

Eligibility Application Attestation

Authorized Licensed Sales Agent: _____

I, _____ (name of primary household contact), have reviewed the eligibility application details with my agent and attest to the following:

- ✓ The details provided in the eligibility application are accurate, and I have provided true answers to all of the questions to the best of my knowledge
- ✓ I have been provided an explanation of the attestations at the end of the eligibility application

Eligibility Application Attestations* – Select all that apply:

- If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- If a child on this application has a parent living outside of the home, I know I'll 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.
- I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect 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 identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).
- I know that information on this form will be used only to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help pay for coverage.
- I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.
- Other:

**The attestations may be some or all of the above listed statements and will vary depending on the eligibility determinations of each consumer.*

Consumer or Authorized Representative Signature and Signature Date:

Signature

Signature Date

If you are the authorized representative, please sign above and print below:

Representative's Name

Your Relationship to the Consumer