

Declaration of Ineligibility for Other Health Insurance Coverage

Use this form to attest that you or your minor child are not eligible for other Minimum Essential Coverage. Minimum Essential Coverage is health insurance an individual needs to meet the individual requirement under the Affordable Care Act. This includes TRICARE, Veteran's Health Administration (VHA), Peace Corps, Medicare, and Employer Sponsored Insurance that covers the essential health benefits.

Applicant Information

Account number	Phone number	Today's date (mm/dd/yyyy)
First name	Middle initial	Last name
Date of birth (mm/dd/yyyy)	Last four digits of SSN	

This form is to confirm that _____ (print your name or your child's name) is not eligible for (check all that apply):

- TRICARE Veteran's Health Administration (VHA) Peace Corps
 Medicare Employer Sponsored Insurance

in accordance with section 36B(c)(2)(B) and (C) of the Internal Revenue Service tax code at the time the application for health insurance was submitted through *HealthSource RI*.

Read and Sign this Form

I acknowledge under penalty of perjury that the information contained in this document is true and correct and that any fraud or misrepresentation of any information presented as part of my application for health insurance through HealthSource RI may constitute grounds for my disenrollment.

Applicant signature X	Date of signature (mm/dd/yyyy)
Parent/Legal Guardian signature (if applicable) X	Date of signature (mm/dd/yyyy)
Parent/Legal Guardian First and Last Name (please print)	

- By checking this box, I acknowledge that I am the parent or legal guardian of the minor child listed on this form and am signing on their behalf.

Submitting this Document

Use one of the following methods to submit this form:

- Upload files/photos of this document on the HealthyRhode Mobile App.
- Log in to your account at www.healthyrhode.ri.gov and use the View/Upload Documents link to upload your documents.
- Mail documents to: State of Rhode Island, P.O. Box 8709, Cranston, RI, 02920-8787
- Drop off at: 401 Wampanoag Trail, East Providence, RI, 02915

Nondiscrimination and Accessibility

HealthSource RI complies with applicable State and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). HealthSource RI does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

HealthSource RI:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact HealthSource RI at 1-855-840-4774.

If you believe that HealthSource RI has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

HealthSource RI
ATTN: Section 1557 Coordinator
One Capitol Hill, 3rd Floor
Providence, RI 02908

Phone: 1-855-840-4774
Email: HBE.Records@exchange.ri.gov

You can file a grievance in person, by mail or by email. If you need help filing a grievance or would like to request a copy of the HealthSource RI's Section 1557 grievance procedure, HealthSource RI's Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019, 800-537-7697 (TDD)

ATTENTION: Language assistance services are available to you free of charge. Call 1-855-697-4347 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-697-4347 (TTY 711)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-697-4347 (TTY 711)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-697-4347 (TTY 711)

ATANSYON: Se w pale Kreyòl, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-697-4347 (TTY 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-697-4347 (TTY 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-697-4347 (ATS 711)

ATTENZIONE: In caso la lingua parlata si l'italiano, sono disponibili servizi di assistenza linguistica gratuity. Chiamare il numero 1-855-697-4347 (TTY 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-697-4347 (TTY 711)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-855-697-4347 (TTY 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-697-4347 (TTY 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-697-4347 (TTY 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod number 1-855-697-4347 (TTY 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-697-4347 (TTY 711) 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-697-4347 (TTY 711).

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò bɛ̀in m̄ gbo kpáa. Ɖá 1-855-697-4347 (TTY 711)