

Barcode

Colorado taxpayers can now share certain information from their tax return with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Colorado Department of Health Care Policy & Financing to find out if they qualify for free or reduced-cost health coverage (Colorado Law: 39-21-113(25) C.R.S).

By submitting this form (DR 0104EE) and checking the corresponding checkbox with my income tax return (form DR 0104), I authorize the Colorado Department of Revenue to share the information included on this form (DR 0104EE) with the Colorado Health Benefit Exchange (Connect for Health Colorado) and I request that the exchange use the information to assess whether my uninsured tax household members are potentially eligible for free or reduced-cost health coverage under a health care coverage affordability program using information from this form and other sources available to the exchange.

Check here: I authorize the Colorado Department of Revenue to share information from this tax form (DR 0104EE) with Connect for Health Colorado for the purpose of determining eligibility for free or reduced-cost health care coverage.

Note: If you authorize sharing this information, please complete (or verify) this form to the best of your ability and include it with your tax return. If filing by paper, ensure that it is mailed with your return. If filing electronically through your tax preparer or a using a software program, this form can be completed using the software. If you do **not** authorize sharing, please do not complete this form and do not include it with your return.

FALSE

Section A: Household Contact Information

Section A: Complete this section with your contact information. You will be asked questions about your insurance coverage and the members of your household in section 2.

Your Last Name			Your First Name				Middle Initial
Phone Number			Your email address				
Your Mailing Address (line 1)							

