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- Eligibility results
- Select plans
- Confirm & pay

Would you like to set up your account with email verification instead of a password?

Yes. I would like my login to to only require email or SMS verification.
- ✅ Quicker time to login.
- ✅ No password required.

No, I'd prefer my account to have a password.
- ✅ Sets your account up to require a user name and a password at each login.

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① Create an account

Preferred first name *
Natasha

Last name *
Emerson

Verification preference

Email | **Phone**

Email *
nemerson90@gmail.com

Send verification

Verification code *
843256

Resend code

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② # Upload documents

How to add documents

- Add **your own** documents.
- Then, add the documents for **each** of your household members that are applying for coverage.

Acceptable documents

1040 tax documents	🕐 Saves 25m
Driver's license or state IDs	🕐 Saves 10m

Do you want to find out if you can get help paying for healthcare coverage?*

○ **Yes**
You'll answer questions about your income to see if you qualify for financial help to

Upload documents

🕐 **Save time by uploading documents to fill out your application**

Acceptable documents
- 1040, Paystub
- Driver's license, Passport, Birth Certificate

▦ **Scan documents with your phone**

⬆ **Upload documents from your computer**

Uploaded

1040 - Natasha Emerson
IMG021... .PDF
Uploaded 12s ago

Next

Step 2/10

Uploaded 12s ago

Do you want to find out if you can get help paying for healthcare coverage?*

○ **Yes**
You'll answer questions about your income to see if you qualify for financial help to lower your health coverage costs.

○ **No**
You'll answer fewer questions, but won't get the financial help to lower your health coverage costs.

Do you want to be automatically enrolled into the Covered CT Program?*

If you or anyone in your household is determined to be newly eligible for the Covered CT Program with $0 premium and $0 out-of-pocket costs, you can choose to enroll.

○ Yes   ○ No

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Step 2/10

You'll answer fewer questions, but won't get the financial help to lower your health coverage costs.

Do you want to be automatically enrolled into the Covered CT Program?*

If you or anyone in your household is determined to be newly eligible for the Covered CT Program with $0 premium and $0 out-of-pocket costs, you can choose to enroll.

○ Yes   ○ No

Do you consent to having your information shared with Department of Social Services*

○ Yes   ○ No

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You'll answer fewer questions, but won't get the financial help to lower your health coverage costs.

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If you or anyone in your household is determined to be newly eligible for the Covered CT Program with $0 premium and $0 out-of-pocket costs, you can choose to enroll.

○ Yes   ○ No

Do you consent to having your information shared with Department of Social Services*

○ Yes   ○ No

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Additional Questions:

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My household ⌄ ✓

Tax & income information ⌄ ✓

Additional questions ⌃

   Special enrollment questions

   Additional questions

   Individual details ✓

Review and sign ⌄

Eligibility results

Medical information ⌄

Select plans

Confirm & pay

68/68 fields have been prefilled ℹ️ ✕
The documentation and consent you provided has prefilled your application.

(5) # Additional questions

Special enrollment questions

Select one that applies to you or our household members*

Select one ⌄

Additional questions

Are any members of your household who are requesting coverage currently enrolled in health coverage that is not offered through Access Health CT

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Tax & income information ⌄ ✓

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   Special enrollment questions

   Additional questions

   Individual details ✓

Review and sign ⌄

Eligibility results

Medical information ⌄

Select plans

Confirm & pay

68/68 fields have been prefilled ℹ️ ✕
The documentation and consent you provided has prefilled your application.

Additional questions

Are any members of your household who are requesting coverage currently enrolled in health coverage that is not offered through Access Health CT or the CT department of Social Services?*

○ Yes   ○ No

Will any member from this household who is requesting coverage be offered health coverage from a job in 2025?*

○ Yes   ○ No

Is anyone in your household pregnant?*

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Application ︿

My household ⌄ ✓

Tax & income information ⌄ ✓

Additional questions ︿

Special enrollment questions

Additional questions

Individual details ✓

Review and sign ⌄

Eligibility results

Medical information ⌄

Select plans

Confirm & pay

68/68 fields have been prefilled ℹ️
The documentation and consent you provided has prefilled your application.

Is anyone in your household pregnant?*

○ Yes   ⦿ No

Does anyone in your household have any physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?*

○ Yes   ⦿ No

Is anyone in your household incarcerated?*

○ Yes   ⦿ No

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My household ⌄ ✓

Tax & income information ⌄ ✓

Additional questions ︿

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Additional questions

Individual details ✓

Review and sign ⌄

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Medical information ⌄

Select plans

Confirm & pay

68/68 fields have been prefilled ℹ️
The documentation and consent you provided has prefilled your application.

Are any household members affiliated with an American Indian or Alaska Native Tribe*

○ Yes   ⦿ No

Individual details

Your details

What is your current living arrangement?*

At home ⇕

Are you of Hispanic, Latin, or Spanish origin?

