

User Acceptance Agreement

By agreeing to this User Acceptance Agreement, you are accepting the terms and conditions outlined below, including the terms of our Privacy Policy. This Privacy Policy discloses the information privacy practices for the website (www.healthsourceri.com) you are currently visiting.

We are strongly committed to protecting your privacy. We only use your personal information to help you find, apply for, buy, and enroll into health coverage, including both public and private health coverage. We do not sell your personal information to anyone.

We do not sell, trade or give away your personal information to anyone.

Additionally, we use industry-leading technologies to ensure the security and confidentiality of the personal information you provide us. Throughout this policy, we refer to information that can identify you as a specific individual, such as your name, phone number, email address, Social Security number or credit card number, as "personal information." Further, personal information includes any information involving your health or medical status or history.

1. We do not sell, trade or give away your personal information to anyone.
2. We do not disclose your personal information to third parties, unless one of the following limited exceptions applies:

- **Insurance Companies, Licensed Agents/Brokers and Navigators, state and federal government** (as required by law and specified below) **or Administrators.**

If you submit an application for an insurance product offered by us, then we will disclose your personal information to your chosen insurance company to process your application. If you submit an application for an insurance product offered through an insurance agent or agency, or through a navigator or other application assistor with a relationship with us, then we may share your personal information with that party for the purposes of processing your application or enrollment. Please be assured that these partners are only allowed to use your personal information to process your requested quote, application, or enrollment form and are contractually obligated to maintain confidentiality.

User Acceptance Agreement

- **Service Providers**

We may disclose your personal information to other companies that help us process or service your insurance application or correspond with you. For example, we may provide your personal information to a service provider to send you monthly bills and process payments received. Please be assured that the companies we hire to process or service your insurance application or correspond with you are not allowed to use your personal information for their own purposes and are contractually obligated to maintain strict confidentiality.

- **Legal Obligations.**

We may disclose or report your personal information when we believe, in good faith, that the disclosure is required or permitted under law, for example, to cooperate with regulators or law enforcement authorities or to resolve consumer disputes.

3. With Your Consent. We may disclose or report your personal information to third parties with your written consent.

For example, we may disclose your personal information to a friend or relative helping with your coverage, but only with your written permission. Outside of these exceptions, we will not share your personal information with third parties.

4. We collect personal information in the normal course of business in order to process your insurance application and to serve you better.

- **Registering With Us**

We begin collecting personal information from you when you register with us. You may register with us through our website by entering your email address and, if you are creating an account, choosing your password. You may also register with us through our Contact Center by providing certain personal or contact information (e.g., email address, phone number, gender, date of birth) to one of our Contact Center specialists.

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User Acceptance Agreement

- **Applying for Health Insurance and Other Products**

If you apply for a health insurance or other products through our website, we may ask you to provide us with personal information and/or health information relating to you and any family member who will be included on your application. This information will be used by your chosen insurance company to process your application. Additionally, we may ask you to provide us with credit card or bank information, which will be used to process your application or collect any fees associated with your application or insurance premiums upon approval of your application.

- **Providing you with a Quote or Processing your Application**

We may use your personal information to get in touch with you when necessary to process your application or to provide you with a quote. For example, emails will be sent to you throughout the application process to inform you of the status of your application and to seek additional information that is requested as part of the application.

- **Customer Satisfaction, Referrals and Other Products**

We or service providers may contact you to survey your satisfaction of our service, refer our products and services to other people, and/or to inform you of additional products and services. You may opt out of receiving these additional communications from us by following the opt-out procedures below.

5. We gather anonymous information about you for our internal purposes, and we may share this anonymous information with third parties.

- Anonymous information is any information that does not personally identify you, including aggregate demographic information such as the number of visitors to our website from a particular state.
- We use anonymous information primarily for marketing purposes and to improve the services we offer you
- We may use "Cookies", "Clear Gifs", "Internet Protocol" addresses and other monitoring technologies to gather anonymous information.

User Acceptance Agreement

- For a more detailed discussion on cookies and clear gifs, please see below.

6. We protect the confidentiality and security of your personal information.

We maintain physical, electronic and procedural safeguards to protect your personal information. For a more detailed discussion of the electronic safeguards on our website, please see below.

7. We continue to evaluate our efforts to protect your personal information and make every effort to keep your personal information accurate and up to date.

- If your personally identifiable information changes, or if you want to correct or update your contact information, you may contact us by email at info@healthsourceri.com or by mail at HealthSource RI, Hazard Building Mailroom, 74 West Road Suite 500, Cranston, RI 02920-8409.
- You may update your name, email address and password by clicking on the "Sign In" link on this website and signing in using your email address and password.
- We will retain your information for as long as your account is active or as needed to provide you services. We will retain and use your information as necessary to comply with our legal obligations, resolve disputes, and enforce our agreements.
- Please note that once your application has been submitted to your chosen health insurance company, you may have to contact the insurance company directly to update your application.

