



Enrollment Checklist

Helpful things before you start your application.

You may not need all of these items, but having them handy may speed up your enrollment process. It is okay if you do not have everything on this list. Remember you can stop and start your application at any time. Just hit “Save and Exit”. If you have any questions about your application, please call the Contact Center at 1-855-4kynect (459-6328). TTY: 1-855-326-4654.

Contact Information:

- Email Address *(you will need this to create an online account. If you do not have an email, a relative or friend may be able to create one for you. You can create one for free at gmail.com or yahoo.com)*
- Permanent Address and/or Mailing Address *(if different)*
- Proof of Residence *(utility bill, lease, etc.)*
- Phone Number *(the best number to reach you at)*

Identification:

- Social Security Card or Immigration Documents
- Government Issued ID *(like a Driver’s License)*
- Military ID
- Birth Certificate

Household Information:

- Names, Dates of Birth, and Social Security Numbers (SSN) of All Persons in Your Household *(including those in your tax household who may not live with you)*
- Proof of Marriage

Proof of Income *such as:*

- W-2 Form(s)
- Last year’s Tax Return(s)
- Pay Stubs From the Last 2 Months
- Proof of Unearned Income *(SSI or Disability check stub or award letter, alimony court order with date of decree, etc.)*
- Personal Records of Self-Employment From Last 12 Months
- Other Proof of Income



Expenses Information:

- Alimony (*if you pay alimony*)
- Student Loan Interest Payment
- Teacher Expenses (*if you are a K-12 school teacher only*)
- School Tuition and Fees

Health Insurance/Card: (*if you have insurance through a job*)

- Cost of Insurance (*premium bill or letter from Human Resources showing cost of premium for employee only*)
- Work Health Plan Information if your employer offers insurance coverage (*including traditional insurance, HSA, FSA, or HRA plans if offered*)
- What kinds of insurance your doctor or medical provider accepts or prefers (*either Medicaid or kynect "Exchange" insurance*)

Work Information:

- Employer Identification Number (EIN) if you know this number. This number is on your W-2 form.
- Business Name
- Work Address
- Work Phone Number or Work Number for your Human Resources Office Contact

