/2 earned income exclusion						
16. Subtotal earned income						
17. Deduct work expenses for the blind						
18. Subtotal earned income						
19. Countable income (Add 7 and 18A through 18F)						
20. Deduct plan for achieving self-support						

Family Size	Monthly Premium Amount for Person A     \$
Total Countable Family Income     \$	MEPD Eligibility Poverty Level     %
Income for Your Family Size Must be Less Than     \$	MEPD Premium Poverty Level     %
<input type="checkbox"/> Not Eligible <input type="checkbox"/> Eligible (Meets 250% Test)	