



Pre-tax and Federal Income Deductions – Information Request

Case Name:

Case Number:

We have received your request for medical assistance however we need some more information from you. We may be able to reduce the amount of your countable earnings by subtracting pre-tax and federal deductions. Help us make that determination by completing this form and return it to us by

We may ask you to send paystubs received in the last thirty days or a statement from the employer for pre-tax deductions and a copy of the most recently filed tax return or other tax document for federal deductions.

Complete and return form to:

KanCare Clearinghouse P.O. Box 3599 Topeka, KS 66601-9738 or

Fax it to 1-800-498-1255 for Family Medical and 1-844-264-6285 for Elderly and Disabled.

If you need assistance in completing this form, call us at 1-800-792-4884.

Tell us about anything deducted on your federal income tax return, such as alimony, student loan interest, etc. This could help lower your cost for medical assistance. Do not include deductions related to self-employment. If you have more than 4 deductions, make a copy of this page before you fill it out and attach it with this form.

Name of person with deduction	Type of deduction	Amount of deduction	How often? (weekly, every 2 weeks, semi-monthly, monthly)
		\$	
		\$	
		\$	
		\$	

Tell us about deductions that are taken out of the gross pay before taxes. List the name of the person that has the pre-tax deduction and the name of the employer. List the amount and frequency of the deduction. For each job that has pre-tax deductions, enter the amount and frequency. If it is “Other Deductions” also list the type. If you have deductions from more than one job, make a copy of this page before you fill it out and attach it with this form.

Worker Name:	Employer:	
Type of pre-tax deduction taken from gross income	Amount of deduction	How often? (weekly, every 2 weeks, semi-monthly, monthly)
Health Insurance (includes dental, vision, and accident)	\$	
Health Savings Accounts (HSAs)	\$	
Retirement Accounts (such as 401K or IRA)	\$	
Life Insurance	\$	
Other Deductions (list type):	\$	
Other Deductions (list type):	\$	
Other Deductions (list type):	\$	