



Acceptable Verification Documents

A guide to documents
you may need to
include with your health
coverage application

Department of Vermont Health Access

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INTRODUCTION

This is a guide the of acceptable documents used in verification of customer information for the **Medicaid for Aged, Blind and Blind (MABD), VPharm, Medicare Savings (MSP), Medicaid for Children and Adults (MCA) - which includes Dr. Dynasuar - and Qualified Health Plan (QHP) programs**. Each program area verifies a range of information. Acceptable documents may differ depending on the program area and the verification type.

An acceptable document does not guarantee eligibility for a program, and this guide does not determine what may or may not be counted for MABD, VPharm, and MSP. An acceptable document may be used to verify customer attestations on their application.

Income (MCA/QHP)

Income Type	Acceptable Documentation
Job	<ul style="list-style-type: none"> • Federal or State Tax return (most recent) <ul style="list-style-type: none"> ▫ For Federal taxes see Form 1040 ▫ For State Taxes see Schedule HI-144 • Pay stubs <ul style="list-style-type: none"> ▫ All pay stubs for the last 30 consecutive days are needed to verify MAGI income. ▫ Only one paystub within the last 30 days is needed to verify QHP Annual Income <p><i>Note: Paystubs should be no older than 30 days prior to the date of the initial verification notice.</i></p> • Letter from employer <ul style="list-style-type: none"> ▫ Should include employee name and employee’s wages + number of hours per week worked, or annual salary ▫ Preferred that the letter is on employer/company letterhead, however as long as it contains all the information from the above bullet, it can be considered acceptable if not on employer/company letterhead • W-2 Form • Proof of severance pay (ex., severance agreement letter, pay stub, etc.) • Proof of bonus/incentive payments (ex., Bonus letter, pay stub, etc.) • Military Leave and Earnings Statement • Proof of travel/business reimbursement pay (<i>if taxable</i>, such as mileage, day meal allowance, or commuting expenses)
Self-Employment (Including Businesses, Partnerships, S-Corporations, Farming/Fishing, etc.)	<ul style="list-style-type: none"> • Federal or State Tax Return (most recent) <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 <u>PLUS</u> <ul style="list-style-type: none"> ▪ Schedule C (business), <i>or</i> ▪ Schedule E (partnerships and S-Corps), <i>or</i> ▪ Schedule F (farming/fishing) ▫ For State Taxes see Schedule HI-144 • Form 205B – Business Income and Expenses (used for new income beginning <u>after</u> the most recent tax return, OR if the customer reports their income will be different this year.) • Quarterly or Year-to-Date Profit & Loss Statement <p>Must include</p> <ul style="list-style-type: none"> ▫ Net income amount after profit and loss are calculated ▫ Start and end dates for the amount in the document. (e.g., “October 1 – December 31, 2020”) • Bookkeeping records <p><i>Note: If none of the above options are available, a <u>combination</u> of alternative documents may be accepted, <u>provided net income can be determined</u>.</i></p> <p><i>Examples of alternative documents may include:</i></p> <ul style="list-style-type: none"> ▫ receipts for income ▫ receipts for allowable expenses, ▫ signed time sheets and receipt of payroll

Income (MCA/QHP Continued)

