

Privacy Consent for New York State of Health

IMPORTANT: As part of the application process, we may need to retrieve your confidential information from data sources, including Social Security, the Department of Homeland Security, the Department of Corrections and Community Supervision, and other state databases the Department of Health determines are necessary to decide if you qualify. We need this information to check your eligibility for coverage and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date.

- I understand the Marketplace will use data sources, including a consumer credit reporting service and/or the New York State Department of Motor Vehicles, to verify my identity.
- I understand that if any of the information I provide doesn't match, the Marketplace may ask me to send proof.
- I agree to have my information used and retrieved from the data sources listed above for this application. I have consent from everyone listed on the application for their information to be used from the data sources.