REQUEST FOR RECORDS DISPOSITION AUTHORITY

TO: NATIONAL ARCHIVES & RECORDS ADMINISTRATION
8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001

1. FROM (Agency or establishment)
Department of the Treasury

2. MAJOR SUBDIVISION
Internal Revenue Service

3. MINOR SUBDIVISION
Wage & Investment; Health Coverage Tax Credit

4. NAME OF PERSON WITH WHOM TO CONFER
Wayne T. De Cesar/Michael Przybyl

5. TELEPHONE NUMBER
301-837-3166/202-283-9695

6. AGENCY CERTIFICATION
I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached page(s) are not needed now for the business for this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,

DATE 10/11/2005
SIGNATURE OF AGENCY REPRESENTATIVE IRS Records Officer

7. ITEM NO.
IRM 1.15.29
RCS 29

8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION
Health Coverage Tax Credit Files
Coverage Dates: June 2003 to Present
Volume: 120 cubic feet
Accumulation: 60 cubic feet per year
Cut Off: Calendar Year January-December
Restrictions: 6103
Arrangement: Chronological
Use: The records are used less than once a month per file.
Type: Textual. They are not duplicated elsewhere.
The series consists of two sub-series; Essential Documents and Non-essential Documents. Documents include name, address, policy number, etc.

9. GRS OR SUPERSEDED JOB CITATION

10. ACTION TAKEN
(NARA USE ONLY)

JOB NUMBER 01-058-05-9
Date received 8/30/05

NOTIFICATION TO AGENCY
In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.
a) Essential Documents are applications requesting enrollment in the Health Coverage Tax Credit (HCTC) Program and supporting documents required to process the applications. The supporting documents are copies of invoices from the health plan verifying the type of health plan and the plan number, and may include a COBRA election attorney form indicating the potential applicant’s COBRA eligibility with the HCTC Program and/or a power of attorney form allowing someone to act on the applicant’s behalf on issues relating to the applicant’s enrollment with the program. Program Registration Forms and Health Care Invoices-files are located in Waterloo, IA.

Disposition: Temporary. Destroy six (6) years after the processing year.

b) Non-Essential Documents are incomplete application forms. An application that is missing a supporting document is held by HCTC until the information is received. The series includes incomplete applications received at the Call Center.

Disposition: Temporary. Destroy when six (6) months old.