

How to Prepare for Your Hearing

In order to prepare for your hearing, you may want to have the information we used to make our eligibility determination. For example, we might have said the amount of income you told us you earned last year did not match what we found. Or we might have included income from sources you might not have considered. This might include income you receive from the Social Security Administration.

Under most circumstances we cannot disclose this type of information without certain authorizations.

Your Privacy is Important to Us

At the New York Marketplace we take the utmost care to ensure that we do not disclose any protected information. But we also understand that information may be helpful to you, your authorized representative or your legal representative so that you can fully prepare for your appeal.

If you would like us to be able to provide the information we used to calculate your income, follow the steps below.

How to Request Your Protected Information

Please read this and then fill out the form below.

By completing the form below, you authorize the Marketplace to release to you, the account holder who applied for health insurance, and your authorized representative, if you have one, certain personally identifiable information. This may include information from the Internal Revenue Service and the Social Security Administration.

If more than one taxpayer or beneficiary lives in the account holder's household, please make copies of the release form and have each complete it so that all of the information that the Marketplace used to make its determination can be provided to you or your authorized representative.

You must include the specific information we request on the release form so that we can provide all of the information you are requesting. This includes your name, taxpayer identification number or social security number, address, the type of information you want disclosed, and the reasons for the disclosure.

You must send the completed form to the Marketplace within 30 days. Please call us at 1-855-355-5777 if you need help filling out this form.

If you agree to these disclosures, your authorization is valid for the amount of time you specify so long as that time is less than or equal to the time of the appeals process. If you do not specify the duration of your consent, it is valid until the appeals process is concluded.

Release to Disclose Protected Information and Authorization of Designated Representative

1. Applicant name		
2. Address		
3. City	4. State	5. ZIP code
6. Social Security Number	7. Telephone number	

Authorization for Disclosure. By signing, I authorize the New York Marketplace to disclose information used to make my eligibility determination. I authorize the Marketplace to disclose this information to following people:

1. Primary requestor filing this appeal : (name) _____
2. Authorized representative: (name) _____

to obtain and use the information for purposes of the appeal hearing. I understand some of the information may come from the Internal Revenue Service and the Social Security Administration and could include:

- My filing status and whether or not a return was filed
- My income information
- The number for my dependents
- My current monthly Social Security Benefit amount
- Other information provided by law to determine eligibility for financial assistance to pay for insurance premiums and to reduce out-of-pocket costs when I use health care services
- The number of coverage quarters I have obtained

Scope. I am requesting information from the Marketplace to help in the preparation for an appeals hearing. I disagree with the eligibility determination the Marketplace made and this information will help resolve the dispute.

8. Duration. Your consent is valid for the amount of time you specify.

1. If you want to authorize disclosure until your appeal is resolved, check here
2. If you want to authorize disclosure for a specific amount of time, write it in the space provided, and check here (no disclosures will occur after the appeal is resolved)

Until: _____

Note. If you leave this section blank, your consent will last until the appeals process has concluded.

Authorization. By signing, I understand that the person requesting the appeal, or the named designated representative will need my information to resolve the appeal. I authorize the requestor or the designated representative to receive the information listed above for purposes of resolving the dispute.

9. Signature	10. Date (mm/dd/yyyy)
11. Print Name	12. Relationship (if not the individual)