

Verification of Attestations for Marketplace Eligibility Application

In order to ensure the safety of my information and to ensure that I am following the requirements set forth to be eligible receive and maintain a Qualified Health Plan, I state by signing below that I have reviewed my application information with my agent, read the attestations below, understand them and have given information that is truthful and accurate.

I acknowledge that I have consented to allow _____ NPN _____ to be my Agent of Record on these manners and they have helped me complete my application.

"To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household.

If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or Children's Health Insurance Program (CHIP)), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information."

Signature _____

Printed Name _____

Date _____