

IDENTITY PROOFING

Identity Proofing	
Step 1	Electronic Identity Proofing: <ul style="list-style-type: none">• Personal Identifying Information (Experian)
Step 2	Electronic Identity Proofing: <ul style="list-style-type: none">• NY DMV ID
Step 3	Call the Call Center
Step 4	Submit Documentation

IDENTITY PROOFING

Personal Identifying Information

Please answer the following questions to allow verification of your identity.

According to your credit profile, you may have opened an auto loan in or around April 1998. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- TOYOTA MOTOR CRED
- MITSUBISHI MOTORS CRED OF AMERICA
- FIRST UNION
- BANK ONE
- NONE OF THE ABOVE/DOES NOT APPLY

Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'.

- 2
- 3
- 4
- 5
- NONE OF THE ABOVE

Using your date of birth, please select your astrological sun sign of the zodiac from the following choices.

- AQUARIUS
- PISCES
- SCORPIO
- TAURUS
- NONE OF THE ABOVE

Congratulations. Your identity has been successfully verified.

Next

ID Proofing Unsuccessful

Sorry, we cannot confirm your identity with the personal identification information you have given.

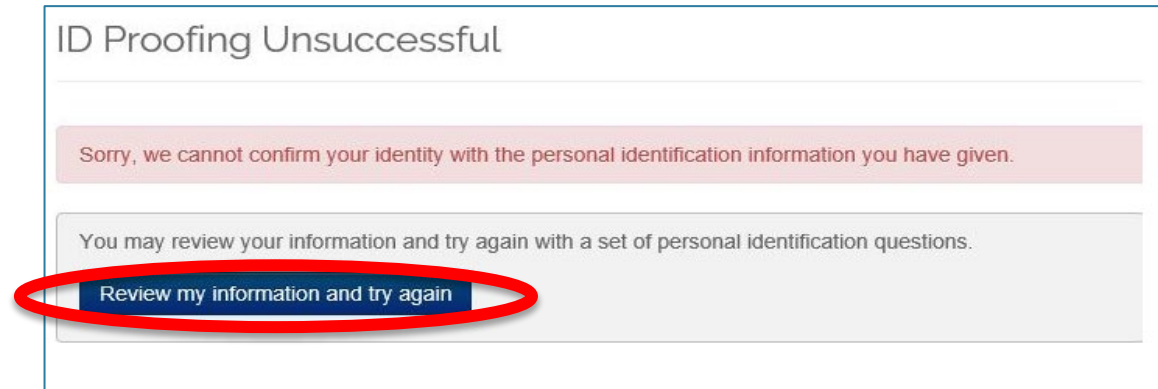
You may review your information and try again with a set of personal identification questions.

Review my information and try again

IDENTITY PROOFING

Step 1: click on “Review my information and try again.”

- Walk the consumer through the Personal Details Screen again and ensure that their information has been accurately entered.
- If the consumer’s information is entered correctly, and they still cannot be identity proofed, the Assistor can help the consumer by trying Steps 2 and 3.



Identity Proofing	
Step 1	Electronic ID Proofing: <ul style="list-style-type: none">• Personal Identifying Information (Experian)
Step 2	Electronic ID Proofing: <ul style="list-style-type: none">• NY DMV ID
Step 3	Call the Call Center <ul style="list-style-type: none">• Quick Calls Line: 1-866-834-6979• The Call Center main line will process this task as well: 1-855-355-5777
Step 4	Submit Documentation

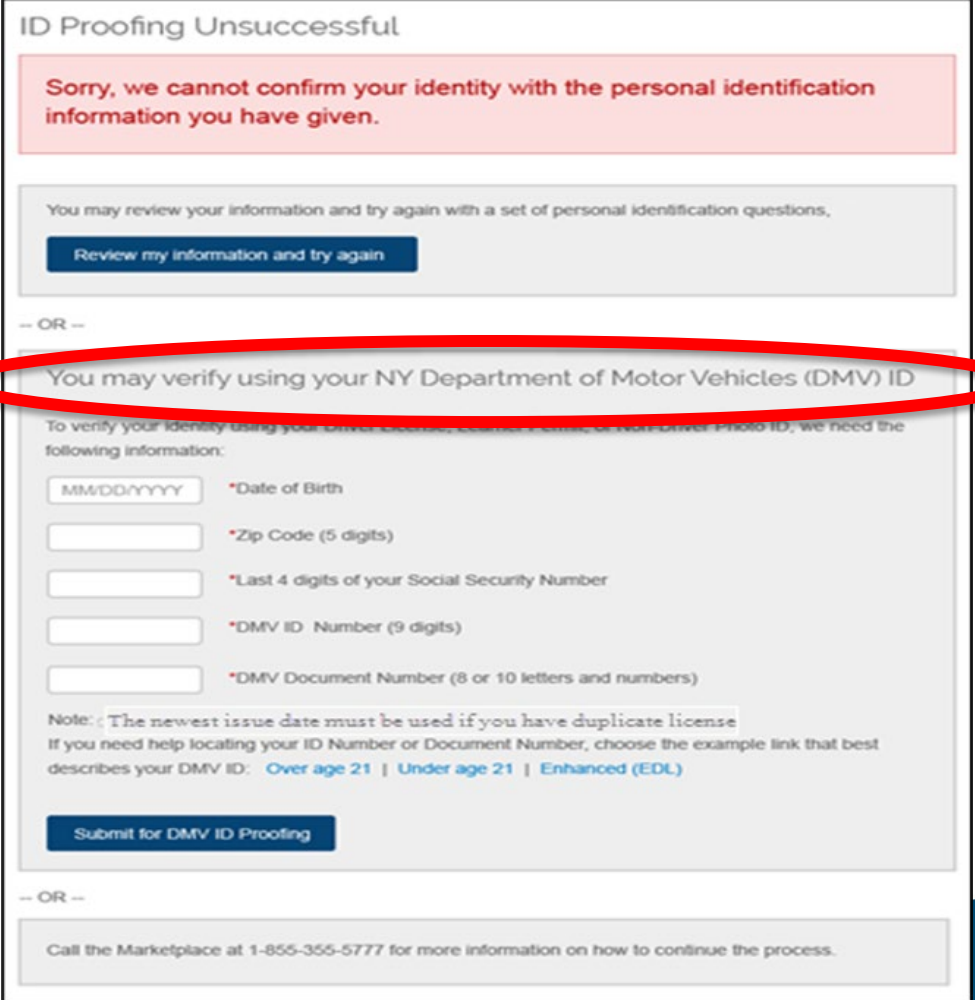
IDENTITY PROOFING

Step 2: Verify Identity using NY DMV ID process

- Please note, if the consumer did not provide an SSN previously, this option will not be available for them.

Under this process, consumers will be asked to enter in their:

- Date of Birth
- Zip Code
- Last four (4) digits of their Social Security Number
- DMV ID Number - (i.e., a unique 9-digit identifier found on NYS IDs)
- DMV Document Number - (i.e., an 8 or 10 digit combination of numbers and letters found on NYS IDs)
 - For consumers who have duplicate licenses, the newest issued license should be used to complete these screens.



ID Proofing Unsuccessful

Sorry, we cannot confirm your identity with the personal identification information you have given.

You may review your information and try again with a set of personal identification questions.

Review my information and try again

-- OR --

You may verify using your NY Department of Motor Vehicles (DMV) ID

To verify your identity using your Driver License, Enhanced Driver License or Non-Driver Photo ID, we need the following information:

MM/DD/YYYY *Date of Birth

*Zip Code (5 digits)

*Last 4 digits of your Social Security Number

*DMV ID Number (9 digits)

*DMV Document Number (8 or 10 letters and numbers)

Note: The newest issue date must be used if you have duplicate license
If you need help locating your ID Number or Document Number, choose the example link that best describes your DMV ID: [Over age 21](#) | [Under age 21](#) | [Enhanced \(EDL\)](#)

