

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER <i>NI-058-05-9</i>	
TO: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received <i>8/30/05</i>	
1. FROM (Agency or establishment) Department of the Treasury		NOTIFICATION TO AGENCY	
2. MAJOR SUBDIVISION Internal Revenue Service		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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
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	DATE <i>2/2/06</i>	ARCHIVIST OF THE UNITED STATES <i>Allen Weinstein</i>
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 <u>1</u> 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,  <input checked="" type="checkbox"/> is not required. <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested.			
DATE <i>10/11/2005</i>	SIGNATURE OF AGENCY REPRESENTATIVE <i>[Signature]</i>		TITLE <b>IRS Records Officer</b>
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
IRM 1.15.29 RCS 29  Item 92.	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.  <i>@ Agency, NR, NWMD, NWMD</i>		

	<p>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.</p> <p>Disposition: Temporary. Destroy six (6) years after the processing year.</p> <p>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.</p> <p>Disposition: Temporary. Destroy when six (6) months old.</p>		