The Commonwealth of Kentucky kynect State-Based Marketplace



kynect Application Walkthrough Training Guide

August 4, 2023

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Introduction

This Training Guide presents Agents and kynectors with instructional navigation and system demonstration of how to submit a benefits application on behalf of a Resident.

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Please note: Screenshots may not be representative of actual system behavior. All specific information found in this training guide is test data and not representative of any kynect client.

1 Benefits Application Walkthrough

During this module, Agents and kynectors will learn how to complete a benefits application and shop for plans.

Application Walkthrough Scenario

Meet The Family!

Jim Lane: Head of Household

Kim Sanchez

Chris Sanchez

Scenario Details

Program Application: Jim is applying for Medicaid, Kentucky Children's Health Insurance Program (KCHIP), Qualified Health Plans (QHPs), and Advance Premium Tax Credit (APTC).

Relationship Status: Jim and Kim have a child together (Chris) and are unmarried. Jim, Kim, and Chris live in the same household.

Income Status: Jim works at the YMCA making \$24,674 per year; Kim is currently unemployed and receiving unemployment benefits.

Tax Filing Status: Jim and Kim are not married and will file taxes separately; Kim will claim Chris as a tax dependent.

Demographics: Jim identifies as White. Kim and Chris identify as White, Hispanic/Latino.

The benefits application is used by Agents and kynectors to apply for benefits on behalf of a Resident. Agents and kynectors may help Residents apply for Medicaid/KCHIP, KI-HIPP, APTC, QHP, report changes in information, and recertify benefits. The benefits application gathers information about the Resident's household so that kynect may determine eligibility for benefit programs and help enroll Residents in health coverage.

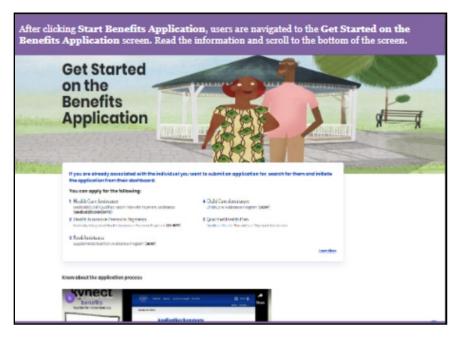
1.1 Start Benefits Application

Agents and kynectors initiate a benefits application from different points. Agents initiate a benefits application through Agent Portal by clicking **Initiate an Application for Individual**. kynectors initiate a benefits application through the **kynector Dashboard** by clicking **Start Benefits Application**.

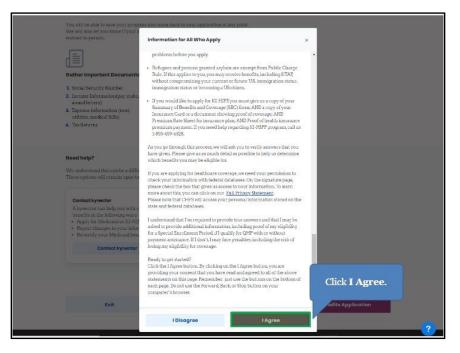
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	Search	
	tistName	Lest Nome
	ristRome	Lask home
	Case tumber Sociel Society Sumber (Brogits) Accress Unal	Applications Number

1. Click Start Benefits Application to initiate a benefits application.

2. Read the benefits application information and click **Start Benefits Application**.



3. Read the Information for All Who Apply and click I Agree.



1.2 Program Selection

The *Program Selection* section is where Agents and kynectors select the program(s) the Applicant would like to apply for.

4. Check the **box** for the applicable benefit program(s)

	ation by selecting the applicable pr KCHIP/QHP with or without paym	rogram(s). For this scenario, we are ent assistance.
	Program Selection	
	Learn More	
	For APTC or QHP programs, sligibility determination and enro storting II)/2021. For 2021 benefits, please visit healthcore.go	Check the box for Medicaid/ KCHIP/Qualified Health Plan with payment assistance (APTC).
1	Select the programs the household would like to apply for.	
	Medioaid/KCHIP/Qualified Health Plan with payment assistant	nce (APTC)
	KI-HIPP (Health Insurance Premium Payments)	
	QHP (Medical and Dental Insurance plans without payment	assistance)
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	Contact Us	2
Please Note:	Screenshots may not be represent	ative of actual system behavior.

5. Click on the **in Person** box

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	Phone BillPores			
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6. Click on **Upload Documents**

Program Selection
Select the programs the household would like to apply for.
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Grad (Medical and Dental Insurance plans without payment assistance)
Click Upload
How are you moving this applicant? Documents
Phona In Person
Here recutil you like to verify this applicant's identify you
Back Save & Exit Next

7. Click Next.

Progr	am Selection		
Select the progr	me the household would like to apply	tor.	
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Phone	In Person		CT I NO
How would you	ke to verify this applicant's identity?	Ø	Click Ne
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1.3 Household Members

The *Household Members* section is where Agents and kynectors enter information on the Applicant's household members.

8. Click Start to begin the Household Members section.

Application Summary	
Complete the sections below to submit the application.	
1 of 10 completed	Click Start to begin the Household Members section.
Program Solection	
Household Members	Steart
Contact Information	
Reps, kynectors, & Agents	Start
Relationship & Tax Filing	
Household Information	Stort
Member Details	

9. Click **Start** to enter information for the Head of Household. All members who currently reside in the household with the Applicant must be entered in this section regardless of if they are applying for benefits.

members who curren	<i>Members</i> section by entering inf tly reside in the household with re applying for benefits.		
	ApplicationSummary ? Well Vie Treage		••
	Add all current household members, any bousehold men months, and fax dependents. Learn More	Click Start to enter informat for the Head of Household	and and a second of the second s
		Stort	
	Back Save & Exit	Next	
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Help & FAQa Find DCBS Office	<u>Contact Us</u> kynaat banofits 1-855-306-8858 <u>Technio</u> :	I Assistanco	∠ (2)

10. Enter the Applicant's First Name.

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BENEFITS APPLICATI	ON CON	Languages: Brighth(UngBish) ~
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Please note: The family that we are completing the application for is Jim Lane, Kim Sanchez, and Chris Sanchez. Jim is the only family member present that you are assisting. Start by entering Jim's **First Name**, **Last Name**, **Sex**, and **Date of Birth**. Since Jim does not have an Alias First or Last Name, do not enter information for these fields.

11. Check the **box** for *Household member does not have a middle initial*.

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12. Enter the Applicant's Last Name.

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	Security Cara, enter the name as it appears on the cara.	
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	Enter to move forward.	
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	Algo Fart Noma	
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	Sex Dots of Bith Select O mm/dd/yyyy I	
	Does this individual have a Social Security Number? ① Yes No	

13. Select the Applicant's **Sex** from the drop-down.

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	Last Nomo	Suffix Soloct ©	
	Alics First Nome	0	
	Select Male.	Ū ú	
	Male Female Yes No	surity Number? 0	?

14. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Applicant's Date of Birth.

kynect Deshboard Programs v	Reps, kynectors, £ Agents Help £ FAQs	Z XQALSC 👰						
BENEFITS APPLICATION		Languagus: English(Inglish) v						
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sex Male	8 7 8 9 10 11 12 Today mm/da/yyyy 88							
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Yes	No	3						

Yes	No	
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		Security Number?
Select this indivi	dual's race(s)	
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Asian		
Block or At	ricon American	
Notive Hor	valian/Other Pacific Islan	der
White		
Unknown		
Is this individual	Hispania/Latino? 🛈	
Yes	No	
		et program benefits are dishibuted without regard to race action our answer won't affect how many benefits you got ar how soon

15. Click **Yes** or **No** for *Does this individual have a Social Security Number*?

16. Enter the **Social Security Number** if applicable. If the Applicant does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN*?

For this scenario, Jim has Security Number.	a well-established religious objective for obtaining a Social
Wh	y doesn't this Individual have a SSN?
C C	is not eligible to receive a SSN
	Applied for SSN
To Contract of Con	Newborn without SSN
	Does not have an SSN and may only be issued an SSN for a valid non-work reason
	Refuses to provide an SSN
	Refuses to obtain an SSN because of a well-established religious objective
6	i do not have on SSN or unable to locate SSN Card
	his individual a resident of the commonwealth of Kont Yes No Click Refuses to obtain an SSN because of a well-established religious objective.
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	Asinn
	Black or African American
	Native Brownikan/Other Panofic Mander

For this scenario	o, Jim is a Resident of Kentucky.
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	Newborn without SSN
	Does not have an SSN and may only be issued an SSN for a valid non-work reason
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	I do not have on SSN or unable to locate SSN Card
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	American Indian or Alaskan Native
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	Black or African American
	Mativa Havaiian/Other Panific Mender

17. Click Yes or No for Is this individual a resident of the Commonwealth of Kentucky?

18. Check the appropriate **box** for *Select this individual's race(s)*.

American Indian or Maskon Notive Asion Biock or African American	
Block or African American	
Native Hawailan/Other Pacific Islander	
White	
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QHP (Medical and Dental Insurance plans without payment assistance)	

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	Native Hawaiian/Other Pacific Islander	
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Prog		
- 25	it programs would this individual like to apply for? 💿	
- 25	It programs would this individual like to apply for?	

19. Click Yes or No for Is this individual Hispanic/Latino?

20. Check the appropriate **box** for *What programs would this individual like to apply for*?

	oplying for Medicaid/KCHIP/Qualified Health Plan with PTC) . Make no selection if the Individual is not applying for coverage.
	Boot Contract Contrac
	Black er African American
	Nativo Hawaiian/Other Pacific Islandar
\checkmark	White
	Unknown
is th	s individual Hispanic/Latino? O Yes No
٥	is have to all for ethnicity and race to essure that program banefits are distributed without regard to race color, indirectologis, but you don'there to ensure Your ensure reant effect how many banefits you get or how soon or get them.
	ram Selection
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-	QHP (Madicel and Dental Insurance plans without po
	Check the box for Medicaid/ KCHIP/Qualified Health Plan with payment assistance (APTC).

	Yes No	
	We have to can for otherwise analysise to occurs that program the withs are absoluted with out regard to note a con- or notions of any in but you can't have to answer have a network affect from many to relate you get of non-receiv- you, get them.	
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	What programs would this individual like to apply for \circ	
	Medicard/KCHIP/Qualified Health Pion with payment assistance (APTC)	
	GHF (Noticel and Dental Insurance plans without payment assistance)	
	Is this individual a U.S. Citizen or a U.S National? ©	
i	Click Yes for Is this sove of the sove o	

21. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National*?

22. Click Yes or No for Is this individual a naturalized or derived citizen?

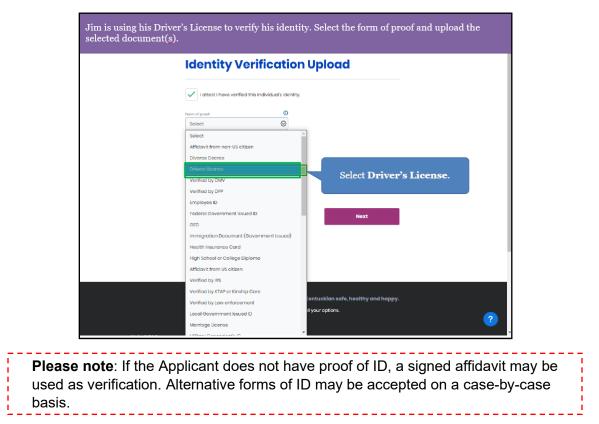
ralized or derived citizen. If the Applicant is a naturalized or derived citizen, sele nmigrant information.
Yes No We have to ask for ethnicity and nace to essure that pageran benefits are distributed ethnicat regard to race, and restricted degrin, but you don't have to ensure, that cannot won't affect new many bandles you get or how scen you get or how scen you get or how scen
Program Selection What programs would this individual like to apply for? ①
What programs would this individual like to apply for Wedicaid/KCHIP/Qualified Hoalth Plan with payment assistance (APIC) GHP (Medicai and Dentai Insurance plans without payment assistance)
Is this individual a U.S. Citizen or a U.S. National?
ts the individual a naturalized or derived citizen? Yos No Click No for Is this individual a naturalized or derived citizen?
Cancol Save

23. Click Save.

Prog	ram Selection									
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~	QHP (Medical a	nd Dental Insi	urance plans w	ithout paym	ent assistand	ce)				
Is this	s individual a U.S	<u> </u>		D						
	Yes	N	lo							
Is the	ə individual a nat	uralized or de	rived citizen?				Cl	ick S a	ave.	
	Yes	N	ło							
	Cancel					Save				
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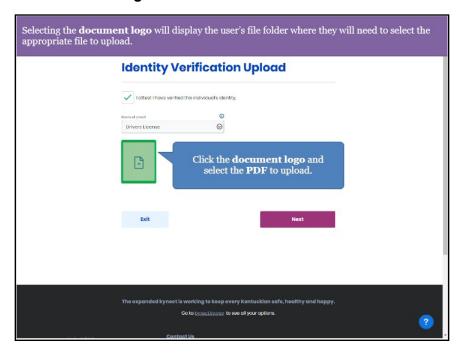
24. Check the **box** for *I attest I have verified the individual's identity*.

Identity Verificatio	n Upload	
Lattest I have verified this individual's identif	ry.	
Fremul ground C	Check the box for I attest I have verified the individual's identity.	
Exit	Next	



25. Select the Applicant's Form of Proof from the drop-down.

26. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.



27. Click Next.

We received JMLLAHE's proof of Drivers License	۵.
	Languages: Roylich(Roylist) v
Identity Verification Upload	
I officest throwe verified this individual's identity.	
Orvans License jag	
Click Next.	
Exit	ext
The expanded kynect is working to keep every Kentuckian safe, heal	thy and happy.
Co to <u>krinect kuepo</u> to see all your options.	3

28. Click No for Is Jim Lane an American Indian or Alaskan Native?

BENEFITS APPLICATION				
	< Application Summary			
	JIM LAN			
	American Indian or Alaskan	Native	Click No for Is Jim Lane an	
	In IIM I ANE on Amorico	an Indian or Alaskan Native?	American Indian or	
	Yes	No	Alaskan	
			Native?	
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			AN) Individuals have s	

29. Click Next.

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BENEFITS APPLICATION						
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	JIM LANE					
	American Indian or Alaskan Nat	tive				
	Is JIM LANE an American Ir	ndian or Alaskan Native?				
	Yos	No		Clic	ek Next.	
	Back	Save & Exit		Next		

30. Click Add Member to add additional household members as applicable.

kynect Pesh	oord Programs v Reps, kynectors, £ Agents Help £ FAQs	🛎 XQALSC 🔗
BENEFITS APPLICATION		Languagus: Foglich (hoglich) v
	Application humany Household Members	••
	Add all current household members, any household members who have passed away in the last 3 months, and tax dependents. Learn More Household	
	Sim Lane Edit	
	Household Members Click Add Member.	-
	Add Member	
	Back Save & Exit Next	
	The expanded kynect is working to keep every Kentuckian safe, healthy and happ Co to knect kyzey to see all your actions.	у.

Please note: The Benefits Application WBT scenario contains three (3) household members. For the purpose of this training guide, information is entered for three household members. During the application intake for Residents, please follow the steps for each household member in the application. If there are no other members in the household, skip to the **Contact Information Section**.

31. Enter the Second Household Member's First Name.

kynect Dashboard Programs -	Reps, kyneaters, & Agents Help & FAQs	📼 xqalso 👔
BENEFITS APPLICATION		Languages: English(English) v
< Application Summary		
Househ	old Member Details	
	ns below about the household member. If this household men te name as it appears on the card.	mber has a Social
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Household me	Enter Kim and Enter Kim and Enter to move f	
Align First Norma	0	
Allos Lost Norro	©	
Box	Doto of Birth	
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sex Solect @	Doto of Birth	

32. Enter the Second Household Member's Last Name.

	Deshboard Programs - Rept, kyneoters, E Agents Help E FAQs	💌 XQALSO 😣
BENEFITS APPLICAT	10N	Languages: English(Inglish) v
	< Application Summary	
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	КМ	
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	Household memoer does not have a middle initial	
	tast Name suffix	
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	Enter Sanche	
	Alaskonikono Bea populatini	
	Assistantian Enter Sanche Enter to mov	
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	Alaskonikono Bea populatini	

33. Select the Second Household Member's **Sex** from the drop-down.

kynect	Dashboard Programs - Reps, kynsoters, & Ag	ente Help & FAQs	I XQALSO
BENEFITS APPLICATI	ON		Languages: English(English) v
	< Application Summary		
	Household Me	mber Details	
	Complete the questions below about the it Security Card, enter the name as it appear	iousehold member. If this household member ha	as a Social
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	Household member does not ho	ve a middle initial	
	Lost Nome SANCHEZ	Select O	
	Alias hinst Name		
	Afos sout her Select Female.		
	Select O mm/dc/yyy	ry 🗰	
	Select		
	Mala Female		

34. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Second Household Member's Date of Birth.

kynect Dashboard Programs ~ Reps.	i, Lynectors, & Agents Help & FAQs	🖸 XQALSC 💡
BENEFITS APPLICATION		tangungus: English (Inglish) v
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KIM	er does not have a middle initial.	
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Alles Lost Home	44 85 86 17 88 80 20 21 22 23 24 26 26 27 28 29 30 31 1 2 3	Select the appropriate Year, Month , and
sex Female	- 4 5 6 7 8 9 10 Today mm/dd/yyyy ii	Day. For Kim, select 10/01/1984.
Does this individual have	e a Social Security Number? 0	
Yes	No	2

Yes	No
Is this individual Yes	Click No for Does this individual have a Social Security Number?
Select this individual	race(s)
American India	n or Alaskan Native
Asian	
Block or African	Amarican
Native Hawaila	VOther Pacific Islander
White	
Unknown	
Is this individual Hispo Yes	inic/Latino? (0)
	city and read to assure that program benefits are distibuted without regard to read adar- ularithous to achieve their and affect their metry benefits you git a their sean

35. Click **Yes** or **No** for *Does this individual have a Social Security Number*?

36. Enter the **Social Security Number** if applicable. If the Second Household Member does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN*?

Wh	y doesn't this individual have a SSN?	
	is not ofigible to receive a SSN	
	Applied for SSN	1
	Newborn without SSN	1
C C	Does not have an SSN and may only be issued an SSN for a valid non-work	reason
C	Refuses to provide an SSN	
	Refuses to obtain an SSN because of a well-established religious objective	
C	I do not have an SSN or unable to locate SSN Card	
is ti	his individual a resident of the Commonwealth of Kentucky? Yas No	Click Refuses to obtain an SSN because of a well- established
Sel	set this individual's race(s)	religious
	American Indian or Alaskan Native	objective.
	Asian	
	Black or African American	
_	Native Hawaiian/Other Pacific Islander	

Yas No
Why doesn't this individual have a SSN?
Is not eligible to receive a SSN
Applied for SSN
Newborn without SSN
O Does not have an SSN and may only be issued an SSN for a valid non-work reason
Refuses to provide on SSN
Refuses to obtain an SSN because of a well-established religious objective
I do not have an SSN or unable to locate SSN Card
Is this individual a resident of the Commonwealth of Kentucky? Vos No Click Yes for Is this individual a resident of the
Asian Commonwealth of Kentucky?

37. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky*?

38. Check the appropriate **box** for *Select this individual's race(s)*.

Select this individual's race(s)	
American Indian or Alaskon Native	
Asian	
Block or African Amarican	
Native Hawaiian/Other Pacific Islander	
White	
Unio	
We have to ask for ethnicity and note to assure that program benefits an abstrate and without regard to note odor or realized angle to a you abstrate to assure that and a that the many benefits you go a have on	
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er notional origin, but you don't have to answer. Your answer wan't effect hew many benefits you get or how seen	
e netitera anja is but yeu positinove to answer how onewer wenik affect how meny benefits yeu gat or how ween you gat thom	
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e netities and a but you sonthook to articles tour oneine work affect their many bondfa you get or how seen you get them. This household member passed dway in the last three menths. Program Selection	

Poth Kim and Chris are M	exican American, so click Yes for Hispanic/Latino and select their
ethnicity.	cartan American, so ence i es for mispanic/Latino and select men
Solo	at this individual's raco(s)
	American Indian or Alaskan Native
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	Nativo Hawaiian/Other Pacific Islandor
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	Na have to sak for ethnicity and race to essure that program benefits are disklauted without regard to race, color, in notional arigh, but you don't have to answer Your answer won't officit how many benefits you get or how soon
	cu get thom.
Click Yes	
this indiv Hispanic/I	
Wb	t programs would this individual like to apply far? ()

39. Click Yes or No for Is this individual Hispanic/Latino?

40. Select the Second Household Member's Ethnicity from the drop-down.

Select this individual's race(s)	
American Indian or Alaskan Native	
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Black or African American	
Native Hawaiian/Other Pacific Islande	r
V White	
Unknown	Select
je stila lasti uldust klansala (hastano). M Sokot Chicano/a Cuban	Select Mexican American.
Mexican American	gram benefits are distributed without regard to race, color, wwer wan't offect how many benefits you get or how soon
Mexican Other Puerto Rican	

41. Check the appropriate **box** for *What programs would this individual like to apply for*?

	Yes No	
	We have to call for otherably and near the organism their program benefits are distributed without ingged to noise color, annational angin, but you don't have to ensure. Your answer won't offset have many benefits you get an how soon you get them.	
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	This household member passed away in the last three months.	
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	Medicald(KCH#/Qualified Health Ran with payment assistance (APTC) QHP (Mc via and Dental Insurance plans without payment assistance)	
u	Check the box for Medicaid/ KCHIP/Qualified Health Plan vith payment assistance (APTC).	
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Oo to kynectkygov to see all your options.	
Help & FAQs Find DCBS Office	Contact Us	?

42. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National*?

	1
We have to as the envicity and exect to stave that program have that are detailed without report to nece occur emotions any is accycle shift have locationer than answer work effect have many benefits you get a thore soon you get them.	
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This household member passed away in the last three months.	
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What programs would this individual like to apply for? \odot
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QHP (Medical and Dentel Insurance plane without payment assistance)
Ta this Individual a U.S. Citizen or a U.S National? © Vas No No Click No for Is this individual a naturalized
Is the individual a naturalized or derived citizen? Ves No
Cancel Save ?

43. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen*?

44. Click Save.

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Solect this individual of visibly
Mexicon American
This household member passed away in the last three months.
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V QHP (Medical and Dantel Insurance plans without peyment assistance)
Is this Individual a U.S. Citizen or a U.S National?
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Cancel Save ?

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The ex <u>Heilp & FA</u> Gs End D&S Office Casher for Inseth & Fornity	panded kynect is working to keep every Kentuckian safe, Go to <u>synsstäxess</u> to see all your options. <u>Contact Us</u> kynect bandits <u>185 - 564 185</u> Toomnics Assistance kynect hatti poweneo <u>1444 - 407-1938</u>	, healthy and happy.

45. Click **Yes** or **No** for *Is Kim Sanchez and American Indian or Alaskan Native?*

46. Click Next.

kynect	Dashboard Programs v	Reps, kynectors, £.Agents	HNIP & FAOS	C		
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		Go to <u>kynectky.go</u>	🗉 to see all your aptions.			
Help & FAQs		Contact Us				
Find DCBS Office		kynect benefits 1-855-306-8959	Technical Assistance	Connect	f ¥	2
Cabinet for Heat	th & Family	kyneet hoefth coverage	<u>1-844-407-8398</u>			

kynect Pash	ooard Programs v Reps, kynectors, £.Agents Help.£.FAQs	xqalsc 👔
		Languagee: English(English) v
BENEFITS APPLICATION		
	< Application Summary	• •
	Household Members	
	Add all current household members, any household members who have passed away in the last 3 months, and kas dependents.	
	Head of Household	
	e M LANE 35 years old Household Mambers Add Member	
	STY years old	1
	Back Save & Exit Next	I
	The expanded kynect is working to keep every Kantuckian safe, healthy and happy	?

47. Click **Add Member** to add a third household member as applicable.

48. Enter the Third Household Member's First Name.

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BENEFITS APPLICA	ATION	tangungen muglah (mglah) 🗸
	< Application Summery	
	Household Member Details	
	Complete the questions below about the household member. If this household member ha Security Card.eater the name as it appears on the card.	as a Social
	ries name	
	Household member close no Enter Chris and c	alielz
	Enter on we for	
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	Alios Lost Mumo	
	Salaot C Iskin Innrvidd/yyyy II	
	Does this individual have a Social Security Number?	

and the second		tangangani mujim(mujim) 🗸
BENEFITS APPLIC	ATION	and others a scheme (address) a
	< Application Summary	
	Household Member Details	
	Complete the questions below about the household member. If this household memb Security Card, enter the name as it appears on the card,	er has a Social
	tinst Name Ma	
	CHRIS	
	 Household member does not have a middle initial 	
	Lost Name Buffix	
	Select 🔘	
	Alco Ant Nomo	
	Alex Least Texason Enter Sanchez and	
	Enter to move forw	ard.
	ton DA	
	Salact 🔘 mm/dd/yyyy 🗃	
	Does this individual have a Social Security Number?	
	Yes No	
	Tes NO	

49. Enter the Third Household Member's Last Name.

50. Select the Third Household Member's **Sex** from the drop-down.

KyneCt Deubloord Programs - Rep.kynectors,£Agents Hulp£f7Age	XQALSC 📀
BENEFITS APPLICATION	Languages: Biglish(linglish) v
Application hummary Household Member Details	
Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card.	-
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Household member does not have a middle initial.	
SMICHEZ Select O	
Allos Lacit Nerro O	
Select Select Male.	
Video Termale avera Societ Security Number? () Yes No	
Is this individual a resident of the Commonwealth of Kentucky?	?

51. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Third Household Member's Date of Birth.

Exercities Dashboard Programs v Reps,	kynectors, & Agents Help & FAQs	XQALSC Q	
BENEFITS APPLICATION		Langungue: English(English) v	
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	low about the household member. If this household me as it appears on the card.	d member has a Social	
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✓ Household membe	er does not have a middle initial.		
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Alice First Norme	6 7 8 9 10 11 12 11 14 15 17 18 10 20 21 22 22 24 25 26	Year, Month, and Day. For Chris, select	
Alios Lost Homo	27 28 29 30 38 1 2 3 4 5 6 7 8 9	10/15/2013.	
Sex Male 🛇	Today mm/dd/yyyy 🗃		
Does this individual have	e a Social Security Number? ① No		
Is this individual a reside	nt of the Commonwealth of Kentucky?	(

52. Click **Yes** or **No** for *Does this individual have a Social Security Number*?

Dees this individual have a foolial fecurity Number? (2)	
Click No for Does this individual have a Social Security Number?	
Select this individual's race(s)	
American Indian or Alaskan Notive	
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Unimown	
Is this individual Hispania (Latino?	
Yes No	
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This household member possed away in the last three months.	?

53. Enter the **Social Security Number** if applicable. If the Third Household Member does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN*?

Is this individual a resident of the Commonwealth of Kentucky? to obd Yes No of a estable Folget this individual area(a)	Why	doesn't this individual have a SSN?	
Newborn without 55N Does not have an 55N and may only be issued an 55N for a valid non-work reason Setures to provide an 55N Referes to obtain an 55N because of a well-established religious objective ide not have an 55N or unable to locate 55N Card Click R to obb SSN b of a estab Setest this individual's race(s)		is not eligible to receive a SSN	
Does not have an 55k and may only be issued an 55k for a valid non-work reason Refuses to provide an 55k Teduses to obtain an 55k because of a well-established religious objective Teduses to obtain an 55k or unable to locate 55k. Card Click R to obta SSN b of a estab select this individual's race(s)		Applied for SSN	
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I do not have an SSN or unable to locate SSN. Card Its this individual a resident of the Commonwoolth of Kentucky? Yes Ne Select this individual's rece(s)		Refuses to provide on SSN	
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American Indian or Aloskan Native	Selec	ct this individual's race(s)	religious
		American Indian or Alcskan Native	
Asian		Asian	
		Native Hawaijan/Other Pacific Islander	

54. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky*?

v.	Why doesn't this individual have a SSN?
	is not eligible to receive a SSN
	Applied for SSN
	Newborn without SSN
	O Does not have an SSN and may only be issued an SSN for a valid non-work reason
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	O I do not have on SSN or unable to locate SSN Card
	ts this individual a resident of the Commonwealth of Kontucky?
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	Ves No Select this individual's reser(s) Click Yes for Is this individual a resident of the Commonwealth of Kentucky?
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Wack or African American
Native Hawaiion/Other Pacific Islander
White
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This household member possed away in the last three months.
Program Selection
What programs would this individual like to apply for?
Medicals/KCHIP/Qualified Health Plan with payment assistance (APIC)
QHP (Mediect and Dental Insurance plans without payment assistance)
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55. Check the appropriate **box** for *Select this individual's race(s)*.

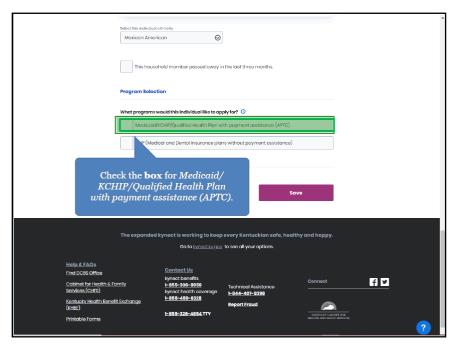
56. Click Yes or No for Is this individual Hispanic/Latino?

Sele	ct this individual's race(s)
	American Indian or Alaskan Native
	Asion
	Black or African Amorican
	Native Hawaiian/Other Pacific Islander
~	/ White
	Unknown
ist	is individual Hispanic/Latino? 0 Yes No
	No to us at form Click Yes for <i>Is</i> to a regardle rate, but pouget them <i>this individual</i> <i>Hispanic/Latino?</i>
	This household member passed away in the last three months.
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	QHP (Medical and Dental Insurance plans without payment assistance)
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	ect this individual's race(s)					
	American Indian or Alaskan No	othra				
	Asian					
	Black or African American					
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57. Select the Third Household Member's **Ethnicity** from the drop-down.

58. Check the appropriate **box** for *What programs would this individual like to apply for*?



Va No Sub-scale SA Star derived, werdere et is answert with group on the star is an out of the star star on the star is an out of the star star on the star is an out of the star is an	2	z una inversione insperint/secondo. No
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What programs would this individual like to apply for weakcask/CH#/Quantiliad Health Hen with payment assistance (AFIC) gree (Marcheel and Deeted Insurance piere without prymeur assistance) Is this individual a U. Citisen or a U.S National? No Ves No Click Yes for Is this individual a U.S. Citizen or U.S. National? The Kontuckion sofe, healthy and happy.	(This household member passed away in the last three months.
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Ves No Click Yes for Is this individual a U.S. Citizen or U.S National? The Kontuckian safe, healthy and happy. ?		
this individual a U.S. Citizen or U.S National? The Kentuckian safe, healthy and happy.	i	Yes No
The Kontuckian safe, healthy and happy.		this individual a U.S. Citizen or
		The I Kentuckian safe, healthy and happy.

59. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National*?

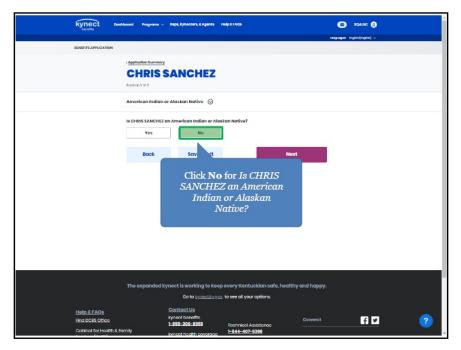
60. Click Yes or No for Is this individual a naturalized or derived citizen?

is the maintaine inspirately sector.
Yes No
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Yee No citizen?
Cancel Save

61. Click Save.

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Is this individual a U.S. Citizen or a U.S. National?
Yes No Click Save.
Is the individual a naturalized or derived oitizen?
Yes No.
Cancel Save
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62. Click Yes or No for Is Chris Sanchez an American Indian or Alaskan Native?



63. Click Next.

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	IN CHRIS SANCHEZ	an American Indian or Al	askan Native?			
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		Go to <u>kynectky</u> g	ow to see all your options.			
<u>Help & FAQe</u> Find DCBS Office Cabinet for Health & Fa	mily	Contact Us kyneet benefits 1-055-206-0959 kyneet bedith coverage	Technical Assistance	Connect	f ¥	?

64. Click **Next** to continue the application.

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	Household Members		
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	CHBIS SANCHEZ S years old		at to continue the plication.
	Back Save & Exit		
	Back Save & Exit	Noxt	

1.4 Contact Information

The *Contact Information* section is where Agents and kynectors enter the Applicant's contact information.

65. Click Start to begin the Contact Information section.

kynect Dashboard Progra	ms ∨ Reps, kynectors, £ Agents Help & FAQs		🖾 холлес 🔕
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Application# 60	sections below to submit the application.		
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Hour	ehold Members	Edit	
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лы байс Ки байсы Ски байсы	the Contact	Stort 🕥	
C Reps	kynectors, & Agents	Start	
Relat	ionship & Tax Filing		
O House	ehold Information	Start	
O Morr	bor Dotails		?

66. Enter the Applicant's **Email Address**.

kynect Deutskour	d Programm v Reps, kymectors, £.Agentes Help.£.F.AQe	S XQALSO Q
Distance in the second s		tanguages: Inglin(Inglin) ~
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804	ation 1 of 2	
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	many Prents Number Fic.	
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	Enter jimlane@mailin	ator.com
Pr	and click Enter to move	
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Se	condary phone type	
	Landline Cell	
en	lect your preferred contact method for items such as messages and to icourage you to soloct "Electronic- Email and Toxt Messago" for bast or ust click "Yes" in agreement to being sent text messages above to selec	nmunication. You
	Clectronic Emoil only	
	Nail	2

67. Enter the Applicant's **Primary Phone Number**.

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EFMETTE APPULATION	Languagees Inglini (Inglini) 🗸
< Application Summary	
JIM LANE	
Social of 2	
Contact Informati	
Complete Dragenti Secury Cardinates	
Final	
jimlane@imdilinator.com	
Pormany Pound Austriania	
Primary Phone Type	
Landline Cell	
Secondary Plane Nander Fe	
<i>aua-ana-anan</i>	
Secondary phone type	
Landline Cell	
Select your preferred contact method for items such as messages and tax related forms. We encourage you to acket "Biochonic" email and Text Message" for bast communication. You must Elick "Yes" in agreement to being sent text messages above to select this option.	
🔿 Mail	?

68. Click Landline or Cell for Primary Phone Type.

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	- Appleation Survivory JIM LANE Sociocit of 2	
	Contact information ③	
	Complete the queetions below about contact information. If this household in Security Card, cate: the name and appears on the card.	
	Landline Cell	
	Select your preferred contact method for items such as messages and encourage you to select "Electronic- Email and Text Message" for best must click "Yes" in agreement to being sent text messages above to se	communication. You
	Clectronic - Erneil only	
	O Mail	U .

69. Click **Yes** or **No** to allow kynect and the health insurance carrier or Medicaid Managed Care Organization (MCO) to send message alerts.

Application Applicati	Kynect Durbaurs regerme Keptismester Experies Hebrinds
	regençes ingénération v
Complete the question below about contact information. It this household member has a Social Security Card-center the name as it appears on the card.	JIMLANE
Security Carl Jenter the name at a appears on the card.	Contact Information $ igoraldow$
Select your preferred contact method for items such as messages and tax related forms, We	Scrarp Carl enter the name at appears on the carl.

70. Select the Applicant's **Preferred Spoken Language** from the drop-down.

	Primary Phone Type Landline Cell
	Click here to olive kpret and your health insurance convers, or Modicaid Managed Care Organization, to sand taxt maskage diarts to your phene number (standard data rates may apph).
	Yas Ha
	Sociedary Phone Number Inc.
	Secondary phone type
	Select your prefered contacts method for items such as messages and tax related forms. We encaurage you to saket "lacet monic" small and Text Message" for bast communication. You must click "Yes" in agreement to bring sent text messages above to select this option.
	Bactronic- front outy Select English.
	Mail Preferrad specient language Engelen Engelen
	Vencrrate French Next
	Spanish The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
	d contact method and preferred language are the only required licants may not have access to a phone and/or computer.
Email and text messag	ge is the default preferred contact method. Allowing text Applicants up to date on their benefits and information.

Primary Phone Type		
Landline	Coll	
		nsurance carriers, or Medicaid Managed Care o your phone number (Standard data rates may
Socendary Phone Number		64.
Secondary phone type	Cell	
encourage you to selec	t "Electronic- Email e	oms such as mossages and tax related forms. We and Text Message" for best communication. You t text mossages above to select this option.
Electronic - Emo	il only	
Electronic - Emo	il and Text Message	Select English.
Mail		
Preferred spoken language		Proferrod Written Language
English		Select Select
		Select
Back	Save & Exit	English Spanish
The expanded kyned	t is working to kee	ep every Kentuckian safe, healthy and happy.

71. Select the Applicant's **Preferred Written Language** from the drop-down.

72. Click Next.

Landline Cell Click here to allow kynect and your health insurance carriers, or Medicaid Managed Gare Organization, to kend text message diarts to your phone number (standard data rotes may apply). Yes
Organization, to send text message alerts to your phone number (Standard data rates may apply).
apply).
Yes No
Socondary Phone Number Evc.
**** ****
Secondary phone type
Landline Cell
must click "Yes" in agreement to being sent text messages above to select this option. Image: select the sele
Electronic - Email and Text Message
Cli Mail
Proferrad speciar language Proferrad Written Language
English 😔

kynect =	ashbaard Programs v Baps, kyniectors, £.Agents Help	SETAG8	🗃 Raise 👰
			(angungmu mglan(mglan)
BENIFITS APPLICATION			
	< Application Summary		
	JIM LANE		
	Section 2 of 2		
	Address Information \odot		
	Does JIM LANE have a physical address?		
	Yes No		
	Address. A	iddross Line 2	
		LE APT, #, SUITE, UNIT, BUILDING, FLOOR, P.O. B	
	Does JIM LANE have a different		
	Ente	r 123 Main St	
		click Enter to ove forward.	
	Yes	ove ioi waru.	
		2012520	
	Back Save & Exit	Next	
	The expanded kynect is working to keep ev Go to <u>kynectky.goz</u> to		
	Contact Us	race on your opports	(2)
Holp & FAQs	Contact Us		

73. Enter the Applicant's Address.

74. Select the Applicant's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.

Kynect Destacerd Programs v Reps. kynector, £4gunts Heip£740s	🖸 холлас 🧕
BENEFITS APPLICATION	Languages: English(English) v
NULLARY CONTRACTOR	
< Application Summary	
JIMLANE	
Section 2 of 2	
Address Information 💮	
Select 123 West Main Street, Louisville, KY, USA.	
Back Save & Exit Noxt	
	•
The expanded kynect is working to keep every Kentuckian safe, healthy and happ Go to <u>hynectkype</u> , to see all your options.	y.
Help&FAQs Contact Us	

Please note: If the physical or mailing address entered is not a Kentucky address but the Applicant intends to return to Kentucky, additional questions display to enter a temporary address within Kentucky. Applicants are then able to shop for plans if all other eligibility requirements are met.

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

kynect a	kashbaand Programu v Rips, kynectors, £Agents Help£7AQs	C XQALSC (3)
		tangangan migian(nigian) ->
EENERITS APPLICATION		
	< Application Summary	
	JIM LANE	
	Soction 2 of 2	
	Address information	
	Does JIM LANE have a physical addass?	
	Vea Click No since Jim does	a not have
	a different mailing a	
	123, WEST MAIN STREET, I	luitss.
	Does JIM LANE have a different mailing address?	
	Yes No	
	Does everyone in JIM LANE's household have the same address information?	
	Yes No	
	Back Save & Exit Ne	at .
	The expanded kynect is working to keep every Kentuckian safe, healt	hy and happy.
	Go to <u>kynestiky.gov</u> to see all your options.	
Holp & FAQs	Contact Us	

75. Click **Yes** or **No** for *Does Jim have a different mailing address*?

76. Click **Yes** or **No** for Does everyone in Jim Lane's household have the same address information?

All members of Jim's h	nousehold live at the same address.
	< Application Summary
	JIMLANE
	Socion 2 of 2
	Address information ③
	Does JIM LANE have a physical address?
	Yes No
	Addross Addross Lino 2
	123, WEST MAIN STREET, DOWNTOWN, LOUISVI IE APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. BI
	Does JIM LANE have a different mailing address? Yes No
	Docs everyons in JM LANE's household have the same address information? Yes No
	Click Yes since other household members have the same address as Jim.
	The expanded kynect is working to koop overy Kentuckian safe, healthy and happy.
	Go to <u>knizetiky.ger</u> to see all your options.
Help & FAQs	Contact Us

77. Click Next.

Kynect now	nboard Programs v Di	ips, kyniectors, £.Agents - H	eparaque	🖸 TQALSC 🚯
ECNETITS APPLICATION				gragent mysian(mysian) v
	< Application Summary			
	JIMLAN	-		
	Soction 2 of 2	5		
	630FAT2 0 2			
	Address information	\odot		
	Does JIM LANE have a	ohysical address?		
	Yes	No		
	Addross		Addross Line 2	
	123, WEST MAIN STREET	DOWNTOWN, LOUISVI	LE APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. BI	
	Does JIM LANE have a	different mailing addre	567	
			the same address information Clic	k Next.
	Back	Save & Exit	Maxt	
	The expanded kyne		every Kentuckian safe, healthy and happy. : to see all your options.	•
Holp & FAQs	C	ontact Us		

78. Click **Start** to enter contact information for the Second Household Member. If there are no other members in the household, skip to the **Reps, kynectors, & Agents Section.**

kynect Dochd	ooard Programs v Reps, kynectors, & J	lgents Help & FAQs) XQALSC (2) Englan (Inglin) v
BENEFITS APPLICATION			under and	. uther (uther) +
	Application S Application S Complete the sections below to submit 2 of 10 completed			
	Program Selection		Edit	
	Household Members	Click Start to e		
	🥥 Contact Information	informatior	ı for Kim.	
	JIM LANE KIM SANCHEZ		Edit →	
	Reps, kynectors, & Agents		Start	
	Relationship & Tax Filing			
	Household Information		Start	
	Member Details			2
	Healthcare Coverage		Start	U ,

79. Check the **box** if the Second Household Member has the same contact information as the primary Applicant. If the other household members have different contact information from the Applicant, follow steps 58-64 above to enter their contact information.

			rangungen: mightin(mighte)
BENDLITS APPLICATION			
	Capplication Summary KIM SANCHI Socion 1 of 1	EZ	
	Contact Information $\ \odot$		
	KIM SANCHEZ has the same	re contact information as JIM LAN	
	Brail		
	Primary Prano hambor MBR-RNR-RNR	Check the box sinc contact information	
	Primary Phone Type	will automatically p contact inf	
	encourage you to select "Electro must elick "Yes" in agreement to	nethod for items such as messages and tax rel onic - Email and Text Message" for best comm to being sent text messages above to select th	inication. You
	Electronic - Ernoil only Moil		
lease note: Some sit	natione where Ap	nlicante may have a dif	erent mailing address include o

80. Click Next.

kynect	Bashbaard Programs v Reps, kyriectors, £ Agents Help & FAQs	🕲 realso 👂
		Languagent: Proglam((region) 🗸
ECNERITS APPLICAT	non	
	< Application Summary	
	KIM SANCHEZ	
	Section 1 of 1	
	Contact information ③	
	KIM SANCHEZ has the same contact information as JIM LANE	
	Frend	
	jmlone@mail.netor.com	
	Primary Phane Number Ed.	
	505-555-5555	
	Primary Phone Type	
	Landline	
	Select your preferred contact method for items such as messages and	
	encourage you to select "Electronic- Email and Text Message" for best must elick "Yes" in agreement to being sent text messages above to se	communication. You
		lect this option.
	Electronic - Erncil only	C
	Electronic - Emcil and Text Message	Click Next.
	Moil	

1.5 Reps, kynectors, & Agents

The *Reps, kynectors, & Agents* section is where Agents and kynectors may assign an Authorized Representative to the application and confirm association with the Applicant.

81. Click **Start** to begin the *Reps, kynectors, & Agents* section.

kynect _{berefis}	Dashbaard Programs v Beps, kyflectors, £.Ag	jente Help & FAQs	🖸 XQALSC 👔	
BENEFITS APPLK	CATION		Langungani Inglin(Inglin) 🗸	
	Application St Applement water Complete the sections below to submit the 3 of 10 completed			
	🥏 Program Selection	Edit		
	Household Members	s.dit		
	 Contact information 	Click Start to begin the <i>Reps, kynectors, &</i>		
	JIM LANE KIM SANCHEZ	Agents section.		
	Reps, kynectors, & Agents	Stort		
	🔿 Relationship & Tax Filing			
	Household Information	Start		
	O Member Details			2
	Healthcare Coverage	Start		

82. Click Add an Authorized Representative.

In this scenario, add Kim Sa	nchez as an Authorized	l Representative.	
	tion Summary		
Re	ps, kynectors, &	Agents	
Autho	rized Representative		
	borized Representative can apply for and man ermission to do any of the following activities o		
Report recor	tor benefits et Changes in your information tify your benefits application ve a copy of notices		
An auti	torized Representative can be a family membe	r, friend, provider, or attorney.	
	Add an Authorized R	epresentative	
кунос А Істан	tor ctor can help you with your henefits in the follo	swing ways:	
- Apply - Report	r for Medicald or KI-HIPP r for APTC or QHP rt Charges in your information rtily your benefits	Click Add an Authorized Representative.	1
	ALSC YVFRHHV plication #: 600292013	Θ	
Leng	entestien geoge(c) gish		
Con	dect information		?

kynect Dauhboard	regramis 🗸 Bapis, kyniactoris, £.Agantis - Halp & F.AQs	C XQALSC ()
Reps, kynectors, & Agents		tangangan mglin(nglin) 🗸
Ad	d Authorized Represent	ative
0	te sure to cool the correct individual. The person you occi will get obcess to y mind on the permission you added	rour case information
Enter B	e following details about your authorized representative.	
Lost Nam	surtix (options)	
Brail	Enter Kim and click Enter to move forward.	
	Search Au	
c	ancel	Next
The ex	panded kynect is working to keep every Kentuckian safe), healthy and happy.
	Go to <u>kynectiky.gov</u> to see all your options.	
Help & FAQs Find DCBS Office	Contract Us kynect benefits 1-855-305-8959 Technicol Assistance	Connet 🗗 🧧
Cabinet for Health & Family	kynect health coverage 1-044-497-0390	

83. Enter the Authorized Representative's **First Name**.

84. Enter the Authorized Representative's **Last Name**.

Dererra					me mytim(mytim) ~	
Reps, kynectors, & Agents						
	Add A	uthorized R	tepresentat	ive		
	Bo sure to transform	odd the correct individual. The pars the permissions you asked	son you acci will get access to your ac	use information		
	Enter the followi	ing details about your authorize	ed representative.			
	First Name KIM		ML (optional)			
	Lost Name		surfy (Optional)			
	Final					
	se	arch Auth Rop		hez and click love forward.		
	Cancel			Next		
	The expanded	i kynect is working to keep	o every Kentuckian safe, he	aithy and happy.		
		Go to <u>kynesetiky.gov</u>	to see oil your options.			
Help & FAQs Find DCBS Office		Contact Us kynect benefits		Connect	fY	

f₹

?

- 85. Enter the Authorized Representative's Email Address.

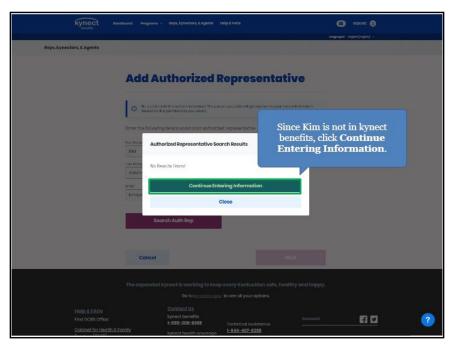
86. Click **Search Auth Rep** to search for the Authorized Representative in the system.

Technicol Assisto 1-044-407-0390

1-85

kynect seretta	nhèaani Programu v Bapi, kynectori, £.)	аданны нафакталды	T TQALSC 🔞
Reps, kynectors, & Agents			Tangsagani miglini(mglini) ~
	Add Authorize	ed Representative	
	Bo sure to odd the correct individu Eosed on the permissions you sale Enter the following details about your		
	First Namo	MI (optional)	
	KIM	M (colorid)	
	Last Bacan	Click Search Auth Rep	to
	SANCHEZ		
		determine if Kim is alrea	ay
	kmsanchez@mailinator.com	in kynect benefits.	
	Search Auth Rep		
	Cancel	Next	I
	The expanded kynect is working	g to keep every Kentuckian safe, healthy and happ	
	Go to kyrn	estiky.gov to see all your options.	
Help & FAQs Find DCBS Office	Contact Us kynect benefits 1-858-306-8959	Connect	F 🖬 🧧
Cabinet for Health & F		1.044-407-0100	

87. If the Authorized Representative is not found in the system, click **Continue Entering Information**.



88. Select the Authorized Representative's **Sex** from the drop-down.

	First Namo		MI (optional)				
	KIM						
	Lord Norma		suffix (Optioner)				
	SANCHEZ		Select	\odot			
	Emoil						
	kimsanchez@mailing	ator.com					
	Search	Auth Rep					
	2						
	social security Number						
	<u>.</u>						
	Select O	Date of Birth					
		mm/dd/yyyy 📾					
	Select	(est (antiance))				
	Female	Sele	ct Fema	e			
	Unknown						
	dikitowi						
	Does this authorized r	epresentative work for	an organization th	at provides you a	assistance?		
	Yes	No					
	Cancel			Next			
	The expanded kyne				y ana nappy.		
		Go to kynectky gov	ru sisi di your opi	ants.			
Help & FAQs		neot benefits					2
Find DCBS Office		855-308-8959	Technicol Assist	ance	Connect	f⊻	

89. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Authorized Representative's Date of Birth.

9	First Normo			- 1	MI (option	*
	KIM					
	lend Norma				suffix (Opt	
	SANCHEZ				Select	
	Email					
	kimsonchez@moilinoto	a.com				
	Search Au	rth Rep				
	Social Security Number			-	_	
		Dote of birth				Select the appropriate
	Female O	mm/dd/yy		1		Year, Month, and Day.
	Processor	4 O	Lon Vere	-		For Kim, select 10/1/1984.
	********	30 1		4		
	Stort Typing	,			u o	
	2001 CLXPH 28	15 15	16 D	IR	10 2	6
	Does this authorized rep	21 22	23 24	Zt	28 2	n that provides you assistance?
	Yes	20 20	30 3	1	2 2	
		4 5	A		9 K	
			Toda	зү		
	Cancel					Noxt
<u> 1</u>					_	
	The expanded kynect	t is working	a to kee	ap eve	ary Ken	tuckian safe, healthy and happy.
						nur options.
300-120 C	Cor	toct Us				
Help & FAQs End DCBS Office	kynei	ot benefits 5-306-8959		Te	schnicol	Assistance <u>Cannect</u>

90. Enter the Authorized Representative's **Phone Number**.

2	First Namo	MI (optional)		
	KIM			
	Lord Norme	Suffix (Optioner)		
	SANCHE7	Select 😔		
	Email			
	kimsanchez@mailinator.com			
	Search Auth Rep	1		_
	Social Security Number			
	Enter 5	505-555-5555 and click		
	Ent	ter to move forward.		
	Female 😡			
	Proteinumber	td. (aptone)		
	Proferradilanguago			
	Start Typing			
	Date this sufficient surger statistics work for	r an organization that provides you assistance?		
		ran organization that provides you assistancer		
	Yes No			
		10 M		
	Cancel	Next		
				-
	The expanded lungert is working to kee	p every Kentuckian safe, healthy and happy.		
		p every kentuckian sare, neakny ana nappy.		
		a traditinytan djakan.		
Holp & FAQs	Contact Us kynoat benefits			?
Find DCIS Office	1-855-308-8959	Technicol Assistance Connect	f ¥	

	Find Name	All (optional)	
	KIM		
		Suffix (Optionel)	
	SANCHEZ	Select O	
	area.ore2		
	Emol		
	kimsonchez@moilinotor.com		
	Search Auth Rep		
	social security Number		
	See Dote of birth		
	Female 🛛 10/(/1934 🔤		
	Phone number		
	505-555-5555	Select English.	
	Preferredlanguage	bereet hinghisti	
	Btort Typing		
	English		
	ungner		
	Vietnomese	an organization that provides you assistance?	
	Franch		
	Provide August Aug		
	Spanish		
	Cancel	Noxt	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	The expanded kynect is working to kee	op overy Kentuckian safe, healthy and happy.	
	Go to kyneatiky.gr	🛿 to see all your options.	
			2
Help & FAQs	Contact Us kynect benefits		<u> (</u>
Find DCBS Office	1-855-306-8859	Connect 🗧 🖌	

91. Select the Authorized Representative's **Preferred Language** from the drop-down.

92. Click **Yes** or **No** for *Does this authorized representative work for an organization that provides you assistance*? If **Yes**, enter the **Organization Information**.

	esentative works for an organization that provides the Applicant assistance Organization Name. For this scenario, Kim does not work for an ides Jim assistance.	
	tirol	
	kimsanchez@mailinator.com	
	Secret Auth Rep	Ì
		- 8
	See Long of Birth	
	Female 😔 10/(///984 📷	. 8
	Parananantar jot. (aptional)	
	505-555-5595	. 8
	Prefermidlanguage	
	urgren	
	Does this authorized representative work for an organization that provides you assistance?	
	Yes No	
	Cancel Cancel Click No for Does this authorized representative work for an organization that provides you assistance?	
Help & FAQs Find DCIS Office	Contract Us Nyncot toerontis <u>1989-204-1999</u> Technicol Assistance Connect 7 V	

93. Click Next.

	First Normo	MI (c	(<mark>lonoit</mark> ge				
	KIM						
	Lord Norme	Suffie	(Optionel)				
	SANCHEZ	Sc	toot	\odot			
	Emoil						
	kimsanchez@mailinator.com						
	Search Auth Rep						
	social security Number	_					
	See Dote of birth						
	Female 🕑 10/t/1884	88					
	Phone number	Ed. (s	optione()				
	505-555-5555						
	Profemadionguage						
	English				0		
	Does this authorized representative wor	rk for an orga	nization that p	provides you assist	Clic	ek Next.	
	Yes No				Circ	In Incare.	
					<u> </u>		
	Cancel			Noxt			
				10041			
			وحياتهم والمراجع	n an ina an an	unu un m		
	The expanded kynect is working to	keep every	Kentuckion	safe, healthy and	happy.		
	Go to <u>kynect k</u>	y gov to see	all your option	ı A.			
Holp & FAQs	Contact Us						
Find DCBS Office	kyneet benefits 1-855-306-8959				nneet	f 🗹	2
material and a second se	1-855-308-8959	Tech	nical Assistanc	- 58			A second li

94. Select the Authorized Representative's **Relationship** to the primary Applicant from the drop-down.

Reps, kynectors, & Agents			•
	Add Authorized F	Representative	
		m you add will get access to your case information	
	based on the permissions you select.		
	How is this person related to your Select		
	Select	Actives line 2	
	Executor	LE. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B	
	Family member (not spouse)	you would like to grant your Authorized	
	Friend		
	Legal Guardian	d representative to have access to?	
	Nursing Facility Representative	th payness surfaces (cate)	
	Outside entity	Select Other since Jim	
	Parent of a minor child	and Kim are not married.	
	Power of Attorney		
	Spruse	Next	S1
	Statutory Benefit Payee		
	Treatment Center Employee The expanded kynect is working to keep	o every Kentucidan safe, healthy and happy.	
		to see all your aptions.	
Heip & FAQe	Contact Us		
Find DCBS Office	kynect benefits 1-855-306-8959	Technicel Assistance	
Cabinet for Health & F Services (CHFS)	amily kyneet haalth coverage <u>1-855-459-6328</u>	1-044-407-0390 Report Fraud Strategy I KENTUCKY	
Printable Forms		Report Froud	2
		- cara	

Reps, kynectors, & Agents				
	Add Authoriz	ed Representat	ive	
	Be sure to add the correct individual. T based on the permissions you select.	The person you add will get access to your	case information	
	Now is this person related to you?	O		
	Attitess	6ckiburer liner 2		
		LE. APT. #, SLITTE, UNIT, BUILD		
	Please indicate the programs and leve Representative.	Lota ves you would like to grant your Au	informed	
		Enter 123 Main St and click Enter to	-	
	Medicaid/KCHIP/Qua	move forward.		
	GHP (Medieci and Do			
	Back Can	cel	Next	
		g to keep every Kentuckian safe, her <u>activy gov</u> to see all your options.	althy and happy.	
Help & FAQa	Contact Us	ETTANITY IN SECURATION OF COMPANY		
Find DCBS Office	kynect benefits 1-055-305-8959	Technical Assistance	Connect f	
Cabinat for Health & Services (CHFS)	<u>& Family</u> kyneet health co <u>1-855-459-8328</u>		KENTUCKY	
Printable Forms			CHFS Cabinet for Health and Family Services	(?)

95. Enter the Authorized Representative's **Address**.

96. Select the Authorized Representative's **Address** from the drop-down. The dropdown will automatically populate valid addresses that match the criteria entered.

	Add Authoria	ed Representative
	Be sure to add the correct individua based on the permissions you selec	The person you add will get access to your case information
	How is this person related to your Other	Select 123 West Main Street, Louisville, KY, USA.
	Address 123 MAIN ST	
	123 Main Street, Evansville, IN, US 123 West Main Street, Louisville, I	
	123 Main Street, Pineville, NC, USA 123 Main Street West, Hartselle, A	
	123 East Main Street, Columbus,	
	Back Co	ncol Next
	and a source and source	n Mine i an ann an an
		ng to keep every Kentuckian safe, hoaithy and happy. nesikeger to see all your options.
Help & FAQs Find DCBS Office	<u>Contact Us</u> kynect benefit 1-855-306-89	
	Family	Leannice Assistance Logar-0390

97. Check the **box** for *Which program(s) do you want this authorized representative to have access to*?

Select the program(s) J access.	im wants the	Authorized	Representativ	e to have access	to and the level of
	Be sure to add the corre based on the permission		a you add will get access to you	r case information	
Check the box KCHIP/Qualifi with payment as	ed Health Pla	in 👘	Address Line 2 LE APT. #. SUITE LINIT, BUILD	DING, FLOOP, P.O. B	
	Ris Biside	Faccess	you would like to grant your A d representative to have acco	luthorized	
			th payment assistance (APTC) is without payment assistance		
	Back	Cancel	2	Noxt	
	The expanded kyne		every Kentuckkan safe, he to see all your options.	ealthy and happy.	
Holp & FAQs Find DCBS Office Cabinet for Health &	kyr Eil	entact Us hect benefits 155-305-8959	Technicol Assistance	Connect	F1 🖸
Services (CHPS) Printable Forms		aet hedith coverege 155-459-5328	<u>Putt av an</u>	Cabinet fo	rucky rHealth and Services

98. Select the Level of Access the Authorized Representative should have access to.

			you add will get access to your case information	
	based on the permission	s you select.		
	How is this person related to y	, our ()		
	otner			
		TOWN, LOUISVI	Address time 2 LE, APT, #, SUITE, UNIT, BUILDING, FLOOR, P.O. B	
For this scenario		a second designed		
Report Chang		and level of access y	you would like to grant your Authorized	
and receive co	py of Notices.			
		ant this authorized	I representative to have access to?	
	Medicald/KCHIP/	Qualified Health Plan with	h payment assistance (APTC)	
	 Apply, Repo 	irt Chonges , Recordity		
	Apply, Repo	rt Changes, Recently a	ind receive copy of Notices.	
	OilP (Mertion) on			
	QHP (Mediaci cri	d Dental Insurance plans	s without payment assistance)	
	QHP (Medical and	d Dental Insurance plans	s without payment assistance)	
	QHP (Mediaci on	d Dental Insurance plans	s without (payment assistance)	
	QHP (Medicel on Block	d Dentel Insurance plans	without poyment assistance) Next	

99. Click Next.

Add Authorized R	epresentative	
Be sure to add the correct individual. The person based on the permissions you select.	you add will get access to your case information	
How is this person related to your		
Other 🔘		
Address	Address Line 2	
123, WEST MAIN STREET, DOWNTOWN, LOUISVI	LE. APT. #, SUITE, UNIT, BUILDING, FLOOR, F.O. B	
These Indicase the programs and level of access depresentative Which program(s) do you want this authorized Mandach/COHP(Qualified Health Han with Apply, Report Changes, Recently	Ingresentative to have access to? h payment audistance (APIC) nd receive copy of Hotices.	
QHP (Mediecl and Dental Insurance plan	: without payment assistance)	
Back Cancol	Next	
The expanded kynect is working to keep	every Kentuckian safe, healthy and happy.	2

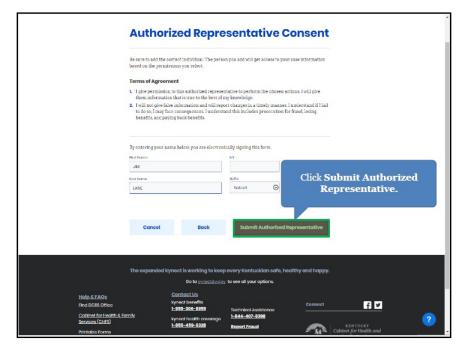
100. Enter the Applicant's **First Name**.

Auth	norized Repre	sentative Co	onsent	
	id the correct individual. The person e permissions you select.	n you add will get access to your ca	ase information.	
Torms of A	grooment			
	mission to this authorized represent armation that is true to the best of n		ns. I will give	
 I will not to do so, 	give false information and will repo may face consequences. I un and paying back benefits.		nd click	
By entering	your name below, you are ele			
Hist Name		ML		
Lost Name		Select 😡	IO/2022 B	
Can	cel Bock	Submit Authorized Rep	resentative	
The expan	nded kynect is working to keep Go to <u>kynectkygor</u>	every Kentuckian safe, heal ; to see all your aptions.	thy and happy.	
Help.S.FAQ8 Find DCBS Office	<u>Contact Va</u> kynect benefits <u>1-855-306-8959</u>	Technical Assistance	Connect	
Cabinet for Health & Family Services (CHFS) Printable Forms	kyneet haalth coverage <u>1-855-459-6328</u>	<u>1-844-407-8398</u> Report Fraud	KENTUCKY Cabinet for Health and	?

Example 2 Sect 2 Sec
them information that is true to the base of my knowledge. 1. I will not go this information and will report theorem is a timely manner. I understand if I fail to do so, I may these consequences. I understand this includes presecution for trand, losting bruck benefits. 3) ealering your Hard Dense to the second se
2. In this may be false and realized and will report charges in a timely manuae I understand if I fall to foot in the stoce comparison is understand this includes presecution for trand, outing breafile, and purjug back branefile. By calering your By calering your I was made in the stoce of
By estimical yours Historical Internet to move forward. Internet to move
Loss home 248 Exte Select (2) (10/2022 (8)
Select 🔘 Viqhazz 🖷
Cancel Bock Submit Authorized Representative
Cancel Back Submit Authorized Representative
The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Co to <u>ivvectav gov</u> to see all your options.

101. Enter the Applicant's Last Name.

102. Click Submit Authorized Representative.



103. Click **Start** to add a kynector to the application.

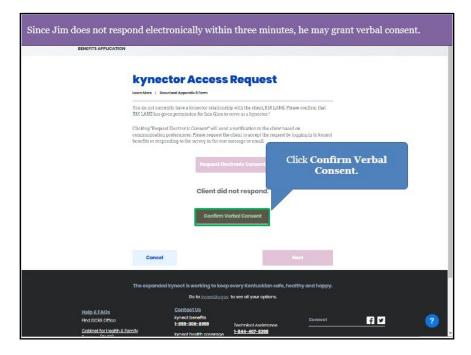
out the benefits applica	licants apply for benefits. T tion will appear in the kynec l out his benefits application æ Agent box.	tor box. In this scena	ario, XQALSC is the
	kynector		
	A kynector can help you with your benefits in the follow	ring waya:	
	Apply for Medicald or KI-HIPP Apply for APTC or QHP Report Charges in your information Recertly your benefits		
	XQALSC VVERHIV Application #: 600292013	Θ	
	organization Language(s)		
	English English	Click Start.	
	Contact Information		
	aptim@ecript.com Accress		
	Start		
	Find a kynec	tor	
	Insurance Agent An Insurance Agent can help you with your benefits in	he following ways	
		me tenoming ways.	•
	Apply for Medicaid or KI-HIPP Apply for APTC or QHP Report Changes in your information		•

104. Click Request Electronic Consent.

kynect post	board Programs v Reps, kynectors, & Agents Help & FAQe	xqalsc 💡
BENEFITS APPLICATION		Longuages: Brighth(Brighth) v
	Exequest Request Request Marken Request Marken M	
a consent notification vi highly encouraged that l	sing "Request Electronic Consent" in kynect be a their preferred contact method and is given o cynectors receive consent if possible via email	90 seconds to respond. It is and/or phone to keep the
information. While the a minutes to complete tas	e application process and confirm accurate em Applicant is providing electronic content, the k ks such as talking with the Applicant, compilin coverage Prescreening Tool.	ynector may use the three

Please note: After clicking "Request Electronic Consent" in kynect benefits, the Applicant is sent a consent notification via their preferred contact method and is given **90 seconds** to respond. It is highly encouraged that kynectors receive consent via email and/or phone if possible, to keep the Applicant involved in the application process and confirm accurate email/phone number information. While the Applicant is providing electronic consent, the kynector may use the three minutes to complete tasks such as talking with the Applicant, compiling verification documents, or using the kynect health coverage Prescreening Tool.

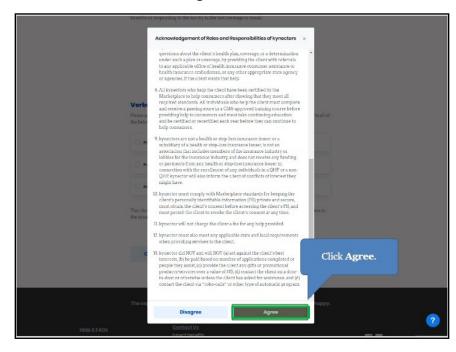
105. If the Applicant does not respond electronically within three minutes, click **Confirm Verbal Consent**.



	nowledgement of Roles and Responsibilities of kynectors, Authorizations, tant Information with Jim.	
	Client did not respond.	
	Confirm Varbal Consent Verbal Consent Plase agree to each of the following to confirm consent from the client. If you do not agree to all of the below, you will be unable to confirm consent from the client.	
	Acknowledgement of Selec and Sergansibilities of hyperclass Authorizations	
	Click Acknowledgement of Roles and Responsibilities of kynectors.	
	The chent will receive a confirmation of this agreement and will be able to remove association to the kypector at any time via kypect benefits.	
	Concel	
	The expanded lymect is working to keep every Kentuckian sofe healthy and happy,	í
	Go to k <u>unicstiky gov</u> to see all your options.	
Help.&.EAQs	ContactUs	

106. Click Acknowledgement of Roles and Responsibilities of kynectors.

107. Read the information and click Agree.



108. Click Authorizations.

<i>6.</i>	benefits or responding to the survey in the text message or email
	Request Electronic Consent
	Client did not respond.
	Confirm Verbal Consent
	Verbal Consent
	Please agree to each of the following to confirm consent from the client. If you do not agree to all of the below, you will be unable to confinue this application.
	💿 Acknowledgement of Solar and Sespensibilities of kynacters
	Authoritations
	Additional Important Information
	Click Authorizations.
	The client will receive a confirmation of this agreement and will be able t the kynector of any time via kynect benefits.
	the kydenor at any une via kydekt beneuta.
	Cancel Nant
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
	Go to kymeetiky,gee to see all your options.
Help & FAQs	Contact Us
LoopenLoode	kviset handite

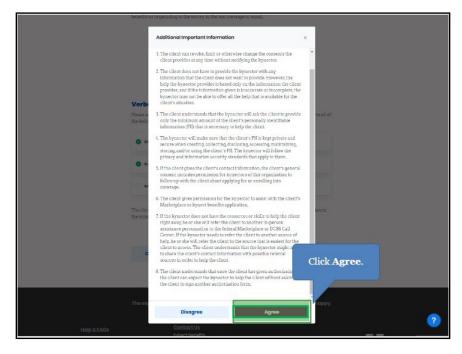
109. Read the information and click **Agree**.

benefits of	responding to the survey in the text message or email.	-
	Authorizations	x
	kynectors who are a part of this Cortified Application Counselor (CAC) organization, to create, collect, clicklose, access, mathitan, store, and/or use the clickert personally sidentifiable information (FI) in order to carry out the following distrated an kynectar, including contacting the client for follow-up regarding the clickly exploration acceleration. The client transmission presenting the clickly exploration acceleration clickly access, maintain, trock, and/or use some of the client's FII in order to provide this assistance.	
Verbi Plana a Une belie S 4	1. Toiling the client about the full range of qualified beath plan (DHP) options and insurance a strothability programs for which the dilest may be eligible, which includes providing the client with fair, accertaro, and impartial information that assists the client with which tight evelopible significations graphication eligible significations and plants or clientions at the strothest option which the shall the shall be applied to the signification of the signific	maller
0.*	coverage selection process. The information must be provided in a way that that meets the client's cultural and language needs. The client understands that kynector might need to ask about and keep notes on the client's health coverage needs and language preferences in order to be the client.	
0.	2. Ensuring that tools and help provided are accessible and usable for the client if the client has disabilities. The client understands that kynector might need to ask about and keep notes on any supports.	
The clim the kyra	and services the client needs in order to help the client. 3. Helping the client to select a QHP	ion to
	4. Helping the client with gelevances, complaints, or querilous about the clients health plan, coverage, or a determination under such a place or coverage, by providing the client of the iteraria to any apultable effice of health insurance consumer ansistance or health insurance much dama, or any other appropriate track approx or approxes. The client understands that Apprecision might need to durative the client's PII to show a referst assurance in order to health the client's PII to show a referst assurance in order to health client.	
	 Providing the client with a copy of the Appendix B form, If requested, and storing the original. 	
The exp		happy.
	Disagree Agree	2
Holp & EAQs	Contact Us Instant honelite	

6	benefits or responding to the survey in the text message or email	*
	Request Electronic Consent	
	Client did not respond.	
	Confirm Verbal Consent	
	Verbal Consent	
	Please agnee to each of the following to confirm consent from the client. If you do not agree to all of the below, you will be unable to continue this application.	
	Click Additional Important Information. Additional Important Information. Additional Important Information. The clear will receive a confirmation of this agreement and will be able to remove association to the Kyzettor at any time of a kyzetto benefits.	
	Cancel Not	
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy.	
	ine expanded kynect is working to keep every kentuckian sare, neatrny and nappy. Go to <u>kynsatkygi</u> zy to see all your options.	
		2
Help & FAQs	Contact Us	

110. Click Additional Important Information.

111. Read the information and click **Agree**.



0	benefits or responding to the survey in the text message or email
	Request Electronic Consent
	Client did not respond.
	Confirm Verbal Consent
	Verbal Consent
	Please agne to each of the following to confirm consent from the client. If you do not agree to all of the below, you will be unable to confirm this application.
	Asimoundgement of bains and Bespensibilities of synaction
	Autoriains
	Additional Important Information
	The client will receive a confirmation of this agreement and will be able to remove association to the kypector at any time via kypect benefits.
	Cancel Next
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
	Go to kyneetikyapy to see all your aptions.
Help & FAQs	ContactUs Innerthandfis

112. Click **Next** to add the kynector to the application.

113. Click **Find an Insurance Agent** to add an Agent to the application.

KIM-SANCHIZ Modewal/Democratic Modematic Provide Sourcests Application #: 50070089	201000(9%) ③
Add on Authorit	ad Representative
kynoctor A kynoctor can help you with your benefits in th	n following ways
Apply for Medicad or KI-HIPP Apply for APTC or QHP Repert Changes in your information Recently your becells	
XQALSCH VV78HHV Application 4: 60070089	\odot
Find a	kymector
Insurance Agent An Insurance Agent can help you with your ben - Apply for Medicaid or KI HIPP - Apply for APIYCor QHP - Report Change in your information - Recently your banefits	Click Find an Insurance Agent.
Find an Ins	urancs Agont
Please note : If an Agent is completing the appl automatically appear under the <i>Insurance Agen</i>	ication on behalf of the Resident, their name will t section.

Find kynector or	Agent	
Type kynector Agent	1	
First Nomo	Lott Nome	1
Zp Code	Organization	
Enter Taylor and click Enter to move forward.	Search	

114. Enter the Agent's **First Name**.

115. Enter the Agent's Last Name.

		1	Languagee: English(English) ~	
Find kynect	or or Agent			
Туре				
kynector	Agent			
First Namo	Lost Norme			
TAYLOR				
Zip Coclo	Organization			
		Enter		
Cancel		Horsley and		
		click Enter to move		
		forward.		
The expanded kynect is wo	rking to keep every Kentuck	ian safe, healthy and happy.		
Get	o kyneetkygey to see all your op	tione		

Find kynecto	r or Agent	
This Kynooto	I VI Agent	
Туре		
kynector Ag	ent	
First Norma	Losil Norma	
TAYLOR	HORSLEY	
7ąp Codo	Organization	
search for t desired Age		
The exempler lynnet is workin	ig to keep every Kentuckian safe, healthy	and hoppy

116. Click **Search** to search for the Agent.

117. Click View Agent Details.

kynect benefits	Doshboard Programs v Rops, kynoolare, & Agente	Help & FAQs	xQALSO (2) Languages: Ergleh (Ergleh) ~
	Find kynector o		
	Туре		
	kynector Agent		
	Find Norma	Level Nerrise	~
	TAYLOR	HORSLEY	
	7ip Code	Organization]
	Cancel	Search	
	2 Results	ethar(1)	
	REDEFIEND ACENT Taylor Horsley 783.44 mA	Click View Agent De for the desired Ager	tails it.
	View Agent Details	View Agent Details	
	The expanded kynect is working to ke	ep every Kentuckian safe, healthy and happy	ь.
	Go to kynecticy	jov to see all your options.	

kynect Dashboard Pro	agrams v Raps, kymeetors, £ Agents Holp & FAQs	XOALSC 👰
		tangoages: English(Inglish) ~
Fîn(17990 53	Agont ×	
First Rep- 12/VL2 7p: Door	Taylor Harsley Office Address UNITED RIGHTWRITERS, INC. EXETER .NH 09853 Contact Method Call-604-777-1555 Email:gotIm@exet	
2 Rosu 11 20 10 7	Availability Languages English Extent Agent Extent Agent	
Please Note: If an Agent	t has any Delegate(s), their name and cor display upon search.	ntact information will also

118. Click **Select Agent** to add the Agent to the case.

119. Click Next.

6	38	20	4
	Add an Authorized R	opresentative	
	kynector A kynector ran help you with your benefits in the follo	awing ways:	
	Apply for Medicald or KI-HIPP Apply for APTC or QHP Report Changes in your information Recertify your benefits		
	XQALSC H YVFRHHV Application #: 600700989	۲	
	Find a kyne	sctor	
	Insurance Agent An Insurance Agent can belp you with your benefits it - Apply for Modicaid or KI HIPP - Apply for APPC-or QHP - Beyort Changes in your information - Recercity your benefits	n the following weys:	
	Taylor Horsloy Application #: 800700989	۲	Click Next.
	Find an Insuran	ce Agent	
	Back Save & Exit	Next	
			2

1.6 Relationship & Tax Filing

The *Relationship* & *Tax Filing* section is where Agents and kynectors enter information on the household's relationships and tax filing status. The *Relationship* section will not queue if there are no other household members.

kynect	Dashbaand Programs v Rept, kynectors, £Agents Help £7AQs	
BENEFITS APPLICAT	ION	tangangnus myslim(myslar) 🗸
	Application Summa	ry
	4 of 10 completed	
	Program Selection	Edit
	Heusehold Members.	edit
	 Contact information 	
	JIMILANE	fellt 🛥
	KIM SANCHEZ	
	Reps, kynectors, & Agents	Click Start to begin the <i>Relationship & Tax Filing</i> section.
	Relationship & Yax Filing	
	JIM LANE	21022
	KIM SANCHEZ	
	CHRIS SANCHEZ	
	Household Information	Stort

120. Click **Start** to begin the *Relationship & Tax Filing* section.

121. Select the Applicant's **Current Living Situation** from the drop-down.

	means the Applicant rents or owns their home. If they live in another type of a group home facility or drug treatment facility, please select the most
	sappitation farmany JIM LANE Section 1 of 0
	Living Arrangements 🛇
	Nine is and sconers thing situation? O Select In Home.
	h Borne III Noxt
	Drug Addiction and Alachal Traotment Centers Dermitaries/ Dn - Campus Housing Group Living Arrangement
	Half - Way House Homeless or Homeless Shelter
	incarperated Shelter for Bottered women and children Long Term Care Facility
	Psychiatric Residential Tractment Facility Purschul Care Home Family Care Home Family Care Home
Help & FAQs	Jub Corps Hospitalization
Find DCBS Office	Militory Dase ?

122. Select the **Type of In-Home Assistance** the Applicant receives from the dropdown if applicable.

kynect Boshboord	d Programs v Reps, kyneolors, & Agente	Help & FAQs	Cordmin (5)
BENEFITS APPLICATION			Longuages: English(English) v
J	npikotion Summary IIMLANE clien 1 of 3		
Liv	ring Arrangements 💿		
() () () () () () () () () ()	et is attif's current fixing situation? In Home	0	
	et type of in home assistance does JM Givor		
4	Select	Select Not Applicable	e.
	Waiver Non-Institutionalized Hospice Not Applicable	Next	
		-	
	ne avanded truncet is working to be	ep every Kentuckian safe, healthy and happy.	
		ep every kontucidan sare, neakny and happy. cy to see all your options.	
Help & FAQs Find DCBS Office	<u>Contact Us</u>		?

123. Click Next.

kynect	ashboard Programs ~ Re	ps, kynoolors, & Agents Help & FAQs		💿 dozówie 🚷
				Longuages: English(English) ~
RENEFITS APPLICATION				
	Application Summary			
	JIM LANI	E		
	Section 1 of 3			
	Living Arrangements	0		
	whet is atty's current liking si	tuation?		
	In Home	0		
	What type of in home assist reactive?	NR. eecb some		
	Not Applicable	0		
	Back	Save & Exit	Noxt	
		(4	
		Click Next.	<i>k</i>	
	The expanded kyne	ct is working to keep every Ken	tuckian safe, healthy and ha	рру.
		Go to kynepticy.gov: to see all ye	our options.	
Help & FAQs				
Find DCBS Office	C	ontact Us		

124. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.

kynect Dashboard Programs -	Reps, kynectors, & Agents	그 가장 같은 것 같은
BENEFITS APPLICATION		sangangan: mgint(mgint) v
Cappfordien tummary	IE	
Relationships 💮		
Rolationship With	KIM SANCHEZ	
LINE LANG IS KIN SAVCHIEZ'S	· · · · · ·	
Stort Typing Son-in-Low		Select Unrelated/Other since Jim and Kim are not married.
Step Brother		und Ann ure not married.
Step Grandson (Inc	cluding Great)	
Unrelated/Other		
IN JIM LANE CHRIS SA	NCHEZ's Parent/Careta	taker Relative?
Yes	No	
Back	Save & Exit	Next
The expended by	nect is working to ke	every Kentuckian safe, healthy and happy.

125. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.

benefits Doshboard Programs - Baps, kymectors, £ Agents Help £ 7 AQa	
	Langungens: miglion(miglion) 🗸
BENEFITS APPLICATION	
<application summary<="" td=""><td></td></application>	
JIM LANE	
Soction 2 of 8	
000.0012.000	
Relationships 💮	
Relationship With KIM SANCHEZ	
JIM LANE IS KINI SAVCINETS	
Unrelated/Cther	
Unrolated/Other relationship with KIM SANCHEZ:	Select Domestic
UNI LANE IS KINI SONCHEZ'S.	Partner.
Stort Typing	
Domestic Partner	
Parent a Domestic Partner	
Child of Domestic Partner (including	
adapted children)	
Other/Unrelated relative	
Is JIM LANE CHRIS SANCHEZ's Parent/Caretaker Relative?	
Yes. No	

126. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.

KYNECT Doubboard Programs - Keps, lymectors, EAgents Help ETAQs	Фремля 🚷
SENISTIS APPLICATION	tangaogae: inglish(inglish) v
< <u>Application Summary</u>	
JIM LANE	
Soction 2 of 8	
Relationships 💮	
Relationship With KIM SANCHEZ	
JPH LAME IN KIM SANCHILI'N	
Unrelated/Other	
Unrolated/Other relationship with KIM SANCHEZ:	
JAM LANE IS KIN SANCHEZS.	
Domestic Portner	
Logal rolationship with KIM SANCHEZ:	
JIM LANE IS KIM SANCHAZA.	
stort typing Select Non	e of the above.
Court appointed guardian	
Guardion	
Word	
None of the obove	
Is JIM LANE CHRIS SANCHEZ's Parent/Carotaker Relative?	

127. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.

6.	Unrelated/Other	*			
		elationship with KIM SANCHEZ:			
	JIM DANE 13 KIM SAINCHEZ				
	Domestic Partner				
	Legal relationship	with KIM SANCHEZ:			
	IN LANE IS KIN SANCHEZ				- 1
	None of the above	5			
	Relationship With	CHRIS SANCHEZ			
	IN LANE IS CHIRE SANCH	ž×	Select Father.		
	Stort Typing				
	Spouse				
	Father	Relativ	o?		
	Step Fother				
	Grandfather (Incl.	uting Graat)			
	Care Courtester	(marked) 🔻			
	Back	Save & Exit	Next		
	The expanded ky	nect is working to keep every K	entuckian safe, healthy and happy.		
		Go to <u>kynectky.gov</u> to see a	Il your options.		
Help & FAQs Find DCBS Office Cabinet for Health		Contact Us kynact benefits 1=855-308-8959 Tache	Connect	f 9	?

128. Click **Yes** or **No** if the Applicant is claiming any household members as dependents.

	UM LAND IS KINESANCHEZS					
	Unrelated/Other					
	Unrelated/Other rela	itionship with KIM S/	ANCHEZ:			
	Infunction of the clove					
Click Yes since Jim is Chris's Parent/ Caretaker Relative.	nship With Ci	IRIS SANCHEZ CHEZ'S Parent/Caretak No				
	Back	Savo & Exit		Noxt		
	The expanded kyne	ct is working to kee	p every Kentuckian safe, f	healthy and happy.		
			v to see all your options.			
		and an approved go	to an an pain openant.			
Holp & FAQs Find DCBS Office Cabinet for Health & Far	ky	ontact Us nact benafits 355-306-8959	Technical Assistance	Connect	F1 12	?
Services (CHFS)	W	nect health advarage				*

129. Click Next.

	Cabinet for Health & Family Services (CHFS)	1-855-308-8959 kypeet boolth eeverops	Technical Assistance	Connect	f ¥	-
	Help & FAQs Find DCBS Office	<u>Contact Us</u> kyneat banefits				2
		Go to kynootiky g	pv to see all your options.			
	Theexpan	ded kynect is working to ke		ealthy and happy.		
	Bac	k Savo & Exit		Noxt		
	Yes	No			/	
		CHRIS SANCHEZ's Parent/Careto	sker Relative?	Clic	k Next.	
	Father			()		
	JIM LANE IS CHIP	S SANCHEZ'S	1			
	Relationshi	ip With CHRIS SANCHEZ				
	Joi Lee Li Kon					
	Legal relati	onship with KIM SANCHEZ:				
	Domestic P	Partner				
	JPM LAME IS KINT					
	Unrolated/	Other relationship with KIM S	ANCHEZ:			
	Unrelated/	Other				
10.	3 PA LAND IN KIN	WHETE				

130. Click the **box** identifying how the Applicant intends to file taxes this year.

Enter Jim's tax filing s claim Chris as a deper	status. For this scenario, Jim plans to file taxes as single and does not plan to adent.	
	Capitolics summary JIM LANE Socies of 3	
	Tax Filing 💿	
	How does JIM LANE intend to file taxes for tax year 2022?	
	Dependent of individual in the household	
	Dependent of individual not in the household	
	Married Filing Jointly	
	Married Filing Separately	
	Head of Household	
	Not Applicable	
Click Single.	Ide not intend to file taxes	
	Qualifying Wildow(er)	
	Single	
	Did JIM LANE reconcile premium tax credits on his tax return for any past years? Check the box ? bidwit: ①	•

131. Click Return to Tax Filing Details Page.

Kynect Doctribuord	Ргадгогов ч Керя, куластога, 6 адается найр 6 г а Qa	СО соединия 🚱
BENEFITS APPLICATION		ungungut: singlich(Inglich), V
JI	Notice Summary	
Ταχί	Tiling 💮	
Haw	daes JIM LANE Intend to file taxes this year? 🛈	
	Use This Tax Filing Status?	* Click Return to Tax
	Please read carefully. If you will be claimed as a tax dependent by someone also, please select your tax filing status as dependent	Filing Details Page.
	Return to Tax Filing Details Page	
	Not Applicable	
	I do not intend to file taxes	
0	Qualifying Widow(er)	
۲	Single	
is JIN	ILANE claiming any household members as dependents?	?
	Yes No	

132. Click **Yes** or **No** if the Applicant is claiming any household members as dependents.

	0	I do not inter	d to	file toxes			
		Qualifying Widow(er)					
	۲	Single					
	ls JIN	LANE claiming	any	household members	as dependent	s?	
		Yes		No			
	• Y • Y • Y	v if: ① ou received pay ou filed a federa xample, in 2020 par.	yme al inc you	got help paying cove	or coverage. Samo year yo rage and you o		
	• ٢	ou submitted IR	S Fo	m 8962 with the tax n	oturn.		
		Yes, Freconcil	ed p	remium tax credits in	past years.		
	will	JIM LANE'S tax Yes	c fili	ng status be the san	ie for tax year	2022?	
			J				
		Back		Save & Exit		Next	
	The	expanded kyr	nec	is working to keep	every Kentu	ckian safe, healthy and he	арру.
				Go to <u>kynect.ky.gov</u>	to see all your	options.	?
Holp & EAOs							

133. Check the **box** for Yes, I reconciled premium tax credits in past years if applicable.

	O I do not intend to	file taxes			
	O Qualifying Widow	(er)			
	Single				
		household members as dep	endents?		
l	Yes	No			
t	 You received paymer You filed a federal inc 	remium tax credits on his tax nt assistance to help for cover rome tax roturn for the same y got help paying coverage an	age. rear you used payr	reconcile	e box for Yes, I d premium tax in past years.
		m 8962 with the tax return.			
	Yes, I reconciled pr	remium tax credits in past yee	379.		
	WILLIM LANE'S toy file	ng status be the same for ta	N VOAK 20227		
ſ	Yes	No	x year 2022:		
	Back	Save & Exit	Nex	ct	
	The expanded kynect	is working to keep every	Centuckian safe, health	y and happy.	
		Go to kynect.ky.gov to see		,	?
Voin & FAOs					

	I do not intend to file taxes
	O Qualifying Widow(cr)
	Single
	I JIM LANE claiming any household members as dependents?
	Yes No
L	
	iid JIM LANE reconcile premium tax credits on his tax return for any past years? Check the box lelow if: ①
	You received payment assistance to help for coverage.
	You filed a federal income tax return for the same year you used payment assistance. For
	example, in 2020 you got help paying coverage and you also filed tax return for the same
	year. • You submitted IRS Form 8962 with the tax return.
(
	Yes, I reconciled premium tax credits in past years.
	Will JIM LANE'S tax filing status be the same for tax year 2022?
	Yes No
	Click Yes for Will JIM
	LANE's tax filing status
	be the same for the
	current tax year?
г	the safe, healthy and happy.
	Go to kynect kygay to see all your options.
11-1-0540-	

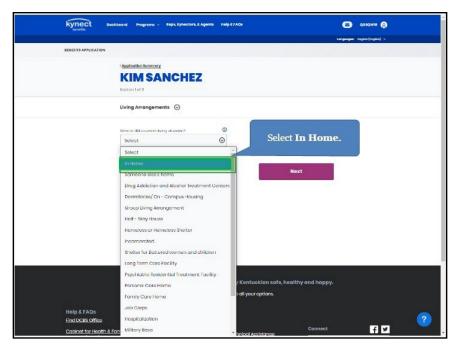
134. Click Yes or No for Will Jim Lane's tax filing status be the same next year?

0	1 do not intend to file taxes	
	Qualifying Widow(cr)	
•) Single	
Is J	IM LANE claiming any household members as dependents?	
	Yes No	
	JIM LANE reconcile premium tax credits on his tax return for any past years? Check the box	
	ow if: ① You received payment assistance to help for coverage.	- 1
	You relative payment assistance to help for doverage. You filed a fadoral income tax ratum for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same	
	saulinge, in zee you got help paying overlage and you also need our retain for the sume year. You submitted IRS Form 8962 with the tax return.	
	Yes, I reconciled premium tax credits in past years.	
w	ill JIM LANES tax filing status be the same for tax year 2022? Click Next.	
	Yes No	
	Back Save & Exit Next	
Th	e expanded kynect is working to keep every Kentuckian safe, healthy and happy.	
	Go to <u>kynectiky.gov</u> to see all your options.	?
Holp & EAOs		

136. Click **Start** to begin the *Relationship & Tax Filing* section for the Second Household Member. If there are no other members in the household, skip to the **Household Information Section.**

kynect Deshbeer	d Programs v Reps, kynectors, č Agenta Help č r AQa		QDEQWIR (R
BENEFITS APPLICATION			ndarah darah A
	Application Summary		
	pleation# 100700622 mplete the sections below to submit the application.		
	of 10 completed		
	Program Selection	Edit	
	Vrogram seecoon	EON	
	Household Members	Edit	
	Contact Information		
	JIM LAKE	<u>Edit</u> →	
	KIM SANCHE?	ıdit +	
	🔵 Reps, kynectors, & Agents	Click Start t <i>Relationship</i> of section for	& Tax Filing
	🥥 Relationship & Tax Filing	section fo	or Kiin.
	JIM LANS	Edit -+	
	KIM SANCHEZ	Stort 🕥	
	CHRIS SANCHEZ		

137. Select the Second Household Member's **Current Living Situation** from the dropdown.



138. Select the **Type of In-Home Assistance** the Second Household Member receives from the drop-down if applicable.

	rame 🗸 🛛 Reps, kynectors, 4 Agent	в неретары	Ø	ареамия 🛞
BENEFITS APPLICATION			Langaragan	e: register(register) v
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KIM	SANCHEZ			
Section 1 of 8				
Living Arro	ingements 😔			
Writes Line Killer	ument living situation?	0		
In Home		Θ		
What type of increase?	n-homa assistanca doos KIM			
Soloct		©		
Select		Selec	t Not Applicable .	
Walver				
	tutionalized Hospice		Next	
Not Appl	aable			
The expa	nded kynect is working to I	keep every Kentuckia	in safe, healthy and happy.	
		y.gov to see all your opt		
Help & FAQs				
Find DGBS Office	Contact Us			2
Cabinet for Health & Family	kyneet benefits 1-855-306-8959	Technical Assist	Connect	f 🗹 💛

kynect Deshboard	Programs - Reps, kynectori	s, 6 Аделяз Неір 6 тАQs		CO QDEQWIR (S)
				tangangan: mgim(mgim) v
BENEFITS APPLICATION				
1000	ioation Summery			
K	IM SANCHE	Z		
Socti	m T of 8			
Livin	g Arrangements 💿			
What	is GM a current living attaction?	۵		
In	Home	O		
THICKNE	type of in-homa ossistence dees kil w ⁵ It Applicable	″ Cli	ck Next.	
	Back Sav	e & Exit	Next	
The		ing to keep every Kentuckia ynaatkygav to soo all your epti		
		in and a second s	120 112	
Holp & FAQs Find DCBS Office	Contact Us			
Cabinet for Health & Family	kynaat banafi 1-855-306-81		Connect	f ¥

140. Select the Second Household Member's **Relationship** to the other household member(s) from the drop-down.

S.	Rolationship With JIM LANE
	NM SANCHEE'S JM CANA'S
	Unrelated/Cther
	Unrolated/Other relationship with JIM LANE:
	UM SANCHEZ 8 JM LANE'S
	Domestic Partner
	Legal relationship with JIM LANE:
	ON SANCHEZ IS AN UNITED.
	None of the above
	Relationship with CHRIS SANCHEZ Select Mother.
	KIM SANCHEZ IS CHRIS SANCHEZ S
	Stort Typing Spouse
	Mothor oker Relative?
	Step Mother
	Grandmather (including Graat)
	and the second T
	Back Save & Exit Next
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
	Co to <u>ivmedity.quv</u> to see all your options.
Holp & FAOs	· · · · · · · · · · · · · · · · · · ·

141. Click **Yes** or **No** to identify *Parent/Caretaker Relative status*.

	Rolationship With JIM LANE	
	KIM SANCHEZ B JM LANE'S	
	Unrelated/Cther	
	Unrelated/Other relationship with JIM LANE:	
	KIM SANCHEL K JIM LANES	
	Domestic Portner	
	Legal relationship with JIM LANE:	
	NM SANCHEZ IC JM LANES.	
	None of the above	
	Relationship With CHRIS SANCHEZ	
	KIM SANCHEZ IS CHIRS SANCHEZ I.	
	Mother	
	is KIM SANCHEZ CHRIS SANCHEZ's Parent/Caretaker Relative?	
	Y65 NO	
Click Yes since Ki		
is Chris's Parent/		
Caretaker Relative		
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy.	
	Go to kynadskygav to see all your options.	
		2
Help & FAQs	Contact Us	

142. Click Next.

G.	Relationship With JIM LANE	
	KOM NANCHEL K JM LANG'S	
	Unrelated/Cther	
	Unrelated/Other relationship with JIM LANE:	
	KIM SANCHEZ IS JIM LANE'S	
	Domestic Portner	- 1
	Legal relationship with JIM LANE:	
	OM SANCHEZ ICUM LANES.	
	None of the above	
	Relationship With CHRIS SANCHEZ	
	Mother	
	IN KIM SANCHEZ CHRIS SANCHEZ'S Parent/Carvetaker Relative? Click Next.	
	Vee No	
	Back Save & Exit Next	
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy.	
	Go to <u>kythadtky.gov</u> to see all your options.	?
Holp & FAQs	Contract Us	-

143. Click the **box** identifying how the Second Household Member intends to file taxes this year.

kynect Dashi	vard Programs v Reps, kynectors, 2 Agents Help 2 FAQs	COECIMIR 🚯
BENEFITS APPLICATION	tangungini: English(English) v	
	Tax Filing 💿	
	How does KIM SANCHEZ intend to file taxes for tax year 2022?	
	O Dependent of individual in the household	
	O Dependent of individual not in the household	
(Married Filing Jointly	
	O Married Filing Separately	
	Hoad of Household	
	Not Applicable	
Click Single.	I do not intend to file taxes	
	Qualifying Widow(er)	
	Single	
	Did KIM SANCHEZ reconcile premium tax credits on her tax return for any past years? $Chack$ the tox hollow if: O	?

kynect Doubloard	Programs v Reps, kynsectors, 6. Agenta Heljo 6 I AQa	С совении ()
BENEFITS APPLICATION		i tangangasi ingko (ngko) iyi
К	Konfors Harminary In SANCHEZ Mr 1 of 1	
Ταχ	Filing 🛇	
Haw	r does KIM SANCHEZ intend to file taxes this year? ①	
	Use This Tax Filing Status? Please read carefully. If you will be claimed as a tax de someone clea, please select your tax filing status as d	Click Return to Tax Filing Details Page.
	Roturn to Tax Filing Dotalis Page	
	Not Applicable	
	I do not intend to file taxes	
0	Qualifying Widow(er)	
•	Single	
1s KI	MSANCHEZ claiming any household members as dependents? Yes No	(2)

144. Click Return to Tax Filing Details Page.

145. Click **Yes** or **No** if the Second Household Member is claiming any household members as dependents.

	I de not intend to file taxes	
	Qualifying Widow(er)	
	Single	
	Is KIM SANCHEZ claiming any household members as dependents?	
	H KIM SANCHEZ reconcile promium tax credits on her tax return for any past years? Chock p box below iff. \odot	
Click Yes since Kim is claiming	You received payment assistance to help for coverage. You filed a federal income tax return for the same year you used payment assistance. For	
Chris as a tax	example, in 2020 you got help paying coverage and you also filed tax return for the same year. You submitted IRS Form 8962 with the tax return.	
dependent.	Yes, I reconciled premium tax credits in past years.	
	WIII KIM SANCHEZ'S tax filing status be the same for tax year 2022?	
	Yes No	
	Back Save & Exit Next	
	The expanded kynect is working to keep every Kentuckian safe, healthy and happy.	
	Go to <u>kymest ky.gov</u> to see all your options.	

146. Check the **box(es)** for the household member(s) who will be claimed as a dependent.

O I do not intend to file taxes							
0	Qualifying Widow(er)						
۲	Single						
IS KIM	SANCHEZ claimi Yes	ng any household men No	ibers as depend	ents?			
Whic	n household men	nber(s) is KIM SANCHEZ	claiming as a de	pendent?			
	JIM LANE						l
	CHRIS SANCHEZ						l
the bo	M SANCHEZ rec ox below if: ① nu received pay nu filed a fedara ample, in 2020		he box f Sanchez		t years? Check issistance. For i for the same		
	ar. In submitted IRS F	orm 8962 with the tax n	itum.				l
	Yes, I reconciled	premium tax credits in	past years.				
will	KIM SANCHEZ'S Yes	tax filing status be th	e same for tax :	year 2022?			
	Back	Save & Exit			Nøxt	?	

147. Check the **box** for Yes, I reconciled premium tax credits in past years.

	0	I do not intend to file taxes	
		Qualifying Widow(er)	
	۲	Single	
	IS KIN	SANCHEZ claiming any household members as dependents?	
	Whic	household member(s) is KIM SANCHEZ claiming as a dependent?	
		JIM LANE	
	~	CHRIS SANCHEZ	
		I SANCHEZ reconcile premium tax credits on her tax return for any past years? Check chelow if O	
	• Ye	u received payment assistance to help for coverage. I filed a federal income tax return for the same year you used payment assistance. For miple, in 2020 you got help paying coverage and you also filed tax return for the same	
	ye		
		Yes, I reconciled premium tax credits in past years.	
Check the box for		SANCHEZS tax filing status be the same for tax year 2022?	
Yes, I reconciled premium tax credits in past years.		Yes No	
in pust years.		ack Save & Exit Next	?

148. Click **Yes** or **No** for *Will* [Second Household Member's Name] tax filing status be the same next year?

		I do not intend to	o file taxes
	0	Qualifying Widow	vv(or)
	۲	Single	
	Is KIM		ig any household members as dependents?
		Yes	No
	Which	household mem	bor(s) is KIM SANCHEZ claiming as a dopondent?
		JIM LANE	
	~	CHRIS SANCHEZ	
		M SANCHEZ recon ox below if: 0	clie premium tax credits on her tax return for any past years? Check
	TA7*	11 7773 6	sesistance to help for covarage. no tax rotum for the same year you used payment assistance. For t help paying coverage and you also filed tax rotum for the same
Click Yes for Sanchez's ta			8962 with the tax return.
status be the sa			nium tax credits in past yoors.
current tax	: ye	ar?	
	Wil	I KIM SANCHEZ'S	tax filing status be the same for tax year 2022?
		Yes	No

0	I do not intend to file taxes
0	Qualifying Widow(er)
۲	Single
is Ki	IM SANCHEZ claiming any household members as dependents?
	Yes No
Whi	ich household member(s) is KIM SANCHEZ claiming as a dependent?
	JIM LANE
~	CHRIS SANCHEZ
	KIM SANCHEZ reconcile premium tax credits on her tax return for any past years? Check bax below if: 0
	You received payment assistance to help for covarage. You filed a federal income tax rotum for the same year you used payment assistance. For
	example, in 2020 you got help paying average and you also filed tax return for the same year. You submitted IRS Form 8962 with the tax return.
•	Y Yas, I reconciled premium tax cradits in past years.
wiii	KIM SANCHEZS tax filing status be the same for tax year 2022?
	Yes No
	Back Save & Exit Noxt

150. Click **Start** to begin the *Relationship & Tax Filing* section for the Third Household Member.

kynect •	iashboard Programs v Reps, kynectors, £ Agents Help £ FAQs		
BENEFITS APPLICATIO	NA CONTRACTOR OF CONTRACTOR		tangeoges: mysler(mysle) v
	Application Summary		
	Complete the sections below to submit the application.		
	4 of 10 completed		
	Program Selection	Edit	
	Household Members	Edit	
	Contact Information		
	JIM LANE	<u>Edit</u> →	
	KIM SANCHE?	rdit →	
	Reps, kynectors, & Agents		ck Start to begin th Relationship & Tax
	🥥 Relationship & Tax Filing		ing section for Chris
	JIM CANE	Edit -	/
	KIM SANCHEZ	Edit -	
	CHRIS SANCHEZ	Start 🖨	

151. Select the Third Household Member's **Current Living Situation** from the dropdown.

kynect Beschie	and Programs v Reps, kynectors, 4 Agents Help	EFAR9.	совержия (2)
BENEFITS APPLICATION			tangangan: rogion(mgion) v
	CHRIS SANCHEZ		
	Living Arrangements 💿	(
	What is CHRIG's current linking situation?	Select In Home.	
	What is CHRIG's current living situation? Select		
	Select	-	
	In Home		
	Someone else s home	Next	
	Drug Addiction and Alcohol Treatment Centers		
	Dormitories/ On - Compus Housing		
	Group Living Arrangement		
	Holf - Way House		
	Homeless or Homeless Shelter		
	Shelter for Battered women and children		
	Long Term Care Facility		
	Psychiatric Residential Treatment Facility		
	Personal Care Home	/ Kentuckian safe, healthy and happy.	
	Family Care Home	b all your options.	
Help & FAQs	Job Corps		_
Find DCBS Office	Hospitalization		2
Cabinet for Health & Fan	Military Basa	Connect	f 🗹 📈 .

152. Select the **Type of In-Home Assistance** the Third Household Member receives from the drop-down if applicable.

	rams - Reps, kynectors, £ Agents	нер стада		🖾 ареання 🚷	
BENEFITS APPLICATION				tangeogue: mysien(mysies) 🗸	
Capploation S CHR Section 1 of 2	IS SANCHEZ				
Living Arro	ngements ⊙				
What is CHRS	Current living alteration?	0			
In Home		Θ			
What type of interaction	∵homa assistanca does CHRIS				
Select		0			
Select			Select Not App	licable.	
	tutionalized Hospice				
Not Appl					
The expa	nded kynect is working to k	oop overy Kent	uckian safe, healthy and h	appy.	
	Go to kyneat.ky	gay to see all ya	ur options.		
Help & FAQs Find DCBS Office	Contact Us				(
Cabinet for Health & Family	kyneet benefits 1-865-306-8969	Technical	Conn Assistance	iect 🛉 🖌	

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					Languages	rogier(rogies) 🗸
BENEFITS APPLICATION						
< <u>App</u>	Foation Summery					
C	HRIS SA	NCHEZ				
Soct	on Lof 8					
Livir	ig Arrangements	0				
What	is CHES's current living	situation?	0			
In	Home		0			
Whot	type of in-home assiste	anco does CHRIS		Click Ne	xt.	
	t Applicable		Θ	<u> </u>	<u> </u>	
					1	
	Back	Save & Exit		Next		
			_			
The	expanded kyne			in safe, healthy and l	happy.	
		Go to kynaat.ky.g	py to see all your opti	ons.		
Help & FAQs						
Holp & FAGS		ntact Us				

154. The Third Household Member's relationships automatically populates based on information previously entered. Click **Next**.

Kynect Dashboard Programs - Reps, kynectors, £ Agents Help £7AQs benefits	COBEQUIR (A)
BENEFITS APPLICATION	radiedine adiana (adiana) A
< Application Summary	
CHRIS SANCHEZ	
Section 2 of 8	
Relationships	
Relationship With JIM LANE	
CHIPS SANCHEZ IS JM LANC'S	
Son 16 LARE & CHRS SARCHEZ's Parent/Constoker Relative.	
Rolationship With KIM SANCHEZ	Information entered for Jim and Kim's relationship
CHRIS SANCHEZ IN KIM SANCHEZ IN	with Chris automatically
Son Mir sanchez is Dhirs sanchez s horent/Constellar relative.	populates. Click Next.
Back Save & Exit	Next
The expanded kynect is working to keep every Kentuc	skian safe, healthy and happy.
Co to <u>kynect ky.gov</u> to see all your	options.

155. The Third Household Member's tax information automatically populates based on information previously entered. Click **Next**.

	Not Applicoble
	I do not intend to file toxos
	Qualifying Widow(or)
	Singlo
w	o is CHRIS SANCHEZ a dependent off
	JIM LANE
•) KIM SANCHEZ
:	box balow if: O You received payment assistance to help for coverage. You field of foderal income tax roturn for this same year you used payment assistance. For exemple, in 2020 you got help paying coverage and you also float tax roturn for the same year. You submitted IRS Form 8962 with the tax roturn.
	Yes, I reconciled premium tax credits in past years.
wii	CHRIS SANCHEZ'S tax filing status be the same for ta Click Next.
	Back Save & Exit Next

1.7 Household Information

The *Household Information* section is where Agents and kynectors enter information on circumstances that apply to the household's members.