Submit for DMV ID Proofing

-- OR --

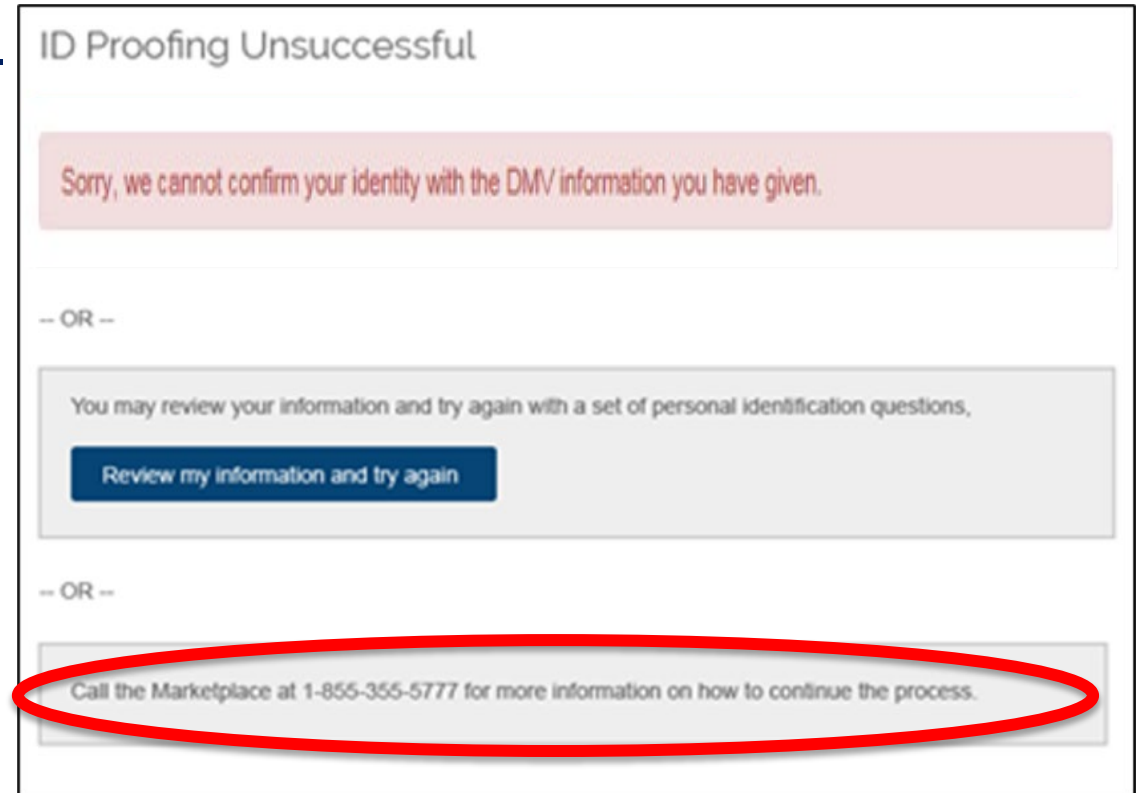
Call the Marketplace at 1-855-355-5777 for more information on how to continue the process.

IDENTITY PROOFING

Step 3: Assist the consumer by calling the Call Center.

If the consumer has ever received public benefits through their LDSS or HRA, the Customer Service Specialist may be able to identity proof them over the phone.

If the consumer's identity can be verified through the Call Center, you can continue the application immediately.



- Quick Calls Line: 1-866-834-6979
- The Call Center main line will process this task as well: 1-855-355-5777

NOTE: If the consumer passes identity proofing in Steps 1, 2, or 3, then submitting documentation is not needed.

