

Document Verification List for Assistors

Individuals will not always have to provide these documents automatically.

The following must be provided upon Marketplace request within a specific timeline to maintain eligibility and coverage.

Eligibility Criteria	Documents & Resources
<h3 style="margin: 0;">Citizenship & Immigration Status</h3> <p style="margin: 0;">This checklist shows the most common documents you can use to confirm citizenship for the household member(s) listed on your application. Pick the documents that best apply to you and send it to us by the due date.</p>	
<p style="margin: 0;">U.S. Citizen or U.S. National</p>	<ul style="list-style-type: none"> • Certificate of U.S. citizenship (N-560, N-561) <ul style="list-style-type: none"> ○ USCIS National Customer Service Center: 1-800-375-5283 TTY: 1-800-767-1833 http://www.uscis.gov • U.S. Passport book or card <ul style="list-style-type: none"> ○ US Department of State: 1-877-487-2778 TTY: 1-888-874-7793 http://www.state.gov/ • NYS Enhanced Driver License <ul style="list-style-type: none"> ○ Department of Motor Vehicles: 1-518-474-9981 http://www.dmv.ny.gov/ • Native American Tribal Document (Issued by a Federally Recognized Tribe) <ul style="list-style-type: none"> ○ US Department of Interiors Indian Affairs: 202-208-5116 http://www.bia.gov/DocumentLibrary/
<p style="margin: 0;">US Citizen (If you do <u>not</u> have one of the documents listed above)</p>	<p style="margin: 0;"><i>If you do <u>not</u> have one of the listed documents, please send us a copy of your United States birth certificate or a birth certificate from a US territory and a copy of one of the following (For children under age 16, you may use an affidavit (a notarized statement) if you cannot get one of the proofs below):</i></p> <ul style="list-style-type: none"> • Valid driver license with photo or detailed description • School photo ID • U.S. Military card or draft record • Military dependent's ID card • Federal, state, or local government issued photo and/or description ID card • Certificate of degree of Indian blood U.S. Native American/Alaska native tribal document with photo or other identifying information • U.S. Coast Guard Merchant Mariner card • Final Adoption Decree

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Citizen or Resident of Puerto Rico Island	<ul style="list-style-type: none"> Puerto Rican Birth Certificate Proof of Puerto Rican citizenship
Citizen or Resident of other U.S. territories	<p>Evidence of Birth in Guam, U.S. Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island or other U.S. Territories.</p> <p>U.S. Virgin Island citizenship or residency:</p> <ul style="list-style-type: none"> Evidence of birth in the U.S. Virgin Islands and the applicant's or recipient's statement that he or she lived/resided in the U.S., in a U.S. possession or in the U.S. Virgin Islands on February 25, 1927. The applicant's or recipient's statement that he or she lived/resided in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and resident of the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927 and did not make a declaration to maintain Danish citizenship. Evidence of birth in the U.S. Virgin Islands and the applicant's or recipient's statement that he or she resided in the U.S., U.S. possession or territory, or the Canal Zone on June 28, 1932.
Citizen or Resident of other U.S. territories	<p>Northern Mariana Islands citizenship or residency:</p> <ul style="list-style-type: none"> Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, U.S. or U.S. territory or possession on November 13, 1986 (NMI local time) and the applicant's or recipient's statement that he or she did not owe loyalty to a foreign state on November 4, 1986 (NMI local time). Evidence of TTPI citizenship and living continuously in the NMI since before November 3, 1981 (NMI local time), voter registration before January 1, 1975 and the applicant's or recipient's statement that he or she did not owe loyalty to a foreign state on November 4, 1986 (NMI local time). Evidence of living in the NMI continuously since before January 1, 1974 and the applicant's or recipient's statement that he or she did not owe loyalty to a foreign state on November 4, 1986 (NMI local time). If a person entered the NMI as a non-immigrant and lived in the NMI since January 1, 1974, this does not constitute continuous living and the individual is not a U.S. citizen. <p>USCIS National Customer Service Center: 1-800-375-5283 http://www.uscis.gov</p>

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Naturalized Citizen	<ul style="list-style-type: none">• Certificate of Naturalization (N-550, N-570)• Certificate of U.S. citizenship (N-560, N-561)• U.S. Passport book or card• NYS Enhanced Driver License
Native American (Member of a federally recognized tribe, born outside the U.S. or born in Canada)	<ul style="list-style-type: none">• A tribal membership card with photo• Tribal papers showing membership in a federally recognized Indian tribe under section 4(E) of the Self Determination and Education Assistance and proof of birth outside the U.S.• I-94 arrival/departure record coded S1-3• I-551 permanent resident card or I-151 (older version of I-551) coded S1-3• Temporary I-551 stamp coded S1-3 in a Canadian passport• Tribal papers certifying at least 50% American Indian blood (INA section 289)• Proof of birth in Canada:<ul style="list-style-type: none">○ Birth or baptismal certificate issued on a reservation○ Letter from Canadian Department of Indian Affairs○ School records <p>USCIS National Customer Service Center: 1-800-375-5283 http://www.uscis.gov</p>

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Note: If you do not have one of the documents listed above, then send us the following:

- A copy of your United States birth certificate or a birth certificate from a U.S. territory AND a copy of one of the following:
 - Valid driver's license with photo or detailed description;
 - School photo ID;
 - U.S. Military card or draft record
 - Military dependent's ID card
 - Federal, state or local government issued photo and/or description ID card
 - Certificate of degree of Indian blood
 - Final Adoption Decree
 - U.S. American Indian/Alaska Native tribal document with photo or other identifying information
 - U.S. Coast Guard Merchant Mariner card.

For children under age 16, you may use an affidavit (a notarized statement) if you cannot get one of the proofs listed above.

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**Immigrant Non-Citizen
or
Non-Immigrant Visa holder**

We need proof of your current immigration status.

The following documents can help prove your status, but this list does not cover all types of documents that are acceptable proof:

- I-551 Permanent Resident card (green card)
- Temporary I-551 resident alien card (temporary green card)
- I-766 employment authorization card
- Proof of current visa status:
 - A Stamp in your passport
 - An approval letter from United States Citizenship and Immigration Services (USCIS)
- Proof of resolution in immigration court
- Notice of hearing from the Executive Office for Immigration Review
- Documents you provided to or received from USCIS or ICE (Immigration and Customs Enforcement), such as:
 - Proof that you sent your application for immigration status
 - Letters to or from USCIS
 - I-797 USCIS Notice of Action
 - Order of Supervision from ICE
 - Other documents to or from USCIS or ICE that show your current status
- Proof that you are a conditional resident
- I-94 arrival/departure record
- An approved I-130 petition
- Refugee Travel Document (I-571)
- Re-entry Permit (I-327)
- SEVIS ID (I-120 or DS 2019)
- Office of Refugee Resettlement (ORR) certification or eligibility letter
- Immigration or another official document showing grant of:
 - Withholding of Removal
 - Asylum or Cancellation of Removal
 - Administrative Closure
 - Administrative Order Staying Removal
 - Order of Supervision
 - Proof that you lived continuously in the U.S. before 1972 (for example, your lease agreement, proof of employment)

USCIS National Customer Service Center: 1-800-375-5283

<http://www.uscis.gov>

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The following must be provided upon Marketplace request within a specific timeline to maintain eligibility and coverage.

Battered Immigrant Non-Citizen

- Proof of Current Visas Status (Stamped Passport). To be valid needs a valid I-94 stamp.
- Approval Letter from the US Citizenship and Immigration Service (USCIS) (I-797A Action)
- I-94 Arrival/Departure Record

You may be eligible for health coverage if you are an immigrant who is either the spouse, parent or child of a U.S. Citizen or Lawful Permanent Resident who has caused you to live in fear or danger by being emotionally and/or physically abusive to you. To qualify, we will need:

1. Proof of your immigration status
2. Proof /evidence of the harm or abuse (if your immigration document isn't based on being battered)
3. Proof of your relationship with the abuser (if your immigration document isn't based on being battered)
4. Proof that you no longer reside with the abuser

Documents that prove your immigration status could include:

- I-797 Notice of Action acknowledging receipt of an I-360 self- petition or with a prima facie determination or granting the petition (no evidence of abuse is necessary if you have this document)
- I-797 Notice of Action acknowledging receipt of an I-130 petition filed by the abuser or approving the petition (evidence of abuse must accompany the immigration document)
- I-797 Notice of Action indicating that the alien has a pending I-360 self-petition AND credible evidence of battery or abuse
- I-797 Notice of Action indicating the alien is the beneficiary of a pending or approved I-130 petition and credible evidence of battery and/or abuse
- I-94 coded, K3, K4, V1, V2, V3, and credible evidence of battery or abuse
- Any other USCIS document indicating the alien has a K or V visa and a pending or approved I-130 petition with credible evidence of battery or abuse
- I-94 or a Foreign passport annotated CR1, CR2, CR6, CR7 with credible evidence of battery or abuse
- Expired Permanent Resident Card with CR1, CR2, CR6, CR7 code and proof of abuse or I-797 acknowledging receipt of an I-751 petition to waive the joint filing requirement because of domestic violence and remove the condition
- I-766 Employment Authorization Document (card) with code C14 (deferred action) or C31 (approved beneficiary of an I-360 self-petition)
- Order from the Executive Office of Immigration Review
- Evidence that the individual is in front of the immigration court and has filed an application for cancellation of removal under VAWA

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<p>Battered Immigrant Non-Citizen (Continued)</p>	<p><u>Documents that show proof of abuse or harm could include:</u></p> <ul style="list-style-type: none">• Reports from court, police, judges, medical evidence from a medical professional, clergy, or mental health personnel• Affidavits from others or other evidence that could support your claim such as proof of a domestic violence conviction or proof of seeking safe-haven in a battered shelter <p><u>Documents that prove your relationship with the abuser could include:</u></p> <ul style="list-style-type: none">• Marriage certificate• Birth Certificate (for child of an abuser) <p><u>Documents that prove that you no longer reside in the same household with the abuser could include:</u></p> <ul style="list-style-type: none">• Civil Order of Protection• Residence in a shelter Lease without the abuser on it
<p>Immigrant Non-Citizen *Person Residing Under Color of Law (PRUCOL)</p>	<ul style="list-style-type: none">• I-94 Arrival Departure record• I-766 Employment Authorization Document• I-797 Notice of Action Form <p><u>Consumers may need more than one type of document to support a finding of PRUCOL</u></p> <ul style="list-style-type: none">• Document(s) from a federal immigration agency indicating the agency has knowledge of the consumer and that U.S. Citizenship and Immigration Services (USCIS) does not contemplate enforcing the consumer's departure from the United States. Consumers should submit all immigration documentation to help facilitate an accurate determination of immigration status to be made including any correspondence to or from a federal immigration agency <p>If the consumer doesn't yet have the I-797, then we need either the canceled check or the postal receipt with a copy of the consumer's application.</p>

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Dates Individual Obtained Current Immigration Status

Immigrant Non-Citizen

- I-551 Resident Alien Card (Green Card) Acceptable even if expired
- Temporary I-551 Resident Alien Card (Temporary Green Card) To be valid, a temporary I-551 annotation on a visa or passport needs a valid I-94 stamp.
- Proof of current visa status (a stamped passport);
- Approval letter from United States Citizenship and Immigration Services (USCIS);
- I-94 arrival/departure record.

Non-Immigrant Visa Holder

- I-94 arrival/departure record;
- I-766 Employment Authorization Document;
- Proof of current visa status (a stamped passport).

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Identity Verification

Proof of Identity

- U.S. Passport book or card (acceptable even if expired)
- Driver's license
- Official Government Identification Card—Issued by a Government agency including a photograph or physical description including name, age, sex, race, height, weight, and eye color
- School Identification card with a photo (may also show date of birth);
- U.S. Military Card or Draft Record
- Military dependent's identification card
- Native American Tribal Document with photo
- U.S. Coast Guard Merchant Mariner Card
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)
- Unexpired Foreign Passport book or card
- I-551 Resident alien card (green card)
- Temporary I-551 resident alien card (temporary green card)
- I-766 employment authorization card
- Refugee Travel Document (I-571)
- Re-entry Permit (I-327)
- Certificate of Birth Abroad
- Office of Refugee Resettlement Verification of Release Form
- IDNYC Card (NYC Identification Card)
- Attestation of Identity Form (DOH-5090).

If you do not have one of the documents listed above for proof of Identity, then send us the following:

- A copy of your United States birth certificate or a birth certificate from a U.S. territory **AND** a copy of one of the following:
- Social Security Card
- Marriage Certificate
- Divorce Decree
- Employer Identification Card
- Voter's Registration Identification Card
- High school Diploma
- College Diploma
- High School Equivalency Diploma
- Property Deed or Title

For children under age 16, you may use an affidavit (a notarized statement) if you cannot get one of the proofs listed above.

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Other Identity Verification Requests

American Indian/Alaskan Native (Member of a Federally Recognized Tribe)

Documents must identify the federally recognized Indian Tribe or ANCSA shareholders that issued the document, the name of the individual, and confirms the individual's membership, enrollment or affiliation with the tribe

- Tribal Membership card from a US Federally recognized tribe, and includes a tribal seal and/or an official signature
- Tribal Census Document
- Certificate of Degree of Indian or Alaska Native blood
- A document issued by an Alaska Native village/tribe, or an ANCSA corporation (regional or village) acknowledging descent, affiliation, or shareholder status
- Documents from a US Federally recognized tribe including:
 - Roll or band number
 - Parents' or grandparents' roll or band number and applicants birth certificate or baptismal record indicating descent from parents or grandparents
 - A birth or baptismal record certificate indicating heritage

Us Department of Interiors Indian Affairs: 202- 208-5116

<http://www.bia.gov/DocumentLibrary/>

Social Security Number

If a Social Security Number (SSN) was provided in your application and proof is required:

- Copy of Social Security Card

If there is no SSN entered in application and a member has recently obtained a new SSN:

- Enter the new Social Security Number for a person on their account. click on the "Update Application" button and then click on the "Life Change Event" button. To enter new Social Security Number, uncheck the box that says, "I do not have one", and write in the new Social Security Number in the space provided. Go through all pages of the application and confirm and check out after making this change. You will need to go through Plan Selection to keep the same plan or
- Copy of Social Security Card

Social Security Administration:1-800-772-1213 TTY:1-800-325-0778

www.socialsecurity.gov

Note: If the account holder is required to provide a Social Security Number, you must call NY State of Health at 1-855-355-5777 with this information to update account.

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Date of Birth	<ul style="list-style-type: none"> • NYS Enhanced Driver License • School photo ID • Official school record • Official clinic/hospital/doctor/midwife birth record • Birth certificate • Marriage certificate • New York State benefit identification card • Certificate of Birth issued by the Department of State (Forms FS-545 or DS-1350); • Certificate of U.S. citizenship (N-560, N-561) • Certificate of Naturalization (N-550, N-570) • I-551 resident alien card (green card) • I-94 arrival/departure record • I-766 employment authorization card • Tribal Membership Card from a U.S. Federally recognized tribe • Tribal Consensus Document • Official identification issued by Federal, state, or local government <p>NYS Department of Health: 1-877-854-4481 or 212-639-9675 www.health.ny.gov/vital_records/</p>
Veteran or Active Military Status	<ul style="list-style-type: none"> • DD 214 showing "Honorable" discharge • Copy of the veteran's discharge papers
Immigrant/Non-Citizen (selects that they are a veteran or active military)	<p>Veteran:</p> <ul style="list-style-type: none"> • DD 214 showing "Honorable" discharge • Original or notarized copy of the veteran's discharge papers <p>Active Military:</p> <ul style="list-style-type: none"> • Military I.D. card - DD Form 2 (active) • Copy of current orders showing person is on full-time duty in U.S. Armed Forces <p>US Department of Veterans Affairs: 1-800-827-1000</p> <ul style="list-style-type: none"> • http://www.va.gov/
Foster Care in Another State	<ul style="list-style-type: none"> • A statement from State or County agency verifying that individual was in their custody, and in receipt of Medicaid when they aged out of Foster Care (age 18-21). • A statement from agency responsible for placement verifying that individual was in the custody of the State or County, and in receipt of Medicaid when they aged out of Foster Care (age 18-21). • A copy of their Foster Care Transition Plan that includes foster care and Medicaid status.

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Income

You must report all of the income in your household. This includes income for household members who are not applying for coverage.

If proof of income is requested for a child, please send in proof of income for parent/caretaker(s).

Note: We do not require proof of income from the following sources- Child Support, Supplemental Security Income, Worker's Compensation, Tuition Payments, and Adoption Payments.

<p>Self-Employment Income (For a period of at least 3 months)</p>	<p>Records of detailed earnings and expenses (e.g. business bank account records, invoices and checks) for the last 3 months.</p> <ul style="list-style-type: none"> Business pay-rolls and records (e.g. balance sheet from accounting software or Excel or Word documents detailing income/expenses) for the last 3 months. Filed 1040 tax return from the previous year if representative of attested income. Tax Return must be signed and dated. 1099, if reflective of anticipated income for the calendar year. If the self-employed individual has expenses, additional records to show the expenses should be submitted along with the 1099. If self-employment has ended, dissolution of the business documentation is needed If a new business was started and only 1 or 2 months of income exist, current records of detailed earnings and expenses or business pay rolls and records for only those months are acceptable.
<p>Income from a job</p>	<p>If you get paid on a regular basis:</p> <ul style="list-style-type: none"> Pay stubs or payroll summary, showing employer name, employee information, pay date or pay period, and gross pay for the four (4) weeks prior to the date on the notice. <p>If you do not get paid on a regular basis:</p> <ul style="list-style-type: none"> Pay stubs or other documentation of your most recent income. If documents are not from the four (4) weeks prior to date on the notice, tell us why. Be sure to sign and date your explanation. Letter from employer, signed and dated, showing company contact information, rate of pay, numbers of hours worked per week, and time of period of employment.
<p>Rental income</p>	<ul style="list-style-type: none"> Rent checks or rental payment receipts Current lease Signed letter from tenant with monthly rent amount Filed 1040 tax return, signed and dated, from the previous year if representative of attested rental income