Contact Information		
JIM LANE	tait +	
KIM SANCHEZ	Edit 🍝	
🔵 Reps, kynectors, & Agents	Ddit	
🥑 Relationship & Tax Filing		- 1
JIM LANE	cdit 🧕	
KIM SANCHEZ	Edit 🤞	
CHRIS SANCHEZ	Edit 👒	
Household Information	Start	
Member Details		
Healthcare Coverage	Click Start to begin the <i>Household</i>	
C Employer's Health Reimbursemer	Information section.	
Sign & Submit	Start	
Savo & Exit		?

156. Click Start to begin the Household Information section.

157. Click Yes or No for Is anyone in the household blind?

For this scenario, selec	t answers based on the household's health.	
	< Application Summary	
	Household Information	
	Soution 1 of 4	
	Health 💿	
	Learn More Complete the questions below about theath. Note: Nor all household members may be litered for each item. This is because be either does not apply to them. Litered more hillowation about theath. Click No for Is anyone in this household bilind? Ves Mo Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally applying for benefits currently have Medicare benefits or is conditionally core or to X ^o	
	Yes No	
	Is anyone in this household pregnant or was pregnant in the last three months?	
	Yes No	
	Has anyone in this household used tobacco at least 4 times a week in the past 6 months?	
	Yes No	
		*

		Languagest mytim(mytiat) 🗸
EENERITS APPLICATION		
< Application Summary		
	old Informatio	n
Soution 1 of 4		
Health 🕥		
Learn More Complete the question	ne hel ow about health.	
	ld members may be listed for each item. Thi	s is because it either does not apply to
	ed more information about them.	
is anyone in this hou	isehold blind?	
Yes	No	
Does anyone in this	household have a disability? ()	Click No for Does
Yes	No	anyone in the
100		household have a
		disability?
	household applying for benefits current ed in Medicare Part A? ①	YH
Yes	No	
Is anyone in this hou	uschold pregnant or was pregnant in the	last three months?
Yes	No	
	ousehold used tobacco at least 4 times	a week in the past 6 months?
Has anyone in this h		

158. Click **Yes** or **No** for *Does anyone in the household have a disability*?

159. Click **Yes** or **No** for *Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A*?

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BENDITS APPLICATION			tangungnati muglan (muglan) 🗸
	< Application Summary		
	Househo	Id Informatio	n
	Soction 1 of 4		
	Health ③		
	Loom More Complete the questions be	elow about health.	
		tembers may be listed for each item. Th nore information about them.	his is because it either does not apply to
	is anyone in this househ	vold blind?	
	Yes	No	
	Does anyone in this hou Yes	uschold have a disability? ()	
	Does anyone in this hou conditionally enrolled in	usehold applying for benefits curren n Medicare Part A? ①	stly have Medicare benefits or is
	Yes	No	Click No for Does anyone in this household applying for benefits
	Is anyone in this househ	hold pregnant or was pregnant in th	currently have Medicare benefits
	Yes	No	or is conditionally enrolled in Medicare Part A?
	Has anyone in this house	sehold used tobacco at least 4 times	sal
	Yes	No	

160. Click **Yes** or **No** for *Is anyone in this household pregnant or was pregnant in the last three months*?

kynect and	shboard Programs v B905,	, купескоп, « Agents — неф « гАС»	C TQAISC 👰
BENETITS APPLICATION			rangangani mgrin (nglan) v
	< Application Summary		
	Househol	ld Information	
	Socion1 of 4		
	Health 🕑		
	Loam More Complete the questions be	low about health.	
		embers may be listed for each item. This is b ore information about them.	erause it either does not apply to
	is anyone in this househo	old blind?	
	Yes	No	
	Does anyone in this hous	schold have a disability? ③	
	Yes	No	
	Does anyone in this hous conditionally enrolled in	schold applying for benefits currently he	ve Medicare benefits or is
	Yes	No	
	Is anyone in this househo	old pregnant or was pregnant in the last	threemonths? Click No for Is anyone in
	Yes	No	the household pregnant or was pregnant in the
	1	ehold used tobacco at least 4 times a we	
	Yes	No	

161. Click **Yes** or **No** for *Has anyone in this household used tobacco at least 4 times in a week in the past 6 months*?

kynect boothoord	Programs v Rept, kynectors, £.Agents Help 5 FAQs	C XQALSC (8)
		tangangani Inglini(Ingliai) 🗸
BENDLITS APPLICATION		
	olion Summary	
	ousehold Information	
Socion	ið stí d	
Health	• •	
Learn M Compi	iere iete the questions below about health.	
	Not all household members may be listed for each item. This is h or we do not need more information about them.	aecause it either does not apply to
is any	one in this household blind?	
	Yes No	
Doesd	anyone in this household have a disability? ③	
	Yes No	
	anyone in this household applying for benefits currently h tionally chrolled in Medicare Part A? ①	ave Medicare benefits or is
	Yes No	
		Click No for Has anyone in
Is any	one in this household pregnant or was pregnant in the la	this household used tobacco at least 4 times a week in the
	Yos No	past 6 months?
Max at	nyone in this household used tobacco at least 4 times a we	rek in the past 6 months?
Hus ut		

162. Click Next.

	Complete the questions below about health.	
	Note: Not all household members may be listed for each item. This is because it either does not apply to them or we do not need more information about them.	
	Is anyone in this household blind?	
	Yes No	
	Does anyone in this household have a disability?	- 1
	Yes No	
	Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A? $~0$	
	Yes No	
	Is anyone in this household pregnant or was pregnant in the last three months?	
	Has anyone in this household used tobacco at least 4 times a week in the past 6 mo Vas No	
	Back Save & Exit Next	
		-
	The expanded kynect is working to keep every Kentuckian safe, healthy and hoppy.	
	Go to <u>kyneidtky gov</u> to see oli your options.	
Help & FAQs Find DCBS Office	ContractUs kynost benefits Connect f	2

163. Click **Yes** or **No** for *Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?*

kynect ow	Phoand Programs v Reps, Kytlectors, E.Agenis	HNIP & FAQS	🕑 zqaase 👔	*
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Click Yes since Kin unemployment		sr each item. This is because it either doe t them. Ied income, such as Social Security Im		
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Help & FAQe Eind DESS Office Cabinet for Health & F	<u>Contact Us</u> kynear benafts <u>1-855-305-8959</u> amily kynest hadth soveraac	Technicel Assistance <u>1-844-407-8398</u>	Cannost 🗗 🕐	

164. If **Yes** is selected for step 163, check the **box** for the household member.

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	Household Circumstances	• 😔		
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		bers may appear for each item. This is because		
	is anyone in this household	deligible for entitled income, such as Social	Security Income	
	unemployment income, Blo			
	Yes	No		
	Solvel applicable househeld man	terfi) Chec	k the	
	JIM LANE		r Kim	
	CHRS SANCHEZ		chez.	
	KIM SANCHEZ			
	Back	Save & Exit	Next	
	The expanded kynect is	: working to keep every Kentuckian sa	ie. healthy and happy.	
		Go to kyneet ky gov to see all your options.		

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	Is anyone in this household eligible for entitled income, such as Social Secur unemployment income, Black Lung, or VA pension?	ity Income,
	Yes No	
	Solved explored bit isomorphic to $\{v_i\}$	
	JIM LANE	
	CHRS SANCHEZ	Click Next.
	KIM SANCHEZ	
	Back Save & Exit	Next
	The expanded kynect is working to keep every Kentuckian safe, he	althy and happy.
	Go to kyneetiky gov to see all your options.	

166. Click **Yes** or **No** for *Does anyone in the household have job income from employer*?

kynect part	hboard Programs v	Reps, kynectors, & Agents Heil	p & 7 A 06	C YQALSC (3	
ELNETITS APPLICATION				rangsangant muglam(muglan) 🗸	
	capplication Summary Househ Social of 4	old Inform	ation		
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Click Yes since Jim receives income from his job at the	Note: Not all households to them or we do not i Does anyone in this rea anyone in this i Yes	eced more information about household have job income No No Nouschold have solf-emplo No No	each frem. This is because it either does not apply them.	0	
YMCA.	Yes Does anyone in this	No	nom dividends, Interest, or royatties? ① or maintenance income, such as alimony, stor care income? ②	2	

167. If **Yes** is selected for step 158, check the **box** for the household member.

EXERCISENCE Control of All Complete the questions below about the income and subsidies. Complete the questions below about the income and subsidies. Complete the questions below about the income and subsidies. Dece anyone in this household now job income from employer? Text: applicable through the set of the method provide them. Dece anyone in this household have set-employment income? No Text: applicable through the set of the set of the method provide the set of the se	kynect	Dashbaard Programs v Ripl,	kymestors, £.Agents Help & FAQe		
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to them or we do not be donot information about them.		Complete the questions be	low about the income and sub-	sidies.	
Does anyone in this household have job income from employer?					
Ves No Subset applicable transforfs): Check the box for Jin Lane. SMC1ADE SMC1ADE Dess anyone in this household have sett-employment income? Image: Check the box for Jin Lane. Dess anyone in this household have sett-employment income? Image: Check the box for Jin Lane. Dess anyone in this household have sett-employment income? Image: Check the box for Jin Lane. Dess anyone in this household receive income from Social Security, retirement, or a pension? Image: Check the box for Jin Lane.		to ment of we do not need.	niore enformation about ment.		
Control approximate transformer due (q) Control Schuchtz Title Schuchtz Title Schuchtz Dees anyone in this household have self-employment income? Ves No Dees anyone in this household receive income from Social Security, retirement, or a pension?		Does anyone in this house	shold have job income from e	employer?	
ANS (ANS ANS (ANS Create and a second		Yes	No		
Does anyone in this household have self-employment income? Yes No		Select applicable household m	eendour(a):		
Corea SUBACHEZ INM SANCHEZ Does anyone in this household have self-employment income? Yes No Does anyone in this household receive income from Social Security, retirement, or a pension?		JPA LANE			
NM SANCHEZ Does anyone in this household have self-employment income? Yes No Does anyone in this household receive income from Social Security, retirement, or a pension?					
Does anyons in this household have self-employment incerne? () Ves No Does anyons in this household receive income from Social Security, retirement, or a pension? ()		CHRIS SANCHEZ		Lane.	
Ves No Does anyone in this household receive income from Social Security, retirement, or a pension? ()		KIM SANCHEZ			
Yes No Does anyone in this household receive income from Social Security, retirement, or a pension? ()					
Does anyone in this household receive income from Social Security, retirement, or a pension?		Does anyone in this house	chold have self-employment	income? ()	
		Yes	No		
Vet No ?		Does anyone in this house	shold receive income from So	ocial Security, retirement, or a pension?	
······································		Yes	No		-

168. Click **Yes** or **No** for *Does anyone in this household have self-employment income*?

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	Income & Subsidies Selection 💮	
	Learn More	
	Complete the questions below about the income and subsidies.	
	Note: Not all household members may appear for each item. This is because to them or we do not need more information about them.	It either does not apply
	Does anyone in this household have job income from employer?	
	Yos No	
	Subject applied bis household member(s):	
	CHINS SANCHEZ	
	KIM SANCHEZ	
		a constanta da const
	Does anyone in this household have self-employment income?	Click No for Does anyone in
		this household have self-
	Yes No	
	Yes No Does anyone in this household receive income from Social Security.	employment income?

169. Click **Yes** or **No** for Does anyone in this household receive income from Social Security, retirement, or a pension?

Yes	No	
Does anyone in this hous	sehold receive income from divi	Click No for Does anyone i this household receive
	schold receive support or mainter subsidy payments, or foster care i	income from Social Securit <u>r</u> retirement, or a pension?
Yes	No	
Yes Does anyone in this hour	No schold receive any other type of ge	pods, services, or payments? ③
Yes	No	
	ome from lottery or gambling win	om lottery or gambling winnings or nings or has anyone received
Does anyone in this hour		TANF benefits in another state in the the November? ①
month of October or exp	our to receive benefits in the mone	

170. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties*?

Yes	No	
Does anyone in this househ	old receive income from dividends, in	tterest, or royattles? 💿
Yes	No	
		Click No for Does anyone i
	old receive support or maintenanc	this household receive
child support, adoption sub	sidy payments, or foster care inco	income from dividends,
Yes	No	interest, or royalties?
Does anyone in this househ Yes	old receive any other type of goods, s	ervices, or payments? 🕤
	old currently receive income from lot le from lottery or gambling winnings e last 3 months?	
Yes	No	
	old receive Medicaid, SNAP, or TANF b to receive benefits in the month of No	

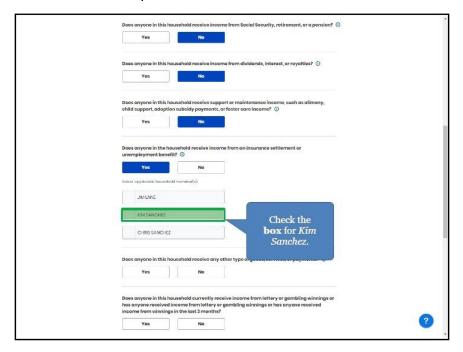
171. Click **Yes** or **No** for Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?

	No	
Does anyone in this hous Yes	ehold receive income from dividends, int	erest, or royalties? 🕤
	cehold receive support or maintenance in subsidy payments, or foster care income	
Yes Does anyone in the hous unemployment benefit?	No ehold receive income from an insura.	Click No for Does anyone in this household receive support or maintenance
Yes	No	income, such as alimony, child support, adoption
Does anyone in this hous	chold receive any other type of goods,	subsidy payments, or foster care income?
Yes	No	
	schold currently receive income from lott ome from lottery or gambling winnings o the last 3 months? No	
	schold receive Medicaid, SNAP, or TANF be set to receive benefits in the month of No	

172. Click **Yes** or **No** for Does anyone in this household receive income from an insurance settlement or unemployment benefit?

Dees anyone in this household receive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household coceive any other type of goot. Yes No Dees anyone in this household corrently receive income from the form an insurance settlement benefit?	Yes No Desc anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? ① Yes No Desc anyone in the household receive income from an insurance settlement or unemployment benefit? ② Yes No Desc anyone in this household receive any other type of gooth. Yes No Desc anyone in this household receive any other type of gooth. Yes No Desc anyone in this household receive any other type of gooth. Yes No Desc anyone in this household currently receive income from an insurance settlement or unemployment benefit? Desc anyone in this household currently receive income from an insurance settlement or unemployment benefit?	Yes	No	
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Dees anyone in this household receive any other type of good. Yes No Dees anyone in this household receive any other type of good. No Dees anyone in this household currently receive income from the income from an insurance settlement or unemployment benefit? Dees anyone in this household currently receive income from term to the saryone received income from term to the saryone are received income from the saryone from the saryone in the last 3 months?	Does anyone in this household receive any other type of gooth Click Yes for Does anyone in this household receive income from an insurance settlement or unemployment benefit? Does anyone in this household currently receive income from it has anyone received income from itsets or gambling winnings in the last 3 months? Ves Yes No Does anyone in this household currently receive income from its household currently receive income from winnings in the last 3 months? Ves Yes No Does anyone in this household receive Medicaid, BNAP, or TANF benefits in another state in the	unemployment benefit?	• •	nce settlement or
Settlement or unemployment benefit? Does anyone in this household currently receive inceme from ic has anyone received income from lottery or gambling winnings income from winnings in the last 3 months?	Dess anyone in this household currently receive income from it has anyone received income from winnings in the last 3 months? Settlement or unemployment benefit? Yes No Does anyone in this household receive Medicaid, BNAP, or TANF benefits in another state in the	Does anyone in this hous	schold receive any other type of good	this household receive
income from winnings in the last 3 months?	Income from winnings in the last 3 months?	Does anyone in this hous	sehold currently receive income from	benefit?
	Does anyone in this household receive Medicaid, SHAP, or TANF benefits in another state in the	income from winnings in	n the last 3 months?	ĝr.

173. If **Yes** is selected for step 164, check the **box** for the household member.



174. Click **Yes** or **No** for *Does anyone in this household receive any other type of goods, services, or payments?*

Yes No	
Does anyone in this household receive income from dividends, interest, arroyatties? ③ Yes No	
Does anyons in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? (2)	
Yes No Does anyons in the household receive income from an insurance settlement or	
unemployment benefit?	
JM LANC	
O RIS SANCHZ	
Does anyone in this household receive any other type of goods, services, or payments? ③ Yes No	
Does anyone in this household currently receive income for has anyone received income from lottery or gambling winni income from winning in the last 3 months?	2
	Desc anyone in this household receive income from dividends, interest, or royattie? Ves Desc anyone in this household receive any other type of goods, services, or payments? Ves Desc anyone in this household receive any other type of goods, services, or payments? Ves Desc anyone in this household receive any other type of goods, services, or payments? Ves Desc anyone in this household receive any other type of goods, services, or payments? Ves Desc anyone in this household receive any other type of goods, services, or payments? Ves Desc anyone in this household receive any other type of goods, services, or payments? Ves Desc anyone in this household currently receive income from any

175. Click **Yes** or **No** for Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?

Yos	No	
Select applicable house	noted momentum(s)	
JIM LANE		
V KIM SANCHEZ		
CHRIS SANCHE	z	
Dana ann an Io Abiro b		f goods, services, or payments?
boos dhyone in this r	nousenoia receive any other type o	a Booes' services' or balanceurs. A
Yes	No	
Yes	No	
Does anyone in this t has anyone received		e from lottery or gambling winnings or winnings or has anyone received
Does anyone in this has anyone received	household currently receive incom tincome from lottery or gambling	
Dees anyone in this I has anyone received income from winning Yes Dees anyone in this I	household currently receive incom lincome from lottery or gambling gs in the last 3 months?	Ninnings or has anyone received Click No for Does anyone in this household currently receive income
Does anyone in this I has anyone received income from vinning Yes Does anyone in this I	nousehold currently receive incom Income from lottery or gambling gr in the last 3 months? No	winnings or has anyone received Click No for Does anyone in this household currently receive income
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Dees anyone in this I has anyone received income from vinning Yes Dees anyone in this I month of October or	household currently receive incom fineceme from lottery or grambling in the last 3 months? No household receive Medicold, SNAP, expect to receive bandiffs. In the m	Click No for Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from

176. Click **Yes** or **No** for Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of [Month] or expect to receive benefits in the month of [Month]?