8. We will provide notice of changes in our information privacy practices.

- If we are going to use your personal information in a manner different from that stated at the time of collection, we will notify you via email.
- You will have a choice as to whether or not we use your personal information in this different manner.
- If we make any material changes to our information privacy practices that do not affect the personal information already stored in our database, we will post a prominent notice in the privacy portion of our website notifying users of the change.

User Acceptance Agreement

9. You may opt out of receiving satisfaction surveys and/or information on additional products and services from us.

- We may contact you to survey your satisfaction of our service and/or to inform you of additional products and services.
- If you want to opt out of these surveys and/or notices, you may contact us by email at info@healthsourceri.com or by mail at:

HealthSource RI, Hazard Building Mailroom
74 West Road Suite 500,
Cranston, RI 02920-8409

- Please note that you will still receive communications from us regarding your insurance quote, application or policy even if you opt out of receiving our surveys and/or notices of additional products and services.

"Cookies" and "Clear Gifs"

"Cookies" are small files that are stored by your web browser to help a particular system recognize you and the pages you visited in a website. Our website uses cookies to make your online experience more convenient.

For example, we may use a cookie to store your account information between sessions and to maintain information about the quotes you've requested during your session. Additionally, we may use data from cookies for a variety of internal purposes, such as studying how users navigate our website.

We do not collect any personal information from cookies. Further, no other information we collect from cookies can be linked back to your personal information. Most browsers automatically accept cookies, but if you prefer, you can set yours to refuse cookies. Even without a cookie, you can still use most of the features on our website, including obtaining quotes and applying for an insurance policy.

"Clear gifs" are tiny graphics with a unique identifier, similar in function to cookies that are used to track the online movements of website users. The main difference between the two is that clear gifs are invisible on the page and are much smaller than cookies.

User Acceptance Agreement

We do not collect any personal information from clear gifs. Further, no information we collect from clear gifs can be linked back to your personal information.

We use third party web analytics services to track and analyze anonymous usage and volume statistical information from visitors to help us administer our website, analyze trends, improve our websites performance and to report website traffic. These web analytics services use cookies, clear gifs, log files and other web monitoring technologies to help track visitor behavior on our behalf. These services do not use these technologies to collect any personally identifiable information from website visitors.

Browsers and Internet Security

Our browser and internet security protocols and practices are in compliance with all applicable state and federal laws.

Your Password and Other Security Issues

The password you enter when you begin an application on our website is your private entry key into your application. You should never share it with anyone. Your password must be between 5-15 digits and/or letters long.

If you forget your password, we can send your password through email (provided that you gave us your email address as your user ID when you created an account on our website) or we can help you retrieve your password by calling us toll free at 1-855-574-2846.

Links to Other Websites

Our website contains links to other websites. Please note that when you click on one of these links you are entering another website. We are not responsible for the information privacy practices or the content of such websites. We encourage you to read the privacy policies of these linked websites as their information privacy practices may differ from ours.

Sharing of Data

We can help you better if we are able to work with other agencies and professionals that know you and your family. By clicking on the "I Agree" box you are giving permission for us to obtain, use and share confidential information about you from a variety of sources including the R.I. Department of Labor and Training, the R.I. Department of Human Services, the R.I. Executive Office of Health and Human Services, the R.I. Department of Health, the R.I. Department of Corrections, and Experian on behalf of Centers for Medicaid and Medicare Services and Social Security Administration.

We will not refuse you any benefits or access to any programs that you are eligible simply because you do not give us permission to obtain, use and share confidential information, however, we are unable to assist you in accessing certain programs and supports that you may be eligible for if we do not have your consent to obtain and share information. Your consent is required in order to determine your eligibility.

You can proceed to shop for and purchase health insurance coverage without completing this consent by contacting our Contact Center at 1-855-840-HSRI (4774), but if you would like to know whether you are eligible for any financial support for the purchase of coverage, whether you are eligible for publicly funded coverage, or other programs and supports, it will be necessary for you to complete this consent.

All information sharing and use that you are authorizing by clicking the I Agree box will be done in compliance with all relevant federal and state laws and regulations protecting your privacy, including but not limited to: The Health Insurance Portability and Accounting Act of 1996 (Pub. L. 104-191 known as HIPAA); The R.I. Confidentiality of Health Care Communications and Information (R.I.G.L. 5-37.3-1 et seq.); R.I.G.L. 28-32-5, 28-36-12, 28-42-38, 28-39-19, 28-39-22, 40-1-5-26, 23-3-23, 42-12-22, 40-6-12 and all other applicable laws and regulations. Information will be shared by computer data transfer.

By clicking on the I Agree box I consent to the obtaining and use of confidential information about me to determine my eligibility for enrollment in publicly funded health insurance coverage or other publicly funded programs administered through this site, plan, provide, and coordinate benefits and payments.