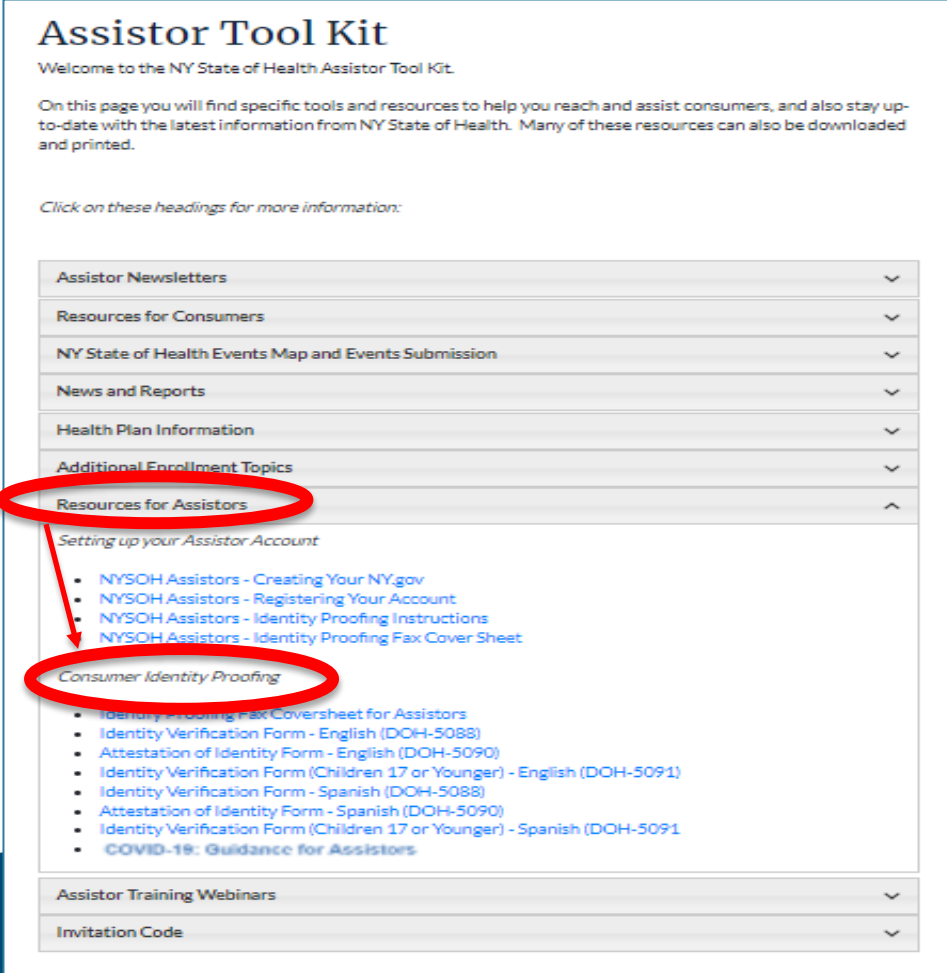
IDENTITY PROOFING

Step 4: If the consumer cannot be identity proofed through the options listed on the previous slides, the Assistor will need to help the consumer submit documentation to be manually identity proofed.

<https://info.nystateofhealth.ny.gov/assistortoolkit>

The manual identity proofing forms (English and Spanish) may be downloaded from the Assistor Toolkit.

- Expand the heading: “Resources for Assistors”
- Click on the appropriate form



Assistor Tool Kit
Welcome to the NY State of Health Assistor Tool Kit.

On this page you will find specific tools and resources to help you reach and assist consumers, and also stay up-to-date with the latest information from NY State of Health. Many of these resources can also be downloaded and printed.

Click on these headings for more information:

- Assistor Newsletters
- Resources for Consumers
- NY State of Health Events Map and Events Submission
- News and Reports
- Health Plan Information
- Additional Enrollment Topics
- Resources for Assistors**

Setting up your Assistor Account

- NYSOH Assistors - Creating Your NY.gov
- NYSOH Assistors - Registering Your Account
- NYSOH Assistors - Identity Proofing Instructions
- NYSOH Assistors - Identity Proofing Fax Cover Sheet

Consumer Identity Proofing

- Identity Proofing Fax Coversheet for Assistors
- Identity Verification Form - English (DOH-5088)
- Attestation of Identity Form - English (DOH-5090)
- Identity Verification Form (Children 17 or Younger) - English (DOH-5091)
- Identity Verification Form - Spanish (DOH-5088)
- Attestation of Identity Form - Spanish (DOH-5090)
- Identity Verification Form (Children 17 or Younger) - Spanish (DOH-5091)
- COVID-19: Guidance for Assistors