Income Type	Acceptable Documentation
Unemployment Benefits	<ul style="list-style-type: none"> • Statement or Letter from Dept of Labor detailing current benefits • 1099-G form • Federal or State Tax Return (most recent) <ul style="list-style-type: none"> ▫ For Federal taxes see Schedule 1 ▫ For State Taxes see Schedule HI-144 <p><i>Note: Unemployment is a limited benefit. Information from a previous year may not be reflective of current income.</i></p>
Social Security Benefits	<ul style="list-style-type: none"> • Document/Letter from the Social Security Administration • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal taxes see form 1040 ▫ For State Taxes see Schedule HI-144 • SSA-1099 form
Pension/Retirement Disbursements (Including Keough, IRA, 401K, 457 plan, etc.)	<ul style="list-style-type: none"> • Account statement (most current) • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal taxes see form 1040 ▫ For State Taxes see Schedule HI-144 • 1099-R form
Investments (Dividends, taxable interest, residuals, etc.)	<ul style="list-style-type: none"> • Account statement (most current) • 1099-DIV form • 1099-INT form • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal taxes see Schedule B ▫ For State Taxes see Schedule HI-144
Capital Gains	<ul style="list-style-type: none"> • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal taxes see Schedule D ▫ For State Taxes see Schedule HI-144 <p><i>Note: Capital Gains may be recurring (expected income each year) or non-recurring (a one-time sale of property). Recurring gains are typically through investments (such as mutual funds), or frequent real estate transactions.</i></p> <p><i>Do not count Capital Gains income if it is non-recurring (one-time sale). If it is unclear if this income is recurring or not, let us know at 1-855-899-9600 if you expect to receive Capital Gains income this year.</i></p>
Trust Income	<ul style="list-style-type: none"> • Account statement (most current) • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 <u>and/or</u> Schedule E (as applicable) ▫ For State Taxes see Schedule HI-144

Income (MCA/QHP Continued)

Income Type	Acceptable Documentation
Rental/Real Estate	<ul style="list-style-type: none"> • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 <u>and/or</u> Schedule E (as applicable) ▫ For State Taxes see Schedule HI-144 • 1099-MISC form (if a management company collected rent) • Lease Agreement
Royalties	<ul style="list-style-type: none"> • Income statement • 1099-MISC form • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 <u>and/or</u> Schedule E (as applicable) ▫ For State Taxes see Schedule HI-144
Taxable Tribal Income	<ul style="list-style-type: none"> • 1099-MISC form • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 (“Other income” line) ▫ For State Taxes see Schedule HI-144 (“Other income” line)
Alimony	<ul style="list-style-type: none"> • Legal documents or court records that establish amount and frequency of alimony • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 ▫ For State Taxes see Schedule HI-144 <p><i>Note: Alimony income <u>does not count</u> if divorce settlement executed after 12/31/2018</i></p>
Prizes, Settlements, and Awards	<ul style="list-style-type: none"> • Documentation from agency indicating award amount • Court/legal documents
Gambling Winnings	<ul style="list-style-type: none"> • Form W-2G • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 (“Other income” line) ▫ For State Taxes see Schedule HI-144 (“Other income” line)
Non-Government Disability Benefits (short- and long-term)	<ul style="list-style-type: none"> • Statement/Letter from Insurance Company <p><i>Note: If the premiums for the insurance are paid by the employer, the benefits are countable as this is taxable income. If the premiums are paid by the customer, the benefits are not countable.</i></p> <p><i>If the employer pays a percentage, but not all, of the premium, calculate the countable amount of the benefit as the percentage paid by the employer is taxable income.</i></p> <p><i>If information regarding premium payments is unclear, call us at 1-855-899-9600.</i></p>
Financial Aid	<ul style="list-style-type: none"> • Documentation from school, college, or university <p><i>Note: Only count financial aid that is NOT related to tuition (e.g., housing grants)</i></p>

Income (GMC)

Unearned Income	
Income Type	Acceptable Documentation
Social Security Benefits	<ul style="list-style-type: none"> • Document/Letter from the Social Security Administration • SSA-1099 form • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal taxes see Form 1040 ▫ For State Taxes see Schedule HI-144 • Cost of Living Adjustment letter
Railroad Retirement Benefits	<ul style="list-style-type: none"> • Account statement (most current) • Cost of Living Adjustment letter
Annuity	<ul style="list-style-type: none"> • Official statement from the financial institution • 216A form - filled out and <u>signed</u> by the financial institution <p><i>Note: Additional info may be needed in certain cases</i></p>
Unemployment Benefits	<ul style="list-style-type: none"> • Statement or Letter from Dept of Labor detailing current benefits
Pension/Retirement disbursements (Including Keough, IRA, 401K, 457 plan, etc.)	<ul style="list-style-type: none"> • Account statement (most current) • 1099-R form • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal taxes see Form 1040 ▫ For State Taxes see Schedule HI-144 <p><i>Note: Additional info may be needed in certain cases</i></p>
Veteran's Compensation	<ul style="list-style-type: none"> • Account statement (most current) • Cost of Living Adjustment letter
Veteran's Pension	<ul style="list-style-type: none"> • Account statement (most current) • Cost of Living Adjustment letter
Investments (Dividends, taxable interest, residuals, etc.)	<ul style="list-style-type: none"> • Account statement (most current) • 1099-DIV form • 1099-INT form • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule B ▫ For State Taxes see Schedule HI-144
Worker's Compensation	Copy of worker's compensation letter
Non-Government Disability Benefits (short- and long-term)	Statement from disability insurance company

Income (GMC Continued)

Unearned Income (cont.)	
Income Type	Acceptable Documentation
Alimony	<ul style="list-style-type: none"> • Legal documents or court records that establish amount and frequency of alimony • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 ▫ For State Taxes see Schedule HI-144
Child Support	<ul style="list-style-type: none"> • Child support benefit letter • Court order • Pay stubs • Written, signed attestation
Business (Partnerships, S-Corporations, etc.)	<ul style="list-style-type: none"> • Federal Tax Return (most recent) <ul style="list-style-type: none"> ▫ see Schedule 1 <u>PLUS</u> <ul style="list-style-type: none"> ▪ Schedule C (business), <i>or</i> ▪ Schedule E (partnerships and S-Corps), <i>or</i> ▪ Schedule F (farming/fishing)
Royalties	<ul style="list-style-type: none"> • Income statement • 1099-MISC form • Federal or State Tax return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule 1 ▫ For State Taxes see Schedule HI-144
Trust	<ul style="list-style-type: none"> • Trust document - including Schedule A (current list of assets in the Trust) • 12 months of accounting (<i>if Trust was created <1 year ago, accounting since creation date</i>)
Capital Gains	<ul style="list-style-type: none"> • Federal or State Tax Return <ul style="list-style-type: none"> ▫ For Federal Taxes see Schedule D ▫ For State Taxes see Schedule HI-144 <p>Note: Capital Gains may be recurring (expected income each year) or non-recurring (a one-time sale of property). Recurring gains are typically through investments (such as mutual funds), or frequent real estate transactions.</p> <p><u>Do not count Capital Gains income if it is non-recurring (one-time sale). If it is unclear if this income is recurring or not, let us know at 1-800-250-8427 if you expect to receive Capital Gains income this year.</u></p>
Mortgage/Promissory	Copy of Mortgage or Promissory note
Insurance Settlement	Statement /Letter from Insurance Company
Prizes, Settlements, and Awards	<ul style="list-style-type: none"> • Documentation from agency indicating award amount • Court/legal documents

Income (GMC Continued)

Earned Income	
Income Type	Acceptable Documentation
<p>Wages (Including jobs, paid internships, training programs, etc.)</p>	<ul style="list-style-type: none"> • Pay Stubs (reflecting 30 days prior to application) • Letter from Employer <ul style="list-style-type: none"> ▫ Must be on employer/company letterhead ▫ Should include employee name, employee’s wages + number of hours per week worked, and date employment started • Form 218E • Form 218EC <p><i>Note: For Medicaid for Working Persons with Disabilities (MWPDP), proof of FICA payment is required</i></p>
<p>Business/ Self-Employment (Including Businesses, Partnerships, S-Corporations, Farming/Fishing, etc.)</p>	<ul style="list-style-type: none"> • Federal Tax Return (most recent) <ul style="list-style-type: none"> ▫ see Schedule 1 <u>PLUS</u> <ul style="list-style-type: none"> ▪ Schedule C (business), <i>or</i> ▪ Schedule E (partnerships and S-Corps), <i>or</i> ▪ Schedule F (farming/fishing) • Form 204B – Statement of Self Employment Income (used for new income beginning <u>after</u> the most recent tax return, OR if the customer reports their income will be different this year.) • Bookkeeping Records/Written Attestation of Income and Expenses (Year-to-Date) <p><i>Should include</i></p> <ul style="list-style-type: none"> ▪ First and last name of earner ▪ Self-employed company name ▪ Total gross income amount for the last 12 months ▪ Total expenses amount ▪ Start and end dates for the information in the document. ▪ Signature
<p>Rental/Real Estate</p>	<ul style="list-style-type: none"> • Federal Tax Return <ul style="list-style-type: none"> ▫ must include Schedule E • Form 204R (used if this income is new or tax return is not reflective of current year) <p><i>NOTE: To exclude a property as a resource and use it as an income-producing property, we must also have:</i></p> <ul style="list-style-type: none"> ▫ Property Tax Bill ▫ Proof of amount owed on the property (e.g., mortgage)
<p>Difficulty of Care</p>	<ul style="list-style-type: none"> • Copy of the Difficulty of Care contract

Income (GMC Continued)

Earned Income	
Income Type	Acceptable Documentation
Room and Board	<ul style="list-style-type: none">• Federal Tax Return<ul style="list-style-type: none">▫ see Schedule E• Lease agreement• Bookkeeping records• Copy of a check paid to the household member
Dependent Care	<ul style="list-style-type: none">• Federal Tax Return<ul style="list-style-type: none">▫ see Schedule C• 1099-MISC• Bookkeeping records

GMC Resources

***IMPORTANT** – Jointly owned resources are considered in full (100%) unless documentation is provided that shows otherwise.

Resource Type	Acceptable Documentation
Annuity	<ul style="list-style-type: none"> • Official statement from the financial institution • 216A form - COMPLETED and <u>signed</u> by the financial institution <p><i>Note: Additional info may be needed in certain cases</i></p>
Burial Account	<ul style="list-style-type: none"> • Account statement • 216BF form – COMPLETED and <u>signed</u> by the customer
Checking/Savings Balance	<ul style="list-style-type: none"> • Account statement (most current)
College Saver, 529 accounts, UTMA	<ul style="list-style-type: none"> • Account statement (most current)
Life insurance (whole)	<ul style="list-style-type: none"> • Statement or letter (most current) from insurance company indicating cash value <p><i>Note: if client is intending to use this insurance for burial, need signed 216BF form</i></p>
Mortgage Note	<ul style="list-style-type: none"> • Copy of Mortgage Note
Promissory Note	<ul style="list-style-type: none"> • Copy of <u>signed</u> Promissory Note
Property (Land, real estate, etc.)	<ul style="list-style-type: none"> • Property tax bill (most current) • Property Deed
Retirement Accounts/Plans (IRA, pension, 401K, Keough acct, etc.)	<ul style="list-style-type: none"> • Account statement (most current)
Stocks/Bonds/ Mutual Funds	<ul style="list-style-type: none"> • Account statement (most current)
Trust	<ul style="list-style-type: none"> • Trust document - including Schedule A (current list of assets in the Trust) • 12 months of accounting (<i>if Trust was created <1 year ago, accounting since creation date</i>)
Vehicles (Including cars, trucks, vans, motorcycles, boats, trailers, RVs, etc.)	<ul style="list-style-type: none"> • Proof of mechanic or autobody appraisal (indicating vehicle isn't usable).

Income Spend-Down (MCA/MABD)

Expense Category	Acceptable Documentation
Medical/Dental	<ul style="list-style-type: none"> • Bill/Statement (paid or unpaid) with current balance due for services rendered Must include: <ul style="list-style-type: none"> ▫ Statement date is within 90 days ▫ Dates of service ▫ Proof other insurance has been billed (if applicable)
Prescription (Rx) Co-Pays	<ul style="list-style-type: none"> • Pharmacy printout • Receipts
Health Insurance Premiums	<ul style="list-style-type: none"> • Health Plan premium bill • Notice from Health Insurance carrier detailing monthly cost
Transportation	<ul style="list-style-type: none"> • Form 214A (MABD only) • Written attestation <p><i>Note: Documentation is needed for public transport and should include bill or receipt from doctor appointment or pharmacy visit. (ex., documentation of co-pay received, pharmacy receipt of payment, etc.). Documentation is not needed if customer uses personal transport.</i></p>
Personal Care Services (e.g., Home Health staff)	<ul style="list-style-type: none"> • Form 288B and Form 288C (MABD only) • Written attestation of medical necessity and cost <p><i>Note: Any of these documents must include a Doctor's or Provider's signature</i></p>
Medically Necessary Expenses (e.g., service animal, home accessibility improvements, questionable OTC expenses, etc.)	<ul style="list-style-type: none"> • Letter from medical provider Must include: <ul style="list-style-type: none"> ▫ Current date ▫ Letterhead • Contractor bill (for home accessibility improvements)
Assistive Community Care Services (ACCS)	<ul style="list-style-type: none"> • 225A Form (MABD)

Citizenship

Acceptable Documentation - Customer only needs to send **one** document from **this list**

- **U.S. Passport**
- **State-issued enhanced driver's license** (available in Michigan, New York, Vermont, and Washington)
- **Certificate of Naturalization (N-550/N-570)**
- **Certificate of Citizenship (N-560/N-561)**
- **Document from federally recognized Indian tribe** that includes customer's name and the name of the federally recognized Indian tribe that issued the document, and shows membership, enrollment, or affiliation with the tribe.
Allowable documents include:
 - A tribal enrollment card
 - A Certificate of Degree of Indian Blood
 - A tribal census document
 - Documents on tribal letterhead signed by a tribal official

Alternate Acceptable Documentation - If none of the above documents are available, customers must send **two** documents from the below lists (**1 document from each list**):

LIST 1	LIST 2 <small><i>(should include a photograph or other information, like name, age, race, height, weight, eye color, or address)</i></small>
<ul style="list-style-type: none"> • U.S. public birth certificate • U.S. Citizen Identification Card (I-197 or the prior version I-179) • Final adoption decree showing the person's name and U.S. place of birth • U.S. medical record from a clinic, hospital, physician, midwife, or institution showing a U.S. place of birth • Military record showing a U.S. place of birth • School record showing the child's name and U.S. place of birth • Federal or state census record showing U.S. citizenship or U.S. place of birth • Religious record showing U.S. place of birth recorded in the U.S. • U.S. life, health, or other insurance record showing U.S. place of birth • Certification of Birth Abroad (FS-545) • Consular Report of Birth Abroad (FS-240, CRBA) • Certification of Report of Birth (DS-1350) • U.S. Civil Service Employment Record showing employment before June 1, 1976 • Northern Mariana Card (I-873) • IR-3 or IH-3 visa for foreign-born adopted child • If customer has none of these documents, they may submit an affidavit signed by another individual under penalty of perjury who can reasonably attest to the individual's citizenship, and that contains the individual's name, date of birth, and place of U.S. birth. 	<ul style="list-style-type: none"> • Driver's license issued by a state or territory, or ID card issued by the federal, state, or local government • School identification card • A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old) • U.S. military card or draft record or military dependent's identification card • U.S. Coast Guard Merchant Mariner card • Voter Registration Card • 2 documents containing consistent information that proves your identity, like employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds, or titles

Immigration

Acceptable documentation

- Permanent Resident Card, “Green Card” (I-551)
 - The front side of the card is acceptable. Do not MNT the customer for the back side if not included.
 - Expired I-551 may be accepted if presented with a Form I-797 Receipt Notice containing language extending the validity period. When updating information in Siebel, enter the new expiration date.
- Arrival/Departure Record (I-94/I-94A)
- Employment Authorization Card (I-766)
 - Expired I-766 may be accepted if it contains a Temporary Protected Status (TPS) Category (A12 or C19) or if it is presented with a Form I-797 or I-797C Receipt Notice containing language extending the validity period. When updating information in Siebel, enter the new expiration date.
- Refugee Travel document (I-571)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
 - If under 18 – may have Office of Refugee Resettlement (ORR) eligibility letter
- Temporary I-551 Stamp (on Foreign Passport or I-94/I-94A Arrival/Departure record)
- Machine Readable Immigrant Visa (MRIV)
 - **Must include** I-551 stamp
- Foreign Passport
 - **Must include** I-551 stamp or I-94 Arrival/Departure Record
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
 - May be seen with Form I-94
- Certificate of Eligibility for Exchange Visitor Status (DS-2019)
 - May be seen with Form I-94
- Reentry Permit (I-327)
- Form I-797
- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada
- Document indicating withholding of removal (or withholding of deportation)
- Resident of American Samoa card
- Verification of Release (VOR) form or card
 - Issued by the Office of Refugee Resettlement (ORR) to some noncitizen unaccompanied children
 - Depending on response from SAVE, additional documentation may be required



Social Security Number (SSN)

Acceptable Documentation

IMPORTANT: Document must include **all 9 digits** of SSN

- Social Security card
- Tax Return (federal taxes or state taxes acceptable)
- 1099 form – the most common types are: 1099-DIV, 1099-G, 1099-MISC, 1099-R, and SSA-1099
- W-2 form
- W-4 Withholding Allowance Certificate (federal or state versions acceptable)
- Social Security Administration documentation (includes Form 4029)
- Military Record
- U.S. Military ID card
- Military dependent's ID card
- Court order granting a name change
 - **Must include** original first and last name, new first and last name, and complete SSN
- Divorce decree
- Pay stub documentation
- Unemployment Benefits Letter
- Pending application for a SSN
- Letter from Social Security stating that customer is not eligible for a SSN, or is only eligible for a non-work SSN
- Letter stating that customer refuses to obtain a SSN for established religious objection

Other MEC

MEC Type	Acceptable Documentation
Medicare	<ul style="list-style-type: none"> • Letter or statement from Medicare or the Social Security Administration stating that customer is: <ul style="list-style-type: none"> ▫ No longer eligible for Social Security Disability Insurance (SSDI) benefits, and coverage has ended or will end in the next 90 days. ▫ Not eligible for or enrolled in premium-free Medicare Part A, <i>OR</i> ▫ Eligible for (but not enrolled in) Part A coverage that requires premium payments. <p style="margin-left: 20px;">IMPORTANT: A Social Security document that shows the customer doesn't pay a premium for "Medical Insurance" refers to Part B. It's not acceptable for verifying eligibility for Part A.</p> • A written attestation describing why they are not eligible for or enrolled in premium-free Medicare Part A. <i>(only if no other documentation can be provided)</i>
Peace Corps	<ul style="list-style-type: none"> • Letter from the Peace Corps with the expiration date for any previous health coverage or a letter stating never had this type of coverage. • A written attestation describing why the customer is not eligible for or enrolled in health coverage through Peace Corps, or that they were never eligible for or enrolled in health coverage through the Peace Corps. <i>(only if no other documentation can be provided)</i>
TriCare	<ul style="list-style-type: none"> • Letter or statement from TRICARE that: <ul style="list-style-type: none"> ▫ Shows the expiration or un-enrollment date of previous health coverage, <i>OR</i> ▫ Confirms ineligibility for health coverage, <i>OR</i> ▫ Shows that customer is ELIGIBLE FOR BUT NOT ENROLLED IN a TRICARE program that's not considered qualifying health coverage such as: <ul style="list-style-type: none"> ▪ TRICARE Reserve Select, ▪ TRICARE Retired Reserve, ▪ TRICARE Young Adult (Prime and Select), and ▪ Continued Health Care Benefit Program • Letter, statement, or other document indicating a life change event (like divorce) that would make customer ineligible for TRICARE coverage. • A written attestation describing why they are not eligible for or enrolled in premium-free TRICARE Coverage <i>(only if no other documentation can be provided)</i>
Veterans Administration (VA)	<ul style="list-style-type: none"> • Letter from the Veterans Administration that states expiration date of previous health coverage. • A written attestation describing why they are not eligible for or enrolled in health coverage through the Veterans Administration <i>(only if no other documentation can be provided)</i>