Consent for Use of Income Data

In order to determine your eligibility for help paying for your health coverage, we will use income data, including information from tax returns. You will receive a notice with your eligibility determination and may make changes to update the income information used at any time by contacting HealthSource RI.

- ☐ I Agree to give my Consent for Use of Income Data.
- ☐ I do not give my Consent and I understand that this will impact my eligibility for helping to pay for health coverage.

You can choose to have this consent renewed automatically for one, two, three, four or five years. Selecting a longer period of time may make it easier for us to determine your eligibility in future years. Please renew my eligibility automatically for the next:

- ☐ 5 years (this is the maximum automatic renewal period) ☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year

I understand that if advance payments of the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/ or my dependents:

- I must file a federal income tax return the year after my coverage year for the tax year in which I received coverage.
- If I'm married at the end of the coverage year, I must file a joint income tax return with my spouse.

I also expect that:

- No one else will be able to claim me as a dependent on their coverage year federal income tax return.
- I'll claim a personal exemption deduction on my coverage year federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through this Marketplace and whose premium for coverage is paid in whole or in part by advance payments.

If any of the above changes, I understand that it may impact my ability to get an advance premium tax credit. I also understand that when I file my coverage year federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application.

I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional tax credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

Electronic Signature

I have agreed to submit this Application electronically. By signing this application electronically, I certify and attest under penalty of perjury that my answers are correct, including information about citizenship and alien status, and complete to the best of my knowledge.

- I understand the questions and statements on this application.
- I understand the penalties for providing false information, including penalties for violation of the Rhode Island False Claims Act, RIGL 9-1-1 et. al.
- I understand that the agency may contact other persons or organizations for a variety of reasons concerning my application, including but not limited to verification of Medicaid Affordable Care Coverage Group Eligibility Factors, EOHHS Rules and Regulations, Section 1308.
- I know that under the state of Rhode Island General Laws, Section 40-6-15, a maximum fine of \$1,000, or imprisonment of up to five (5) years, or both, may be imposed for a person who obtains or attempts to obtain, or aids or abets any person to obtain, public assistance to which he or she is not entitled or who willfully fails to report income, resources, or personal circumstances or increases therein which exceed the amount previously reported.
- I understand that an electronic signature has the same legal effect as a written signature and can be enforced in the same way and that my Electronic Signature and this Electronic Signature Agreement are pursuant to RIGL 42-127.1, Uniform Electronic Transactions Act, and in accordance with RIGL 2-35, Administrative Procedures Act.
- Under penalty of perjury, I attest to the identity of the minor children identified herein and that all of the information contained in this application is true. I understand that I am breaking the law if I give wrong information and can be punished under federal law, state law or both.

By checking this box and typing my name below, I am electronically signing my application. *

First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Eg. John"/>	<input type="text" value="Eg. James"/>	<input type="text" value="Eg. Smith"/>	<input type="text" value="-Select ("/>

Date *

If you are not registered to vote or not registered to vote where you currently live, we can help you. The decision to register to vote is up to you. It will not have an impact on your tax credit. If you would like help in filling out the voter registration application form, we will help you at 1-855-840-HSRI (4774).

The decision to seek or accept help is yours. You may fill out this form by yourself.

To download a registration form click [here](#).

(http://www.elections.state.ri.us/publications/Election_Publications/Voter_Registration/December_2012_RI_English_VRF.p

If you would like to have a registration packet sent to you, please call (401) 222-2345 or email elections@elections.ri.gov. (<mailto:elections@elections.ri.gov>)

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the State Board of Elections at (401) 222-2345 or 50 Branch Avenue, Providence, Rhode Island 02904.

Before you continue, we require you to acknowledge the following.

I have read and agree to the Consent to Share Data for Eligibility Decisions. *

I have read and agree to my Consent for Use of Income Data.

Years

5

Expiration Date

12/12/2019

Consent for Identity Proofing

To protect your privacy, you will also need to successfully complete Identity Verification before establishing an online account with us and obtaining access to certain information that will be contained within your account.

By clicking on the "I Agree" box you are providing your consent to Experian to access your personal information to conduct ID Verification on behalf of CMS and the state of Rhode Island.

Below are a few items to keep in mind:

- Ensure that you have entered your legal name, current home address, primary phone number, date of birth, and email address correctly. For online account access, we will only collect personal information to verify your identity with Experian, an external identity verification provider.
- Identity Verification involves Experian using information from your consumer report profile to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian consumer report. Soft inquiries are only visible to you, will never be presented to third parties, and do not affect your credit score. The soft inquiry will be titled "CMS Proofing Services" and will be removed from your Experian consumer report after 25 months.
- You may need to have access to your personal and consumer report information, as the Experian application will pose questions to you, based on data in their files.