- Assistor Training Webinars
- Invitation Code

Identity Verification Form				
1. Applicant Name				
2. Address		3. City	4. State	5. ZIP Code
6. Date of Birth (mm/dd/yyyy)		7. Social Security Number	8. Telephone Number	
List A Submit a copy of ONE	OR	List B Submit a copy of TWO	OR	List C Submit a copy of ONE
<ul style="list-style-type: none"> U.S. Passport book or card Foreign Passport book or card Driver's license Official Government Identification card School Identification card U.S. military card or draft record Military dependent's Identification card Native American Tribal Document 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) Office of Refugee Resettlement Verification of Release Form 		<ul style="list-style-type: none"> Birth certificate Social Security card Marriage certificate Divorce decree Employer Identification card High school diploma College diploma High school equivalency diploma Property deed or title 		<ul style="list-style-type: none"> Hospital or clinic record* Doctor's record* <p>*Applies to applicants 18 and younger only</p>
Attestation. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.				
9. Your Signature			10. Date (mm/dd/yyyy)	
11. Name (type or print legibly)		12. Relationship to applicant		
NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.				
DOH-5088 (12/14)				

Use DOH 5088 for consumers who can provide documentation of their identity.

- One document from List A or;
- Two documents from List B or;
- If 18 or younger and no other documents are available, then one document from List C.

Identity Verification Form (Children 17 or Younger)				
1. Applicant Name (child aged 17 or younger)				
2. Address		3. City	4. State	5. ZIP Code
6. Date of Birth (mm/dd/yyyy)		7. Social Security Number	8. Telephone Number	
Submit a copy of ONE document from List A	OR	Submit one copy of TWO documents from List B	OR	Submit a copy of ONE document from List C
<ul style="list-style-type: none"> U.S. Passport book or card Foreign Passport book or card Driver's license Official Government Identification card School Identification card U.S. military card or draft record Military dependent's Identification card Native American Tribal Document 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) Office of Refugee Resettlement Verification of Release Form 		<ul style="list-style-type: none"> Birth certificate Social Security card Marriage certificate Divorce decree Employer Identification card High school diploma College diploma High school equivalency diploma Property deed or title 		<ul style="list-style-type: none"> Hospital or clinic record* Doctor's record* Attestation of Identity Form (DOH-5090) <p>*Applies to applicants 18 or younger only</p>
Attestation. I attest, under penalty of perjury, that if I submit a document from List C, it is because I am unable to submit one document from List A or two documents from List B above to verify my identity (or the identity of my child) because I do not have access to the required documents. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.				
9. Signature of Parent or Guardian			10. Date (mm/dd/yyyy)	
11. Name (type or print legibly)		12. Relationship		
NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.				
DOH-5091 (12/14)				

Use DOH 5091 for children 17 or under who can provide documentation of their identity.

Use DOH 5090 for consumers who are unable to provide any documents which verify their identity.

Attestation of Identity Form				
1. Applicant Name				
2. Address		3. City	4. State	5. ZIP Code
6. Date of Birth (mm/dd/yyyy)		7. Social Security Number	8. Telephone Number	
List A	OR	List B	OR	List C
<ul style="list-style-type: none"> U.S. Passport book or card Driver's license Official Government Identification card School Identification card U.S. military card or draft record Military dependent's Identification card Native American Tribal Document 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) 		<ul style="list-style-type: none"> Birth certificate Social Security card Marriage certificate Divorce decree Employer Identification card High school diploma College diploma High school equivalency diploma Property deed or title 		<ul style="list-style-type: none"> Hospital or clinic record* Doctor's record* <p>*Applies to children 16 and under only</p>
Attestation. I attest, under penalty of perjury, that I am unable to submit one document from List A or two documents from List B or, in the case of a child, one document from list C listed above to verify my identity (or the identity of my child) because I do not have access to the required documents. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.				
9. Signature of adult applicant (or parent or guardian for a child applicant)			10. Date (mm/dd/yyyy)	
11. Name (type or print legibly)		12. Relationship to applicant		
NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.				
DOH-5090 (12/13)				

