


# THIS TAX SEASON, GET CONNECTED WITH FREE OR LOW-COST HEALTH INSURANCE!

## EASY ENROLLMENT PROGRAM FOR UNINSURED MARYLANDERS IS NOW PART OF THE MARYLAND INCOME TAX FORM

Answer new questions on your state tax return by April 15 to find out your health insurance options at [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov).

### HOW IT WORKS

1. On your 2019 Tax forms 502 and 502B, check the boxes that ask if you, your spouse, and/or your dependents do not have health care coverage. Enter the dates of birth.
2. Check the box that asks if you will allow the Comptroller of Maryland to share information from your tax return with the Maryland Health Benefit Exchange, the state agency that runs Maryland Health Connection.
3. A few days later you will receive a letter in the mail from Maryland Health Connection telling you whether they think you are eligible for insurance and if you can get the insurance for free or low cost.
4. Follow the instructions in the letter to apply for insurance by going to [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov), calling 855-642-8572, or receiving free, in-person assistance from trained experts throughout the state.

**MARYLAND FORM 502 RESIDENT INCOME TAX RETURN**  195020149 **2019** Page 2

NAME \_\_\_\_\_ SSN \_\_\_\_\_

**MARYLAND HEALTH CARE COVERAGE**

See Instruction 30.


Check here  if you do not have health care coverage DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  if your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ \_\_\_\_\_

1. Adjusted gross income from your federal return. . . . . ▶ 1. \_\_\_\_\_

**MARYLAND FORM 502B Dependents' Information** (Attach to Form 502, 505 or 515.)  19502B049 **2019**

**Dependents** (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1. First Name _____ MI _____ Last Name _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ▶ _____
▶ 2. _____ 3. _____ 4. _____ 5. _____	

▶ 1. First Name _____ MI _____ Last Name _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	DOB (MM/DD/YYYY) ▶ _____
▶ 2. _____ 3. _____ 4. _____ 5. _____	

After January 1, 2020 if you have questions about your eligibility, call the Maryland Health Connection Call Center at **855-642-8572**.

If you have questions about your tax return, call the Maryland Comptroller's Office at **1-800-MD-TAXES**.

**TAX DEADLINE IS APRIL 15**