

Request for Financial Assistance – Privacy Consent

I understand that 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 or help paying for coverage.

I understand that the Marketplace will not ask any questions about my medical history.

I understand that if I qualify for Medicaid I may be offered a health plan that is focused on my medical needs, and if I select this plan the Account Holder would be able to see the plan selection.

Household members who do not want coverage will not be asked questions about citizenship or immigration status.

IMPORTANT: As part of the application process, we may need to retrieve your confidential information from data sources, including the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, the New York State Department of Labor, the New York State Health Insurance Plan Information maintained by the Department of Civil Service, the Department of Corrections and Community Supervision, and other state data bases the Department of Health determines are necessary for eligibility verification, and/or a consumer reporting agency. We may also retrieve certain employment information provided to the New York State Department of Taxation and Finance by employers with respect to new hire and wage reporting data. We need this information to check if you qualify for coverage, to help pay for coverage if you want it, 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 authorize the New York State Department of Labor (DOL) to release to the Marketplace any confidential information maintained by DOL for Unemployment Insurance purposes that is necessary for the Marketplace to establish or verify eligibility for insurance affordability programs. I understand this information includes Unemployment Insurance benefit claims.
- I understand that the Marketplace will use data services, including a consumer reporting service and 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 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, and I understand that the only information that will be used from the New York State Department of Taxation and Finance is employment information provided by employers with respect to new hire and wage reporting data.