Once completed, the form and copies of the consumers documents (if applicable) may be submitted by the Assistor to NY State of Health via any of the three methods:

1. **NYSOH Mobile App** – fastest and most efficient method
2. **Fax** - Assistors can type into the [Fax Cover Sheet](#) so that the information is easy to read and will be correctly linked to the consumer's account. All of the instructions for faxing to NY State of Health are included on the Fax Cover Sheet itself.
 - Be sure to write the account holder's Account Number on each page of the fax. Submitting incorrect or incomplete documents may cause a delay in processing.
3. **Mail** – NY State of Health, PO Box 11727, Albany NY 12211

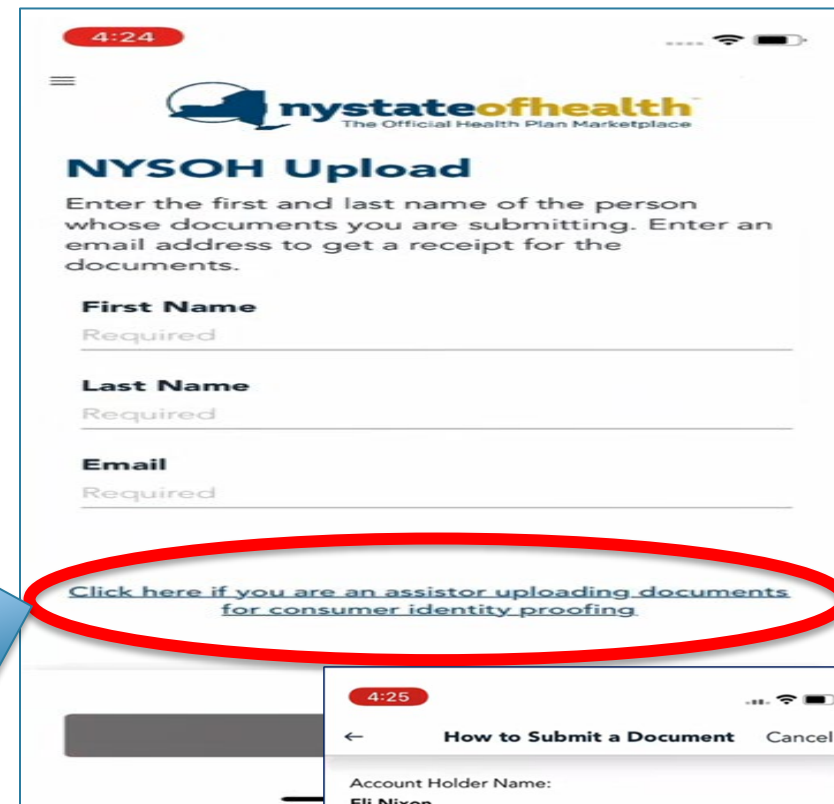
USING THE MOBILE APP FOR MANUAL CONSUMER IDENTITY PROOFING

Assistors can upload identity proofing documents for consumers using the Mobile Upload App.

- There is no cover sheet needed when using the app for this purpose.

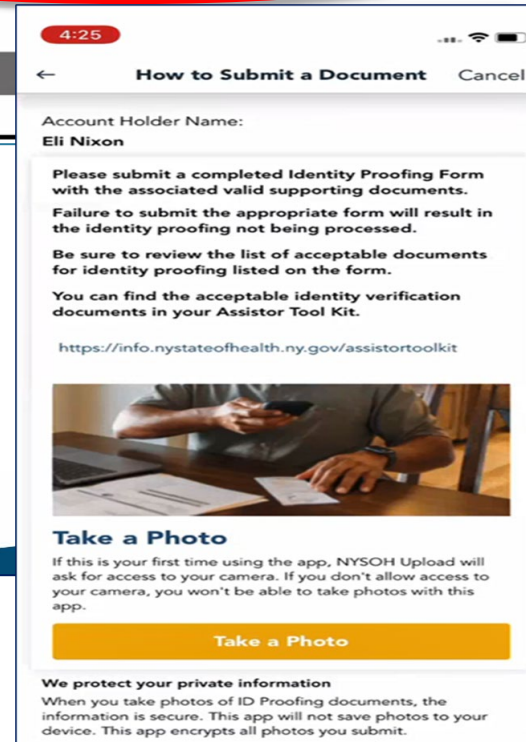
“Click here if you are an assistor uploading documents for consumer identity proofing”

- Consumers will be unable to do this themselves, because their account has not yet been fully established.
- Taking a picture of a consumer’s document while using this app is acceptable because this app uses enhanced technology which does not save it as a photo or any other file type on the Assistors device.



