

(C) (1) THE DEPARTMENT SHALL COLLABORATE WITH THE OFFICE OF THE COMPTROLLER OR THE OFFICE OF THE STATE TREASURER TO:

(I) FORM A ONE-SENTENCE STATEMENT ADVISING THAT INDIVIDUALS WHO CANNOT AFFORD HEALTH INSURANCE MAY BE ELIGIBLE TO ENROLL IN A MEDICAL ASSISTANCE PROGRAM; AND

(II) PRINT THE STATEMENT FORMED UNDER ITEM (I) OF THIS PARAGRAPH:

1. ON EACH STATE-ISSUED TAX REFUND CHECK STUB;

2. ~~ON EACH STATE ISSUED VENDOR PAYMENT CHECK; AND~~

~~3.~~ ONCE EACH PAY QUARTER, ON EACH STATE-ISSUED EMPLOYEE PAYCHECK STUB; AND

3. ON EACH STATE-ISSUED CHILD SUPPORT PAYMENT CHECK STUB.

(2) THE STATEMENT SHALL INCLUDE A TELEPHONE NUMBER OR OTHER CONTACT INFORMATION THAT AN INDIVIDUAL MAY USE TO RECEIVE MORE INFORMATION ON ELIGIBILITY FOR MEDICAL ASSISTANCE PROGRAMS.

(3) THE STATEMENT MAY BE ALTERED BY THE DEPARTMENT IN COLLABORATION WITH THE OFFICE OF THE COMPTROLLER OR THE OFFICE OF THE STATE TREASURER TO:

(I) PROVIDE THE MOST CURRENT INFORMATION;

(II) FIT WITHIN THE SPACE CONSTRAINTS OF THE DIFFERENT TYPES OF CHECKS LISTED IN PARAGRAPH (1)(II) OF THIS SUBSECTION; OR

(III) COMBINE IT WITH THE STATEMENT REQUIRED UNDER § 15-304(C) OF THIS TITLE, IF APPROPRIATE.

15-304.

(C) (1) THE DEPARTMENT SHALL COLLABORATE WITH THE OFFICE OF THE COMPTROLLER OR THE OFFICE OF THE STATE TREASURER TO: