

## ACCOUNT INFORMATION

Contact Information

## BUILD HOUSEHOLD

Household Members

Relationships

Where you live

Household Summary

## COVERAGE PREFERENCE

Public MEC

## INCOME INFORMATION

Tax Filing Status

Income Details

Income Summary

## OTHER INFORMATION

## APPLICATION SUMMARY

## FIND A PLAN

## Sign &amp; Submit

## Renewal of coverage

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow NY State of Health to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). NY State of Health will let me change my selection or opt out at any time.

☐ Agree ☐ Disagree

I give permission for my eligibility for help paying for health insurance to be renewed for a period of:

- ☐ 5 years  
☐ 4 years  
☐ 3 years  
☐ 2 years  
☐ 1 year

☒ Don't use tax data to automatically renew my eligibility for help paying for health coverage. I understand that NY State of Health will need to access tax data when I renew on my own. (Selecting this option may impact your ability to get help paying for health coverage at renewal.)

**Important:** If you don't attest to this item, it may impact your eligibility.

## Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote?

- ☐ YES (If you check yes, you will receive a Voter Registration application.)  
☐ NO because I choose not to register OR  
☒ NO, I am already registered at my current address

Applying to register or declining to register to vote will not affect your eligibility or the assistance you will be provided by NY State of Health.

If you would like help in filling out the voter registration application form or to request a paper voter registration application form, we will help you. For help, contact customer service at 1-855-355-5777(TTY: 1-800-662-1220). The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections  
40 North Pearl St, Suite 5  
Albany, NY 12207-2729  
Telephone: 1-800-469-6872  
TDD/TTY users contact the New York State Relay at 711  
or visit the web site - [www.elections.ny.gov](http://www.elections.ny.gov)

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

## Terms, Rights & Responsibilities

If you agree to the Terms, Rights & Responsibilities listed below, check the box at the bottom that says you agree with the information, and click on **Finish**. You can also download and print this policy for your records by clicking **Download and Print**.

### Request for Financial Assistance - Terms, Rights, and Responsibilities

- I have given true answers to all the questions on this form to the best of my knowledge. I know that there may be a penalty if I'm not truthful.
- I know that I must tell the Marketplace if anything changes from what I wrote on this application. I should call 1-855-355-5777 or visit [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) to report any change or for help getting required information.
- I know that it is against federal law to discriminate on the basis of race, color, national origin, sex or disability. I can file a discrimination complaint by visiting [www.hhs.gov/ocr/office/file](http://www.hhs.gov/ocr/office/file).
- I confirm that no one applying for health insurance on this application is living in a medical facility.

### If anyone on this application qualifies for the Essential Plan:

- I understand that if NY State of Health determines me or anyone on this application eligible for the Essential Plan, we are not eligible for Medicaid or the premium tax credit. This means that NY State of Health cannot allow us to enroll into a qualified health plan (with or without a premium tax

Download & Print



**Jessica Palawan (37)**

Please initial here for consent

☐ I agree to the terms, rights, and responsibilities

Back

Finish

## About This Site

This is the official  
Website of NY State of Health  
The Official Health Plan  
Marketplace

## Call our help line

1.855.355.5777

TTY: 1.800.662.1220

Monday - Friday, 8 a.m. - 8  
p.m.

Saturday, 9 a.m. - 1 p.m.

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Find us on YouTube

Follow us on Instagram

## Voter Registration

If you have a driver's license or ID  
issued by NYS DMV

Register to Vote

or

Download Registration Form



Search by  
Health Plan,  
Provider, or Facility