Click the link below to watch a 4-minute demonstration of how to use the app to submit your consumer’s manual identity proofing documents.

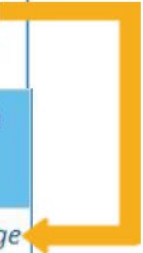
<https://meetny.webex.com/webappng/sites/meetny/recording/74c671f736a2103aadb0050568cfa40/playback>



MANUAL IDENTITY PROOFING

Once Manual Identity Proofing has been completed, the Assistor's Dashboard will change from "Enroll" to "Manage."

Individual Name	AccountID SSN Phone Number	Address	Eligibility End Date	Enrollment End Date	Enrollments Status	Renewal Type	Action
John Smith			N/A	N/A			<i>enroll</i> <i>delete</i>
Individual Name	AccountID SSN Phone Number	Address	Eligibility End Date	Enrollment End Date	Enrollments Status	Renewal Type	Action
John Smith			N/A	N/A			<i>manage</i> <i>invite</i> <i>delete</i>



If the account is not identity proofed, and you have not received a call from NY State of Health, within 48 business hours of uploading or faxing, you should follow up with the dedicated ID Proofing phone number at 1-855-357-8450.

INDIVIDUALS EXPERIENCING HOMELESSNESS



When creating accounts for consumers who are experiencing homelessness, how should Assistors help them enter in their household and mailing address?

Consumers can enter the residential address of a family member, friend, shelter they may frequent etc...

The consumer could also use any mailing address where they can get mail by using the "In Care Of" (C/O) link.

If a consumer does not have a home or is temporarily staying at different locations, enter "Undomiciled" as the street address, then enter city, zip code and county based on where the consumer is sleeping and/or receiving mail.

Household Address

Tell us where you live. Enter the house or building number and street name in Address Line 1. Enter your apartment number, room number, or suite number in Apt / Suite. This should be the address that is on your U.S. Driver's License or other government issued Photo ID. Your household address cannot include a post office box.

Address Line 1 * Apt/Suite Address Line 2

City * Zip Code * County * State *

Mailing Address

Your mailing address is where you want your mail to be delivered. NY State of Health will use your mailing address to send notices and other important information.

Use a post office box or street address in Address Line 1, but not both. If the address also has a directional (for instance, ?east? or ?west?), be sure to include it. Enter your apartment number, floor number, or suite number in Apt / Suite field. An incomplete address can prevent your mail from being delivered correctly.

My mailing address is the same as my residential address

Address Line 1 * [Add in care of \(c/o\)](#) Apt/Suite Address Line 2

City * Zip Code * County * State *

INDIVIDUALS EXPERIENCING HOMELESSNESS



When entering in the home address during account creation (before identity proofing has been completed) for a consumer who is experiencing homelessness, it may be beneficial to have a conversation with the individual.

- Explain the process for identity proofing and how the information entered in this section will be compared against federal and state data sources in order to prove that they are who they say they are.
- If the individual has a government ID (even if it is old), this address may be the last address “on file” with federal data sources and could be entered during this step in an effort to match with the hub and complete electronic identity proofing.
- The Assistor may also ask the individual if they have lived in another place (more recently) where their address may have gone on record and use that address during this step. For example: Any address in the past where they may have paid bills in their own name, opened a credit card, or registered themselves with USCIS, Social Security Administration etc.

Once Identity Proofing is finished and the application is being completed, it will be important to mark that this is not a fixed address and to update their address information using the correct county where they are staying/sleeping so that so that they can be offered plans in the county where they live.

QUESTIONS?



Send us an email at Eligibility.Training.Support@health.ny.gov.