

## Create a New Account at VermontHealthConnect.gov

If you are using Vermont Health Connect's self-service portal for **the first time**, you'll need to create an account. First, open your internet browser—the latest versions of <u>Firefox</u> or Chrome work best.

**<u>STEP 1</u>**: Visit VermontHealthConnect.gov and **click the orange "Log In" button** in the top right corner:



<u>STEP 2:</u> When the login screen loads, click the link that says "click here" or "Register". Both links will help you create an account.

<u>Click here</u> to check you	r Compatibility ur browser compatibility
<b>Log In</b> Please enter your user In" If you have not yet reg	name and password below and click "Log gistered, <u>click here</u> to register
Username:	
Password:	
	Log In
Forgot Password	
Forgot Username	

<u>STEP 3:</u> Enter your personal information into the User Registration screen. When you're finished, click "Register" in the upper right corner:

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User Verificat	ion	
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	Refresh Image	
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<u>STEP 4:</u> Once your registration is complete, you will see the confirmation screen below. An email will also be sent to the email address you gave us. Click "Return" to login to your new account.

Find the plan that's re	Identity Self Service	Anonymous 🔻 🕒
User Reg Confirmation	<b>gistration</b> n iccessfully registered. Please click on Return button on the top right corner and sign in with the username and password you created.	Return
User Login	kristine.basutester	
First Name	Kristine	
Last Name	BASUTester	
Last Name E-mail	BASUTester kristinebasutester@aol.com	

STEP5: At the Sign In screen, enter the username and password you set up and click "Login".

<u>Click here</u> to check you	ir browser compatibility
<b>Log In</b> Please enter your usern In" If you have not yet reg	name and password below and click "Log istered, <u>click here</u> to register
Username:	
Password:	
	Log In
Forgot Password	
Forgot Username	
Deviation	

**<u>STEP 6</u>**: Federal law says Vermont Health Connect must verify your identity. Enter your personal information in the screen below and click "Next".

Identity V         To protect your privacy, you         legal name, current home ad application process.         In the event your name has.         marked with an * require ar         First Name *         [g., John]         Date of Birth *         [g., MMI/DD/YYYY]         Street Address (Line 1) *	Verification       will need to compositives and date of       is suffix such as Ji       a suffix such as Ji       n answer.       Middle Name       Eg., J       SSN =       Eg., #####	lete Identity Verification such birth correctly. Once your id x, SR, etc. please do not inclu Last Name • Eg., Smith	essfully before y entity has been de it as part of y	vou can apply online. Please ente verified, you may continue the your name in the fields below. Qu	er your
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To protect your privacy, you legal name, current home ad application process. In the event your name has marked with an * require an First Name * Eg., John Date of Birth * Eg., MM/DD/YYYY Street Address (Line 1) *	viil need to comp idress and date of a suffix such as Ji n answer. Middle Name Eg., J SSN = Eg., ####	lete Identity Verification such birth correctly. Once your id R. SR, etc. please do not inclu Last Name * Eg., Smith	essfully before y entity has been ide it as part of y	rou can apply online. Please ente verified, you may continue the your name in the fields below. Qu	er your
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Street Address (Line 1) *					
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Street Address (Line 2)					
Eg., Apt, Suite, Bldg. (o	optional)				
City * State	*	Zip Code *			
Eg., Winooski Ver	rmont v	Eg., 05404			
I have read and agree to Note: If you do not have the	the Identity Verif	cation Terms & Conditions <sup>3</sup>	er Support Cente	Bac Next	$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$
VERMONT				CONTACT US:	
he plan that's right for you.				Tel: (855) 899-9600	out more?
Questions?   Accessibility   Contact	Us   Help   Sitema				
	Reserved.   Privacy	Policy			

If you have questions, or if our system is not able to verify your identity, please call Vermont Health Connect at 1-855-899-9600 for assistance.

<u>Step 7:</u> The next page shows Vermont Health Connect's terms and conditions. Please read the page, then click "Next" when you are ready.

Sign Out Welcome, Kristine My Account	🔒 ଦ 🛛
One Stop Shop Welcome to Vermont Health Connect, where you can choose from a variety of health plans to find income, you may qualify to have the government help you make your premium payments.	f one that best fits your needs. Depending on your
Secure You can rest assured all of your personal information will be secure. Information stored in our syste in order to help you with your insurance and other benefits, and we always transmit information us	em can only be accessed by the people who need it ing secure channels.
Privacy We will not share your information with marketing companies or any other entities that do not nee insurance and other banefits. Please read our Privacy Policy for more information.	ed access to your information to help you with your
Additional Help If you need any additional help, please feel free to contact us.	
Your Rights and Responsibilities	
We need the information we asked for to decide if you qualify for health coverage if you choose to information from the internal Resource Service (RB), Social Security, the begratement of Henellane agency. If the information des not match, we may ask you to send us proof. Social Security Rumbers: All invituals applying for health benefits who have a Social Security health Consect uses SNI for computer processing, child support enforcement, fruid investigation, Social Security Rumbers: All invituals, and collect chains: to determine the accurscy and reliable determine algolith and benefits anounds, and collect chains: to determine the accurscy and reliable. Connect: and to make medical assistance payments. A person which are desing coverage does not need to provide a Social Security number: If you and who's it not selding coverage does not have an SSNI and may only be issued an SSNI for does not be accurscy and reliable. Quality Control. Vermont Health Connect may select your application for a quality control review, proof drequined information. If you are not able to give the proof needed, you are authoring yet Confidentially. Your confidential information is protected as required by releand and table tans a information concerning applicants. enrolless, and legally-liable thrid parties is restricted to purpose programs, or as otheniste required by law.	apply. We may check your answers using \$ security, and/or a consumer reporting \$ security, and/or a consumer reporting audits, and Lifeline identification; to verify listed benefits; to exchange information with a (RR), or private agencies to verify income, sitility of information ignets to Vermot Health the a member of a neligious agenitation heat a valid non-work reason in accordance with By signing your application, you agree to give mont Health Connect to get it. b directly connected with the administration of
VERMONT Executive get for row. Home   Questions?   Accessibility   Context Us   Help	CONTACT US: Have questions or want to find out more? Tel: (855) 899-9600
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<u>STEP 8:</u> Your new account has been created. Navigate through your account by clicking the links on the left navigation bar. You can update your password and security questions any time by clicking the "My Profile" tab.

