

Massachusetts

HIV DRUG ASSISTANCE PROGRAM

**Agreement Regarding Reconciliation of Premium Tax Credits – Tax Year 2020**

***Please sign, date, and return this form immediately.***

**FAX** this form to (617) 502-1703, **MAIL** it to: CRI/HDAP, ATTN: BRIDGE Team, Schrafft's City Center, 529 Main Street, Suite 301, Boston, MA 02129, or **EMAIL** it to: [BRIDGEteam@crine.org](mailto:BRIDGEteam@crine.org).

**REQUIRED**

I, (Name) \_\_\_\_\_, agree to make payment to Community Research Initiative (CRI) for any federal tax refund I receive from the Internal Revenue Service (IRS) for **Net Premium Tax Credits, or a portion of it**, resulting from health insurance premium payments made on my behalf by the Massachusetts HDAP/CHII program during tax year 2020.

I understand that **this portion of my tax refund due to Net PTCs** is the sole property of the HDAP/CHII program, which expects to receive payment within 10 days of my having received the refund from the IRS.

Note: For tax year 2020 ONLY, due to the American Rescue Plan Act of 2021, taxpayers who received an overpayment (Excess Advance Premium Tax Credits) do not need to repay these funds to the IRS.

By signing below, I agree to these terms and conditions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please contact the BRIDGE Team with questions: [BRIDGEteam@crine.org](mailto:BRIDGEteam@crine.org), or (617) 502-1700, press "1", then press "5".***

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