PRIVACY ACT STATEMENT

We are authorized to collect the information on this form and any supporting documentation, including social security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act.

We need the information provided about you and the other individuals listed on this form to determine eligibility for:

1. enrollment in a qualified health plan through the New Mexico Health Insurance Exchange and the Federally-Facilitated Marketplace,
2. insurance affordability programs (such as advanced payment of the premium tax credits, and cost sharing reductions),
3. assessment for probably eligibility for Medicaid and CHIP programs (Medicaid provides final determination);
4. certifications of exemption from the individual responsibility requirement. As part of that process, we will verify the information provided on the form, communicate with you or your authorized representative, and eventually provide the information to the health plan you select so that they can enroll any eligible individuals in a qualified health plan or insurance affordability program. We will also use the information provided as part of the ongoing operation of the Marketplace, including activities such as verifying continued eligibility for all programs, processing appeals, reporting on and managing the insurance affordability programs for eligible individuals, performing oversight and quality control activities, combating fraud, and responding to any concerns about the security or confidentiality of the information.

While providing the requested information (including social security numbers) is voluntary, failing to provide it may delay or prevent your ability to obtain health coverage through the Marketplace, advanced payment of the premium tax credits, cost sharing reductions, or an exemption from the shared responsibility payment. If you do not have an exemption from the shared responsibility payment and you do not maintain qualifying health coverage for three months or longer during the year, you may be subject to a penalty. If you do not provide correct information on this form or knowingly and willfully provide false or fraudulent information, you may be subject to a penalty and other law enforcement action.

In order to verify and process applications, determine eligibility, and operate the NMHIX, we will need to share selected information that we receive outside of NMHIX, including to:

1. Federal agencies, (such as the Internal Revenue Service, Social Security Administration and Department of Homeland Security), and New Mexico Human Services Department (such as Medicaid or CHIP). We may use the information you provide in computer matching programs with any of these groups to make eligibility determinations, to verify continued eligibility for enrollment in a qualified health plan or Federal benefit programs, or to process appeals of eligibility determinations;
2. Other verification sources including consumer reporting agencies;
3. Employers identified on applications for eligibility determinations;
4. Applicants/enrollees, and authorized representatives of applicants/enrollees;
5. Agents, Brokers, and issuers of Qualified Health Plans, as applicable, who are certified by NMHIX who assist applicants/enrollees;
6. NMHIX contractors engaged to perform a function for the NMHIX; and, Anyone else as required by law or allowed under the Privacy Act System of Records Notice associated with this collection.

This statement provides the notice required by the Privacy Act of 1974 (5 U.S.C. § 552a(e)(4)). You can learn more about how we handle your information at www.beWellnm.com.