Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-
	STATE PLAN UP	DER TITLE XIX OF T	THE SOCIAL SECURITY ACT
	State/Territory	: Arizona	
	Optional Qualifi	Sliding Scale Pre ed Disabled and Wo	miums Imposed on rking Individuals
qualif	ollowing method ied disabled an ()(10)(E)(ii) of	d working individua	ne the monthly premium imposed on als covered under section
	N/A		
for pr	emium payment,	notification of the	d is as follows (include due date consequences of nonpayment, and wer of premium payment):
	•		
	/.		
N	/A		
	•		
*Descripti	on provided on	attachment.	
	-25	3/2-/	
Supersedes TN No. No.	Approval	Date	Effective Date October 1, 199
			HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 4.18-E AUGUST 1991 Page 2 OMB No.:0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Arizona C. State or local funds under other programs are used to pay for premiums: Yes No N/A The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below: N/A

*Description provided on attachment.

TN No. 52-25 Supersedes	Approval Date	3/32/93	Effective Da	ate October	1, 1992
TN No. None			HCFA ID: 79	9865	