

## Terms, Rights, and Responsibilities for New York State of Health

- 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 understand the New York State of Health Marketplace (the Marketplace) will keep my information private, as required by law. My answers on this form will only be used to decide if I qualify for health coverage.
  - I understand the Marketplace will not ask any questions about my medical history.
  - Household members who don't want coverage will not be asked questions about citizenship or immigration status.
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**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.
  - 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.
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## Your right to appeal

If I think the Marketplace has made a mistake, I can appeal its decision. To appeal means to tell someone at the Marketplace that I think the decision is wrong and to ask for a fair review of the decision. I know that I can find out how to appeal by calling 1-855-355-5777. I know that I can have someone other than myself represent me in my appeal. Information about whether I qualify, as well

as other important information, will be explained to me. I understand that a change in my information could affect whether people in my household qualify for health insurance.