

Due to fraud in the Health Insurance Marketplaces and to protect consumers and Consumer Assistance Workers the Virginia Insurance Marketplace requires all consumers to physically view the data on their application for accuracy before it is submitted. This can only be done by the primary applicant or their Authorized Representative. This has been a requirement on the Federal Health Insurance Marketplace beginning June 18, 2023.

Due to the change you will be you will be required:

- Review your Application
- Complete the Attestations Agreement
- Sign and Date the Attestation Agreement

This is required for anyone who gets manual assistance from a Consumer Assistance Worker (CAW) where the physically electronically signs your application on your behalf. This is mandatory and not optional.

By signing this you agree that you have given consent to Sheron E Sidbury NPN 11466028 to assist you with your Virginia Marketplace Application and assist you with selecting and submitting your health and dental insurance plan choices.

Is any of the persons listed on the application in prison (detained/incarcerated)?

___ Yes

___ No

YES. Please provide the name: _____

___ Please check if a sentence has been issued.

Sheron Sidbury
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Please print in capital letters using black or dark blue ink only.

Permissions and Sign

Please review the information below and fill out the boxes provided before signing.

To make it easier to reduce the cost of my health insurance coverage in future years, you can agree to allow Virginia's Marketplace to use updated income data, including information from tax returns. Virginia's Marketplace will send a notice and let you make any changes. Virginia's Marketplace will check to make sure you're still eligible, and may have to ask you to confirm that your income still qualifies. You can opt out at any time.

Do you agree to allow Virginia's Marketplace to use income data, including information from tax returns, for the next five years?

- ☐ Yes, allow Virginia's Marketplace to use income data, including information from tax returns, for next five years.
- ☐ No, don't use my tax data to renew my eligibility for help paying for health coverage (selecting this option may impact your ability to get help paying for coverage at renewal).

If you selected no, eligibility for Advanced Premium Tax Credits or Cost Sharing Reductions may be affected. How far into the future do you allow us to access your tax data?

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

If you would prefer we not use any tax data, you acknowledge that this will make you ineligible for Advanced Premium Tax Credits or Cost Sharing Reductions to help lower the cost of your coverage.

By signing below, I understand that if anyone on my application enrolls in a Marketplace health plan and is later found to have other qualifying health coverage (including Medicare, Medicaid or FAMIS), Virginia's Marketplace will be required to take action, including, but not limited to, automatically ending their Marketplace health plan or eliminating their advanced premium tax credits or cost-sharing reductions.

By signing below, I consent to my information being shared with the Virginia Department of Social Services for the purposes of making a Medicaid or Family Access to Medical Insurance Security Plan (FAMIS) eligibility determination if my application fits specific criteria to be potentially eligible or if I otherwise request a Medicaid or FAMIS determination directly. By signing my name in the box below, I acknowledge that if a child on this application has a parent living outside of the home, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.

By signing below, I understand that I have 30 days to notify Virginia's Insurance Marketplace of any change of information in this application. I will report any changes within this time period. I understand that changes in my household size, address, income or other details might affect my or my household's eligibility for specific benefits.

I'm signing this application under penalty of perjury, which means I have provided true answers to all of the questions to the best of my knowledge. I understand that I may be subject to penalties under federal law if I intentionally provide false information.

I also attest that the information provided in this application, at the time it was submitted, was true and correct to the best of my knowledge. By signing my name in the box below, I am signing this application and affirming the accuracy of the information provided, and any assertions made herein, under penalty of perjury, pursuant to 28 U.S.C. § 1746 and Va. Code 8.01-4.3

Signature of PRIMARY APPLICANT

Date Signed (mm/dd/yyyy)