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NYS Unemployment Benefits Income	<ul style="list-style-type: none"> • Award letter/certificate • Monthly benefit statement from NYS Department of Labor • Official Record of Payment History from NYS Department of Labor • Printout of payment information from NYS Department of Labor's website • Copy of Direct Payment Card with statement • Letter from the NYS Department of Labor with reason for your denial <p>NYS Department of Labor: 1-888-209-8124 https://www.labor.ny.gov/unemploymentassistance.shtm</p>
Social Security Retirement Benefits Income	<ul style="list-style-type: none"> • Award letter/certificate dated within the last year • Annual benefit statement (SSA-1099) • Correspondence from the Social Security Administration with your award status (denied, award amount, still pending)
Additional Income	<ul style="list-style-type: none"> • Filed 1040 tax return, signed and dated from the previous year if representative of attested income • Alimony received: court order stating alimony amount or signed statement from individual providing alimony with amount and frequency • Rental, R-E, royalties, partnerships, S-Corps, trusts: rent checks or rental payment receipts, current lease, signed letter from tenant with monthly rental amount, royalty checks, or financial record of payment from trusts. • Taxable Interest/Tax Exempt Interest: 1099-INT • Ordinary/Qualified Dividends: Form 1099, Form 1065 or 1120S, or letter from the financial institution with dividend amount • Capital Gains Distributions and Losses: Form 1099, Form 894 or letter from the financial institution with distribution or loss amount • IRA Distributions/Pensions Annuities: Form 1099-R or documentation of the distribution amount from the financial institution • Taxable Refunds, Credits or Offsets of State and Local Income Taxes: 1099-G • Business Income or Loss: (e.g. Form 1040 Partnership Schedule K, Sole Proprietorship Schedule C, or proof of Self-Employment Income see acceptable proof of Self-Employment Income listed above) • Short Term Disability: Documentation of taxable portion of payments • Farm Income: (e.g. Form 1040 Schedule F or proof of Self-Employment Income listed above) • Stock Options: 1099-B, letter from financial institution with distribution amount • Cancelled Debt: 1099-C

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Additional Income (Continued)	<ul style="list-style-type: none"> • Foreign Earned Income: (See proof of Income from a job listed above) • Gambling Income: Form W-2G • 1099- Miscellaneous, if reflective of anticipated income for the calendar year.
No income or have recently lost your source of income	<ul style="list-style-type: none"> • A letter from your previous employer with a termination date • Proof you have applied for unemployment benefits • Statement from the NYS Department of Labor showing unemployment benefits have been exhausted. • Letter from the Social Security Administration stating your benefits have ended.
Retro Active Income (When you ask for help paying for medical bills from the 3 months prior to applying)	<ul style="list-style-type: none"> • Income documentation is required for each of the three (3) months, in which you request to be considered for Medicaid coverage to help pay for medical bills. <ul style="list-style-type: none"> ○ Locate income type from list above and provide applicable documentation to confirm income for each month in which help was requested.
<i>Other Health Insurance</i>	
Medicare	<p>If you do <u>not</u> have Medicare:</p> <ul style="list-style-type: none"> • Medicare Letter of Denial from the Social Security Administration (SSA) • Proof stating you no longer meet the requirement for Medicare coverage. <p>If you are now enrolled in Medicare:</p> <ul style="list-style-type: none"> • Copy of your red, white and blue Medicare Card • Medicare Award Letter of Acceptance. <p>If you Applied for Medicare:</p> <ul style="list-style-type: none"> • Medicare Application Submission Receipt • Medicare Application Acknowledgment Letter • Medicare Award Letter of Acceptance • Medicare Letter of Denial. <p>Where to apply for Medicare: Social Security Administration (SSA): 1-800-772-1213 Local SSA office Online at: www.ssa.gov/benefits/medicare/</p>

