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Revi	lsion:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		ATTACHMENT Page 1 OMB No.:	9 4.18-E 0938-	
		STATE PLAN UN State/Territory	AT ACT		CIAL SECUR	ITY ACT	
		Optional Qualifi	l Sliding Sca ed Disabled	ale Premiums and Working	s Imposed o	n .s	
A.	qualif	llowing method ied disabled an)(10)(E)(ii) of	d working in	etermine th dividuals c	e monthly povered unde	eremium impo er section	sed on
в.	for pr	ription of the emium payment, e of procedures	notification	of the con	sequences o	f nonpaymen	e date t, and

*Description provided on attachment.

TN No. 91-12 Approval Date 4/10/92 Effective Date 10/1/91 Supersedes TN No. ____ HCFA ID: 7986E

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		STATE PLAN UN	DER TITLE X	IX OF THE	SOCIAL SECURITY ACT		
		State/Territory: ALASKA					
C.	State	or local funds	under other	programs	are used to pay for premiums:		
•	<u></u>	Yes		No			
		•••					
۵.	a bre	criteria used for emium because it ribed below:	r determinin would cause	g whether an undue	the agency will waive payment o hardship on an individual are	Í	
		ption provided o	on attachmen	τ			
	TN No.	9/-/3 edes Approve	al Date	4/10/92	Effective Date	name i	
				, ,	HCFA ID: 7986E		