⦿ Yes   ○ No

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    Special enrollment questions
    Additional questions
    Individual details ✓
  Review and sign ⌄
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68/68 fields have been prefilled ⓘ
The documentation and consent you provided has prefilled your application. ✕

Individual details

Your details

What is your current living arrangement?*

At home   ⇅

Are you of Hispanic, Latin, or Spanish origin?

◉ Yes   ○ No

What is your race?

Hispanic   ⇅

☑ These details apply to all members in my household

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⑥ # Review & sign

My household   ⌃

Member information

Natasha Emerson

| **Date of birth** | 01/01/1990 ✎ | **Gender** | Female ✎ |

| **Social Security number** | 11-11-1111 ✎ | **US citizen or a naturalized immigrant?** | Yes ✎ |

| **Applying for healthcare coverage** | Yes ✎ | | |

Sebastian Emerson

| **Date of birth** | 04/25/1988 ✎ | **Gender** | Male ✎ |

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Additional questions ⌄ ✓

Review & sign ⌃

Review

Sign

Eligibility results

Medical information ⌄

Select plans

Confirm & pay

Sebastian Emerson

Date of birth	04/25/1988	✎	**Gender**	Male	✎
Social Security number	22-22-2222	✎	**US citizen or a naturalized immigrant?**	Yes	✎
Applying for healthcare coverage	Yes	✎	**Relationship to you**	Spouse	✎

⊕ **Add a household member**

Household address

Address	1234 Oak Street ✎ Apt 1 Hartford, CT 01111

☑ All household members live at this address ✎

☑ This address is the same as my mailing address ✎

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Additional questions ⌄ ✓

Review & sign ⌃

Review

Sign

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Select plans

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Your contact information

Phone number	888-888-8888 ✎	**Alternate phone number**	888-888-8888 ✎

Tax information ⌃

Tax status

Natasha Emerson

Tax status	Married filed jointly ✎	**Reconciled 2025 premium tax credits**	Yes	✎

Sebastian Emerson

Tax status	Married filed jointly ✎	**Reconciled 2025 premium tax credits**	Yes	✎

Income information ⌃

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Income information ⌃

Natasha's income

DataZone Inc.

| **Amount earned** | $50,000 ✎ | **Frequency** | Annually ✎ |

☑ There is no planned end date

Natasha's flowers

| **Amount earned** | $1,000 ✎ | **Frequency** | Monthly ✎ |

☑ There is no planned end date

⊕ **Add an income**

Additional questions ⌃

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  Review & sign ⌃
    Review
    Sign
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Additional questions ⌃

Special enrollment questions

| **Special enrollment** | Planning to loose coverage in the next 60 days ✎ |

| **Applies to** | Sebastian Emerson ✎ |

Additional questions

Do you or someone is your household pay alimony, student loan interest, or other deductions? — No ✎

Are any members of your household who are requesting coverage currently enrolled in health coverage that is not offered through Access Health CT or the CT department of Social Services? — No ✎

Is anyone in your household pregnant? — No ✎

Does anyone in your household have any physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily — No ✎

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Step 6/10

Create account ✓
Upload documents ✓
Application ⌄
My household ⌄ ✓
Tax & income information ⌄ ✓
Additional questions ⌄ ✓
Review & sign ⌃
Review
Sign
Eligibility results
Medical information ⌄
Select plans
Confirm & pay

Signature

☐ Select all

☐ MEDICAID ONLY: I know that if Medicaid pays for any of my medical expenses, any money I receive from a lawsuit will be assigned to the State to pay for any medical expenses paid by the State related to injuries that led to the lawsuit. If I have other insurance or a third party is liable to pay for my medical expenses, the State may recover the cost of my medical bills directly from the insurer or the third party. The State may bill a legally liable relative to repay the State for the costs of my medical care. The State may recover money from the estates of those people who were 55 years old or older at the time that community medical benefits were paid and who do not have a living spouse or surviving child under age 21 or blind or disabled. The State may recover from an inheritance or other lump sum of money I receive to repay the State for the costs of my medical care. The State may place a lien, under certain conditions, on my home if I permanently enter a nursing facility.

☐ I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I won't have to cooperate.*

☐ I understand that AccessHealthCT.com will use data from my tax return during the renewal process to determine yearly eligibility for help paying for health insurance for the next 5 years. I understand that if I check this box I can change my answer later, and if I don't check the box I can select less than 5 years.*

☐ I know that any change that I report may alter mine or my household's eligibility status. If the change results in me and my household becoming ineligible for help paying for health coverage, I and my household may no longer receive help paying for coverage.*

☐ I'm signing this application under penalty of perjury. This means I've provided true answers to all the questions on this form to the best of my knowledge. I know that if I'm not truthful, there may be a penalty.*

Your signature

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