A copy of your Application Summary will be attached here followed by the Final Attestations that appear on the electronic signature page. This is only for Virginia

Sign and Submit

Read and check the box next to each statement if you agree

Are any applicants incarcerated (in prison or jail)?**Learn more**

☐ No. No one listed on this health insurance application is incarcerated (in prison or jail).

☐ Yes _____ is incarcerated

To make it easier to reduce the cost of my health insurance coverage in future years, I agree to allow Virginia's Insurance Marketplace to use data sources, such as the Internal Revenue Service (IRS), to check my income. I also agree to allow Virginia's Insurance Marketplace to use my income data, including information from my tax returns, to determine whether I am eligible to continue to receive financial assistance. If those sources show I am still eligible for continued financial assistance, my insurance coverage and financial assistance will be renewed for another 12 months. I understand Virginia's Insurance Marketplace will send me a notice explaining that I have been renewed in coverage and allow me to make any changes necessary. I acknowledge that if I elect not to give this consent, my insurance will be renewed without financial assistance for the following year. I also acknowledge I can revoke or change my consent at any time. **Learn more**

___ I Agree

___ I Disagree

☐ By typing my name in the box 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 (FAMIS) eligibility determination if my application fits specific criteria to be potentially eligible or if I otherwise request a Medicaid or FAMIS determination directly.

☐ I understand that I have 30 days to notify Virginia's Insurance Marketplace of any change of information in this application and 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. **Learn more**

☐ I have signed the application affirming the accuracy of the information provided under penalty of perjury, pursuant to 28 USC § 1746 and the laws of the Commonwealth of Virginia

In addition to your application for health insurance, you may **REGISTER** to vote where you live now or **UPDATE** your voter registration record to reflect a change in your name or address. If you would like to register to vote or update your current registration, please visit the following link:

https://vote.elections.virginia.gov/VoterInformation

Please note: Virginia's Insurance Marketplace does not directly collect voter registration. Your decision whether to register to vote is voluntary. Neither registering nor declining to register to vote will in any way affect the availability or the amount of assistance or service you receive from Virginia's Insurance Marketplace.

☐ By typing my name in the box below, 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.

By typing my name in the box below, I attest that the information provided in this application, at the time it was submitted, was true and correct to the best of my knowledge. I am electronically signing this application and affirming the accuracy of the information provided, and any assertions made herein, under penalty of perjury, pursuant to 28 USC § 1746 and the laws of the Commonwealth of Virginia. Additionally, I acknowledge that typing my name in the box below constitutes my signature.

_____ Electronic Signature

_____ Print Name

_____ Date

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