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Employer Sponsored Health Insurance	<p>If you are currently enrolled in health insurance through a job:</p> <ul style="list-style-type: none"> • A copy of the front and back of health insurance card <p style="text-align: center;"><u>AND</u></p> <p>If you are requesting assistance in paying your healthcare premium:</p> <ul style="list-style-type: none"> • A copy of a check stub or billing statement if the individual pays a premium
	<p>If you have access to health insurance through your job:</p> <ul style="list-style-type: none"> • Employer Sponsored Health Insurance Request for Information form (DOH-5106). <ul style="list-style-type: none"> ○ These forms can be found under Forms at www.nystateofhealth.ny.gov
Workers Compensation	<ul style="list-style-type: none"> • Award letter • A notice of decision regarding the worker's compensation claim <p>NYS Worker Compensation Board 1-877-632-4996</p> <ul style="list-style-type: none"> • https://www.wcb.ny.gov/
Proof You Do Not Have Coverage through New York State Health Insurance Program (NYSHIP)	<ul style="list-style-type: none"> • An official letter from NYS Department of Civil Service stating when coverage was discontinued or cancelled, and the names of the persons no longer covered; • Termination notice from your previous employer which includes the company contact information with termination date; • Certificate of creditable coverage (COCC) or written statement from the plan documenting the period of coverage. <p>You may also inform us of your current enrollment status in NYSHIP by updating your application or contacting customer service at 1-855-355-5777 (TTY: 1-800-662-1220).</p>
Public Health Insurance	
To prove you do <u>NOT</u> have government sponsored health insurance	<ul style="list-style-type: none"> • An official letter from the government sponsored program that has discontinued your coverage. This letter must include the names of persons who are no longer covered and date the coverage ended. • Copy of card issued or letter from the government agency showing a future date of coverage. • An official letter from the government sponsored program that has discontinued your coverage. This letter must include the names of persons who are no longer covered and date the coverage ended. • Copy of card issued or letter from the government agency showing a future date of coverage.

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Additional Information to Confirm Eligibility

<p>New York State Residency <i>(For certain Non-Immigrant Visa Holders)</i></p>	<ul style="list-style-type: none"> • A dated and signed letter from the current employer stating how long the individual has worked there. <ul style="list-style-type: none"> ○ If the individual has recently changed jobs, a letter from the previous employer is also needed with the same information • A letter from the school stating that the child attends school there and indicates how long he/she has attended. • A copy of mortgage or documentation that verifies that mortgage payments are being made, if applicable. • A copy of the lease agreement, if applicable • NYS Government ID Card which shows the current address • NYS Driver's License issued within the past six months • School record which shows the current address • Postmarked, non-window envelope, postcard or magazine label with name, current address and date (cannot be a stick-on label) • Utility bill within the last six months (Gas, Electric, Cable) • Correspondence from a Government Agency • Property tax records or mortgage statement • Letter/Lease/Rent Receipt with current home address from landlord. • I-797 Notice of Action indicating USCIS has received the application • I-766 Employment Authorization Document with category code (c)(9) • A Postal Return Receipt addressed to the Federal Immigration Agency and a copy of the application to adjust status; or • A copy of the canceled check to the Federal Immigration Agency and a copy of the application to adjust status.
<p>Marital Status</p>	<ul style="list-style-type: none"> • Marriage/ Death Certificates • Separation agreement • Divorce decree • Social Security records • VA records • Statement from clergy • Census records • Newspaper notice • Statement from another person
<p>Federal Tax Filing Status</p>	<ul style="list-style-type: none"> • If you are currently enrolled in health insurance through a job: • A copy of the front and back of health insurance card; AND • If you are requesting assistance in paying your healthcare premium: • A copy of a check stub or billing statement if the individual pays a premium;

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Individuals will not always have to provide these documents automatically.

The following must be provided upon Marketplace request within a specific timeline to maintain eligibility and coverage.

Not Incarcerated	<ul style="list-style-type: none">• Release Paperwork.• A signed statement from a probation or parole officer.• A copy of the formerly incarcerated person's photo ID and a current paystub; or• A copy of the formerly incarcerated person's photo ID and a signed statement from an employer, Navigator/CAC/Assistor or community-based organization, such as a hospital or a re-entry organization.• DOH-5183- Proof Individual No Longer Incarcerated and applicable proof of identification submitted per DOH-5183.
Pregnant with 3 or more babies	<ul style="list-style-type: none">• A letter from your doctor stating the number of babies you are expecting.