

# MARYLAND EASY ENROLLMENT PROGRAM

During this tax season, you will be able to sign up for health coverage through the Easy Enrollment program.

Check a box on your tax return if you would like the Maryland Health Benefit Exchange, the state agency that runs Maryland Health Connection, to estimate your eligibility for coverage. If you file your taxes by April 15, this selection launches an easy process that will help you enroll.

## How it works:

1. **Check the Box.** A question on your state tax forms (502 and 502B) will ask if you want to share some of your information, like your household size and income. By checking the box on the tax return, you are giving permission for the Comptroller to share information with Maryland Health Connection.
2. **File your taxes.** If you check the box, Maryland Health Connection will check to see if you may be eligible for free or low-cost health coverage.
3. **Receive a letter.** Shortly after you file your taxes, we will mail you a letter explaining your eligibility for free or low-cost health coverage. Many Marylanders qualify for savings. In fact, 9 in 10 Marylanders who enrolled through Maryland Health Connection last year got savings. **You will have 35 days from the date on your letter to sign up for a health plan and access these savings.**
4. **Enroll through Maryland Health Connection.** Once you receive your letter you can login into your account or create an account to explore your health plan options and enroll. When you begin your application, a new Special Enrollment question will ask if you or a household member received a "Tax Time SEP" notice. If anyone in your household is already enrolled, you can still add uninsured household members under "Reason for Change."
5. **Get help by phone.** A certified navigator from Maryland Health Connection may call you to offer free help enrolling. Find a [navigator in your county](#). Or call 1-855-642-8572 to apply. Deaf and hard of use Relay.
6. **Remember, you only have 35 days to enroll!**

MARYLAND  
MARYLAND  
FORM  
502  
RESIDENT INCOME  
TAX RETURN  
2023  
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Name \_\_\_\_\_ SSN \_\_\_\_\_

MARYLAND HEALTH CARE COVERAGE  
See instruction 3D.

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: \_\_\_\_\_