



I, *(name of prospective enrollee)*

---

confirm that the information I provided to Archana Sunil and on my Marketplace eligibility and enrollment application is true to the best of my knowledge. I have reviewed and confirmed the accuracy of the eligibility application information in my Marketplace application

Name of Primary Household Contact and/or Authorized Representative:

---

---

Phone Number:

Email Address:

---

Signature:

Date:

---