

Review of Marketplace Eligibility Application Information

I have provided and reviewed the Eligibility Application Information for myself and (if applicable) my tax household.

I confirm the information I provided is accurate and true to the best of my knowledge. This information has been provided directly to my agent, who assisted me with my Marketplace Application.

My agent has explained each of the following attestations to my satisfaction:

Check this box if you agree to and understand this attestation:	Attestation
	"I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on the this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information."
	"I know that I must tell the Health Insurance Marketplace within 30 days if anything changes (and is different than) what was entered on my application. I can visit Healthcare.gov or call 1-800-318-2596 to report any changes. I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household."
	"I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identify, or disability. I can file a complaint of discrimination by visiting hhs.gov/ocr/office/file ."
	"I know that information on this form will only be used to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help play for coverage."

Name of Primary Household Contact and/or Authorized Representative:

Name of agent:

Date of review:
