

State OHIO

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family Income (per mo.)	Charge			Liability Period	Frequency of Chg
	Family Size				
	1 or 2	3 or 4	5 or more		
(1)	(2)	(3)	(4)	(5)	(6)
\$150 or less					
151 - 200					
201 - 250					
251 - 300					
301 - 350					
351 - 400					
401 - 450					
451 - 500					
501 - 550					
551 - 600					
601 - 650					
651 - 700					
701 - 750					
751 - 800					
801 - 850					
851 - 900					
901 - 950					
951 - 1000					
More than \$1000					

Date rec'd
 Union fee RD

PS-558 No.

CO Date

Do not send if Declined

8/27/74 *000-11* *70.00*

219

MSA-PI-74-6
February 28, 1974

Attachment 4.16-B
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Effect on recipient of non-payment of enrollment fee, premium or similar charge:

Non-payment does not affect eligibility

Effect is as described below:

Date rec'd

8/2/74

2106-11

FS-555 No. 74-07

Plan: Inc. EO

CO Date

Other: Send

Do not send Destroy

720