

Identity Proofing



HealthSource RI verifies your identity (determines you are who you say you are) to protect your privacy. Please read the sentences below and prepare to show picture identification to HealthSource RI staff.

Please Read: You should know that in the future, we may need to take additional steps to authenticate your identification using a national identity authentication vendor. If the information that you provide during that process does not match the information available to the national vendor your account privileges may be revoked and you will be unable to access your account online. This does not necessarily mean that you will lose access to your coverage.

We will contact you if we need to take this or any related additional steps.

Below, we ask you to fill in your name and attest that the information you have provided is the truth.

My name is _____

With my signature below, I certify that the identity I have provided to HealthSource RI to set up an account is true and complete to the best of my knowledge and belief.

Signed _____ Date _____

For staff use only:

I confirm that _____ showed me a valid picture ID affirming his/her identity.

Navigator Name _____ Title: _____

Signed _____ Date _____

Acceptable ID Presented:

___ Driver's License

___ State Issued Photo ID

___ U.S. Passport

___ School Photo ID

___ Naturalization Document

___ Social Security Card