

Verifying an Authorized Representative's Identity

We will verify an authorized representative's identity by reviewing documents

NY State of Health needs to verify your identity to allow you to act as someone's authorized representative. You need to complete the form below and submit **copies** of the necessary documents. Please do not send originals. Once we verify your identity, you can act on the applicant's behalf in applying or reapplying for health insurance coverage or in carrying out other ongoing communications with the Marketplace.

Please complete the top portion (1 – 6) about yourself and the middle portion (7 – 14) about the applicant who designated you as an authorized representative. It is important that you complete these sections accurately. Finally, you must sign and date (15 – 16) the Authorized Representative Identity Verification Form.

Documents that prove your identity

You must submit copies of identity proving documents along with your completed form. These must be your documents and **not** the documents of the applicant who named you as a representative. They could include your driver's license, United States passport, or birth certificate. You will find a complete list of approved documents on the form.

There are two categories of approved documents. If you submit a copy of a document from List A, it should have your photograph or a physical description of you, including information such as your name, age, sex, race, height, weight, and eye color. If you do not have a document from List A, you can send copies of **two** documents from List B. The information on both documents from List B must match.

Once you have completely filled out the form and collected copies of the documents listed below, you can mail them to: NY State of Health, PO BOX 11727, Albany, NY 12211. You can also fax them to 1-855-900-5557.

NEED HELP WITH THIS FORM? Call us at 1-855-355-5777.
TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.

Authorized Representative Identity Verification Form

1. Authorized Representative Name			
2. Address		3. City	
4. State	5. ZIP Code	6. Telephone Number	
7. Applicant Name			
8. Applicant Address		9. City	10. State
			11. ZIP Code
12. Applicant Date of Birth (mm/dd/yyyy)		13. Applicant Social Security Number	14. Applicant Telephone Number
Submit a copy of ONE document from List A		OR	Submit one copy of TWO documents from List B
<ul style="list-style-type: none"> • U.S. Passport book or card • Driver's license • Official Government Identification card • School Identification card • U.S. military card or draft record • Military dependent's Identification card • Native American Tribal Document • U.S. Coast Guard Merchant Mariner card • Certificate of Naturalization (N-550 or N-570) • Certificate of U.S. Citizenship (N-560 or N-561) 			<ul style="list-style-type: none"> • Birth certificate • Social Security card • Marriage certificate • Divorce decree • Employer Identification card • High school diploma • College diploma • High school equivalency diploma • Property deed or title
<p>Attestation. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.</p>			
15. Authorized Representative Signature			16. Date (mm/dd/yyyy)

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