American Indian/Alaskan Native

Acceptable Documentation

IMPORTANT: Documentation must show proof from a **federally recognized tribe**

A list of federally recognized tribes can be found [here](#)

- Tribal Enrollment/Membership card from a federally recognized tribe
- Document issued by the Bureau of Indian Affairs (BIA) recognizing the applicant as American Indian/Alaska Native
- Authentic document from a federally recognized tribe declaring membership
- Certificate of Degree of Indian Blood
- Certificate of Indian Status Card
- I-872 American Indian Card
- Document issued by the Indian Health Service (IHS) showing that the applicant is eligible for IHS services as an American Indian/Alaska Native
- U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation
- Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status

Incarceration

Acceptable Documentation

- Official release papers from the institution or Department of Corrections
- Parole papers
- Pay stubs
- Federal, state, or local benefit letter
- Clinic, doctor, or hospital records for services provided
- Medical claim with explanation of benefits provided
- School record/schedule showing enrollment (e.g., for college students)
- Cell phone or utility bill
 - showing only the customer's name
- Rent receipts
 - showing only the customer's name
- Lease
 - **Must** be an active lease where the customer is currently residing
- Bank or credit card statement showing transaction history
 - showing only the customer's name; not a joint account
- Military records
- Unexpired state ID, driver's license, work ID, or passport
- Written statement from someone within the community which
 - **Must** give customer's name, date of birth, address, phone number, and relationship with the person with alleged false incarceration inconsistency (customer)
 - **Must** state that customer is present and participating within the community
- Signed, notarized statement from the individual with alleged false incarceration inconsistency
 - **Must** give name, date of birth, and address,
 - **Must** state that they are living within the community

Residency

Acceptable Documentation

- Current Driver's license
- State ID
- Mortgage payment receipt
- Mortgage deed showing primary residency
- Lease or Landlord statement
- Property tax bill with physical location
- Government mail (SSA statement, DMV notice, etc.)
- Utility bill (must list service address)
- Homeowners/Renters insurance (policy/proof of claim)
- Two pieces of mail with current name and street address
- Vermont EBT (Electronic Benefit Transfer) card or Vermont AIM (Advanced Information Management) identification card
- Military ID and proof Vermont is their residence in military records, such as Leave and Earnings Statement or orders
- *Vermont Health Connect (VHC) will also accept a verbal statement to explain the discrepancy and confirm the accuracy of the information submitted on the application.*

Other Documents

Proof Required	Acceptable Documentation
Disability Status	<ul style="list-style-type: none"> • Letter from SSA or DDS • Form 213D (on file with DDS decision) • Form 213K (on file with DDS decision)
Eligibility for MWPD	<ul style="list-style-type: none"> • Pay Stub <ul style="list-style-type: none"> Must include: ▫ Proof of FICA tax payments • Tax forms showing self-employment tax payment • Business plan supported approved by 3rd party investor or funding source <i>(only if no other documentation can be provided)</i>
Incapacitation	<ul style="list-style-type: none"> • Letter from medical provider • Form 210PC <i>(for non-payment of state health insurance premiums)</i>
Health/Dental Insurance	<ul style="list-style-type: none"> • Insurance card <ul style="list-style-type: none"> Must include: ▫ Copy of front and back of card • Written attestation <ul style="list-style-type: none"> Must include: ▫ Name ▫ Policy number ▫ Group number ▫ ID number
POA or Legal Guardian status	<ul style="list-style-type: none"> • Legal or court documents
Waiver of 10-day Closure	<ul style="list-style-type: none"> • Written and <u>signed</u> letter from customer