Yos	No	
Select opplicable household	l member(a)	
JIMILANE		
KIM SANCHEZ		
CHRIS SANCHEZ		
Does anyone in this hou		type of goods, services, or payments? ③
Yes	No	
	come from lottery or gam	income from lottery or gambling winnings or bling winnings or has anyone received
has anyone received in	come from lottery or gam	
has anyone received in income from winnings Yes Does anyone in this how	come from lottery or gam in the last 3 months? No usehold receive Medicaid,	
has anyone received in income from winnings Yes Does anyone in this how	come from lottery or gam in the last 3 months? No usehold receive Medicald,	bling winnings or has anyone received "
has anyone received in income from winnings Yes Does anyone in this has month of October or ex	come from lottery or gam in the last 3 months? No usehold receive Medicaid, peet to receive benefits in	bling winnings or has anyone received SNAP, or TANF benefits in another state in the the month of November?
has anyone received in income from winnings Yes Does anyone in this has month of October or ex	come from lottery or gam in the last 3 months? No usehold receive Medicaid, peet to receive benefits in	bling winnings or has anyone received SNAP, or TANF benefits in another state in the the month of November? Click No for Does anyone in this household receive Medicaid, SNAP, o
has anyone received in income from winnings Yes Does anyone in this has month of October or ex	come from lottery or gam in the last 3 months? No usehold receive Medicaid, peet to receive benefits in	billing winnings or has anyone received

1000 M	No			
Select opplicable household	manutar(x)			
JIM LANE				
V KIM SANCHEZ				
CHIRIS SANCHEZ				
Does anyone in this hou	ischold receive any other t	ype of goods, services, or pay	ments? ()	
Yes	No			
has anyone received in	come from lottery or gamb	ncome from lottery or gambli Iling winnings or has anyone		
has anyone received in income from winnings i Yes	come from lottery or gamb n the last 3 months? No	tling winnings or has anyone	received	
has anyone received in income from winnings i Yes Does anyono in this hou	come from lottery or gamb n the last 3 months? No schold receive Medicaid, 5		received	
has anyone received in income from winnings i Yes Does anyono in this hou	come from lottery or gamb n the last 3 months? No schold receive Medicaid, 5	lling winnings or has anyone NAP, or TANF benefits in anot	ner state in the	(Next.
has anyone received in income from winnings i Yes Does anyone in this hou month of October or ax	come from lottery or gamb n the last 3 months? No schold raceive Medicaid, 5 poet to raceive benefics in t	lling winnings or has anyone NAP, or TANF benefits in anot	ner state in the	Next.

178. Click **Yes** or **No** for *Does anyone in your household need help paying for medical bills from the last three months*?

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BENEFITS APPLICATION	tangangan: ringini (ingén) 🗸
Apptotete temmery Household informati Sector 4 or 4	on
Expenses 🛇	
Learn Mare Complete the questions below about expenses. Note: Not all bousehold members may appear for each lite to them or we do not need more information about them Does anyone in your household need help poying medi Yes No Does anyone in the household have deductible exper	salbills from the last three months? ⊙ Click No for Does anyone in your household need help
Yes No	paying medical bills from the last three months?
Back Save & Exit	Next
The expanded kynect is working to keep every Ke Go to kynactlygav to soc all	

179. Click **Yes** or **No** for *Does anyone in the household have deductible expenses*?

kynect	Doshboard Programs - Reps, kynectors, 4 Agents P	неф 4 гада	CC QDEQWIR (2)
BENEFITS APPLICATION			redenter udantistent v
	< Application Summary		
	Household Inform	nation	
	Section 4 of 4		
	Expenses 📀		
	Learn More Complete the questions below about expenses.		
	Note: Not all household members may appear fo to them or we do not need more information ab	for each item. This is because it either do	ses not apply
	Does anyone in your household need help par	ying medical bills from the last three r	months? (0)
	Yes No	l.	
	Does anyone in the household have deductib	ole expenses? ③	
	Yes No		
			r Does anyone in
			ısehold have ble expenses?
			na aspendaa.
	Back Save & Exit	HUAL	
	The expanded kynect is working to keep	o every Kentuckian safe, healthy a	and happy.
	Go to kyneat.ky.gov	to see all your options.	

180. Click Next.

	Programs - Reps, kynectors, 4 Agenta Help 4 7 AQs	😕 данания 🔗
BENEFITS APPLICATION		tangangan: migdos(migdos) v
H	easter turnmeny ousehold Information	1
Exp	enses ⊙	
Can Notice to t	There Typiets the questions below about expenses. It Not all browshold members may appear for each item. This rem or we do not need more information about them. It is anyone in your household need help paying medical bilit Yes No s anyone in the household need douctible expenses? O Yes No Back Serve & Exit	is from the last three months? ()
Th	expanded kynect is working to keep every Kentuck Go to kynaatskygav to soo all your o	

181. This screen allows the Individual to enter information about other state benefits such as Medicaid, SNAP or TANF.

about other state and not part of th		is screen allows the individual to (AP or TANF. This is for instruc	
kynect Dashb	oard Programs 🗸 Reps, kyneators, & Agents	Help & FAQs	C RACHEL O
BENEFITS APPLICATION			
	< Application Summary		
	JIM LANE		
	Soution 1 of 2		
	Benefits from Another State 💿		
		ollect information about benefits from anothe for May, If JIM LANE has received benefits to the "Add State Benefits" button.	
	Benefits from Another State	Start	圙
	Back Save & Exit	Noxt	
			Continue

182. If the household is a Medicaid-only case, the option below will be available.

	s a Medicaid-only case, the option below will be available. Jim is bringing in other state benefits from Ohio under the
Click Continue to mov	e on to the next slide.
	enefits from Another State etails
IL	MLANE
Cor	plete the questions below about benefits from another state.
Cou	No and a second s
	2 AMS
тур	e of benefit program(s)
	Medicaid
	SNAP
~	TANF
	Benefit start data Benefit and data 1/1/2020 III 12/31/2020 III
	Cancel Save Continue

1.8 Member Details

The *Member Details* section is where Agents and kynector enter additional details about the household.

183. Click **Start** to begin the *Member Details* section.

Reps, kynectors, & Agents	Edit	
🥏 Relationship & Tax Filing		
JIM LANE	sais 🥐	
KIM SANCHEZ	tait 🍝	
CHRIS SANCHEZ	Edit 🫥	
Household Information	Edit	Click Start to begin the <i>Member</i> <i>Details</i> section of
Member Details		the application.
JIM LANC Individual Information	Stort O	
NIK SANCHEZ		
CHRIS SANCHEZ		
Healthcare Coverage	Bitart	
C Employer's Health Reimbursement Arrangement	Stort	
🔿 Sign & Submit	Stort	
Savo & Edt		()

184. Select the Applicant's **Preferred MCO Plan**.

Pref	erred MCO Selectio	on
so #: 11298	8839	
	se a preferred Managed Care Organization arison details here.	(MCO) plan for each individual. View MCO Plan
Indivi	dual is not guaranteed to receive the selecte	ed MCO, however if applicable the selected preference
will ta	ke precedence over auto-enrollment select	
	Select HARRY STEPHENSON's preferred M	CO plan
	Select	\odot
	Select	
	No preference	
	Humana Healthy Horizons in Kent Aetna Better Health of Kentucky UnitedHealthCare Community Pli	

185. Click Next Steps.

Doese	everyone in HARR	Y STEPHENSON's hou	sehold have the s	same preferred MCO?
	Yes	No		
		Preferred MCO Selec e with the auto assigne		household. I will shop for a plan
Back				Next Steps

186. Click Next to add income.

kynect Denhoar	z Programu – Isipis, kynostoris, ilingenzis Holpis i nagi		C XQALKC ()
J so inv So inv Let	Antiparticiparti	x xame type; please be sure years, enter information for	Click Next to add income.
π			
Help & FAQe End DCBS Office Cabinat for Health & Family		el Asistonice	60 ?

- kynect 🕑 XQALSO 🚷 DENUTITS API **JIM LANE** Income Summary 💮 Details are required for JIM LANE's income source(s) listed below. If JIM LANE has other inc sources that don't appear in this list, please add them. Learn More Click **Start** to add Jim's income. Û Save & Exit Back ding to keep every Ke Go to kynes nov to see all your a Help & FAQa Find DCBS Office f⊻ ? kynect benefits 1-855-306-8959 Technicel Assistor 1-844-407-8398 Cabinat for H alth & Famil
- 187. Click Start to add the Applicant's income.

188. Enter the Applicant's **Employer**.

INDITS APPLICATION		Langunguns migrinh (migrinh) 🗸
	etails	
Complete the questions belo	w about income.	
type of income	0	
Job income from employ	ver 😔	
Employer kannlifection Number (p	Ent	er YMCA and click er to move forward.
Furphyor orderess.	6cktroier line 7	BUILDING, FLOOR, P.O. B
Himary there Number and al-add d-attack at	201.	
Hearna frequency		
Select	\odot	
Does JIM LANE still have thi Income?		
Yes	No	

BENDLITS APPLICATION		rangsangani miglim(biyilan) 🗸
Walk Me Throug	Income Details	
	Complete the questions below about income.	Select Every 2 weeks.
	Type of income	
	Select	
	Every 2 weeks	
	Monthly	
	Quarterly	
	Twice a month Weekly	
	Yearly	UTTE, UNIT, BUILDING, FLOOR, P.O. B
	Hourty	
	Contractual/Single Payment Covering More than One to	teeth
	One Time Only - Lump sum	
	Select O	
	Does JIM LANE still have this source of	
	Income?	
	Yes No	

189. Select the Applicant's **Income Frequency** from the drop-down.

190. Enter the Applicant's **Biweekly Gross Income**.

servefts	board Programs v Bepl, kynectors, 2 Agents in	ip a faqu	Tangangan Inglin (inglini) -
ECNIFITS APPLICATION			
Walk Me Through	Income Details		
	Complete the questions below about income.		
	type of income		
	Job Income from employer		
	Employer nome		
	YMCA		
	Employer Identification Number (UN)		
	Fireplayer address.	Address lins 7	
	Mimary Phone Number	ext.	
	###-####-#####		
	Hoome frequency		
	Every 2 weeks		
	Riverelly income before tears (genes). If the emission vertex, provide on exercise.	Enter 949 and cli to move forw	ck Enter ard.
	E weatly income from tips before taxes(gross) if the emount veries, provide on overage		
	s		
	Does JIM LANE still have this source of		

191. Enter the Applicant's **Biweekly Gross Income from Tips** if applicable.

192. Click Yes or No for Does Jim Lane still have this source of income?

Complete the questions below about income.	
type of income	
Job Income from employer 💿	
timployer norma	
YMCA	
temptoyen sour stillocition neumbor (ent)	
Terpforper andresses	
LE APT # SUITE UNIT, BUILDING, FLOOR, P.O. B	
Primary Phono Humbor Est.	
and and then	
maanna fraquancy	
Fvery 2 weeks	
E weakly income before toxics (gran), if the emount varies, provide an exempt.	
\$ 940	
E wasality instance from tiges before (see of grave). If the entread strates, provide on instances	
s d	
Click Yes since Jim Income?	
Yes No YMCA.	
Cancel Save	
	- 2

193. Click Save.

Complete the questions below about income.	
type of income	
Job Income from employer	
timplayer.nome	
YMCA	
Employer Identification Number (an)	
Freptoyar address	6ddruos linn 2
	LE APT #, SUITE, UNIT, BUILDING, FLOOR, P.O. BI
Rimory Phone Number	EX.
*** ****	
Income frequency	
Every 2 weeks	
Elwesky income before taxes (grass), if the emount varies, provide an average.	
\$ 940	
B weekly income from type before toxes (group), if the ormoral vertex, provide on compage.	
\$ 0	
Does JIM LANE still have this source of income?	Click Save.
Yes No	
Cancel	Save
	0

If Jim has additional income additional income.	sources, click Add	l Income . In th	iis scenario,	Jim does not ha	ive
	ion Summary				
JIN	LANE				
	Summary 😔				
DUTTORS Learning	ere treguiered for TIM LANE z income too that don't appear in this list, please add a Add Income Yuca. See 3 Oph-wanty Book Sove & Exit	B		lick Next.	
The ex	panded kynect is working to keep		althy and happy.		
		i to see all your aptions.			
Help & FAQa Find DCBS Office	Contact Us kynect benefits 1-055-306-8959	Technical Assistance	Connect	f 7	?
Cabinet for Health & Family	kyneat hegith coverage	1-844-407-8398			100

195. Click **Yes** or **No** for *Is the estimated yearly income amount of* \$24674.00 a good *estimate for your household income in 2021?*

	e projection needs to be adjusted, click Yes . Enter the adjusted amount and scenario, the annual income projection does not need to be adjusted.
	Capation Removes JIM LANE Rectors 101
	Adjusted Annual Income 🛛 🛇
	We calculated the bolow yearly income based on the income and expenses you reported. Further the income state of 52.672, 620 eres on outcome of your iscenses in 32010 Further the income state of 52.672, 620 eres on outcome of your iscenses in 32010 Further the income state of 52.672, 600 eres of outcome of your iscenses in 20210 Further the income state of the income state of your iscenses in 20210 Further the income state of your iscenses in 2022. In this excitmated State of the income is correct. Next
Holp & FAQs	The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynactikygov to zoo al your options.

196. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$24674.00 a good estimate of your income in 2022?*

	and Programs - Rept, kynectors, £ Agents Help £ 7 A	24. 	С добамия (2)
BENEFITS APPLICATION			rangangan: militim(militin) v
	Application Summery		
	JIM LANE		
	Section 1 of 1		
	Adjusted Annual Income 😔		
	We calculated the below yearly income based on the in	come and expenses you reported.	
	Learn More		
	Estimated Yearly Income () 824874.00		
	is the estimated yearly income amount of \$74674.00 a good estin	mate of your income in 2021?	
	Yes No		
	We will also use this emount to exemine your eligibility for the up yourly income amount of \$24874.00 a good estimate of your inco		
	Yes No		
15			
(
	Click Yes since the	Next	
	estimated yearly	HUAL	
	income may be used for		
	the next year.		
		ntucklan safe, healthy and happy.	
	Go to kynastiky.gov to see	ai yaur apubris.	2
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197. Click Next.

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BENEFITS APPLICATION				tangaogae: mgdos(mgdos) v	
	CAppleation Summary	L			
	Adjusted Annual Incon	ne 😔			
	Laarn Mars Exclanated Yearly Incom 824874.09 Is the estimated yearly Incom Yea	• ③ ne amount el \$34674.00 e goad es No	upcoming coverage year, 2022. Is this estima	Click Next.	
	Back	Save & Exit	Next		
	The expanded kynec	t is working to keep ever Go to <u>kynsatky.gov</u> to se	y Kentuckian safe, healthy and i o all your options.	ларру.	2
Help & FAQs	Col	ntact Us			-

198. Click **Start** to begin the *Member Details* section for the Second Household Member. If there are no other members in the household, skip to the **Healthcare Coverage Section**.

-	
JIM LANE Ld	B +
KIN SANCHEZ Edi	lt -+
Rops, kynectors, & Agents Edit	
📀 Relationship & Tax Filing	
JIM LANC	it 😐
KIM SANCHEZ Col	lt -+
CHRIS SANCHEZ Edi	R 🗰
Household Information fidit	
Member Details	Click Start to begin
JIM LANE	the Member Details section for Kim.
Individual Information Thermation Thermation Completed	section for Kim.
Annual Income Information Completed	
	et 💿
Individual Information Net Storied	
CHRIB SANCHEZ	
Healtheare Coverage Start	
	V

199. Select the Second Household Member's **Preferred MCO Plan**.

re			
#: 112	986939		
	ose a preferred Managed Care Organization (N aparison details here.	CO) plan for each individual. View MCO Plan	1
	vidual is not guaranteed to receive the selected	MCO, however if applicable the selected pro	eference
	ake precedence over auto-enrollment selectio		
	Select KIM SANCHEZ's preferred MCO plan		
	Select	\odot	
	Select		
	Select No preference		
		;ky	
	No preference	:ky	
	No preference Humana Healthy Horizons in Kentur		
	No preference Humana Healthy Horizons in Kentur Aetna Better Health of Kentucky		
	No preference Humana Healthy Horizons in Kentur Aetna Better Health of Kentucky UnitedHealthCare Community Plar		

200. Click Next Steps.

Does	everyone in Yos	KIM SANCHEZ's	household h	ave the same p	oreferred MC	0?
		the Preferred MCC fine with the auto		en for the houset	nold. I will shop	p for a plan
Back						Next Steps

201. Check the **box(es)** for Which of the following benefits has Kim Sanchez applied for or plans to apply for?

Since we selected Kim unemployment details	is receiving unemployment earlier in the application, enter the
	Application for many KIM SANCHEZ Evaluation 2017 Entitled Benefits ©
	Loam Mare Which of the following benefits has KIM SANCHEZ applied for or plans to apply for? Block Lung
Check the box for	IRA at 59 and 1/2 vers
Unemployment Insurance since Kim receives	Social Security Retrement, Survivors, and Disability Insurance (ISO) United Mine Workers of America (UMWA) Universitegement Insurance
unemployment income.	VA Componention VA Penilon
	Worke's Companyation

202. Select the Application Status from the drop-down.

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ECNERTS APPLICATION		Languages: Inglini (Inglini) 🗸
	< Application Summary	
	KIM SANCHEZ	
	Soution 2 of 2	
	Entitled Benefits 💮	
	Learn More	
	Which of the following benefits has KIM SANCHEZ applied for or plans to apply for?	
	BlockLung	
	IRA of 59 and 1/2 Vecrs	
	RolRoad Retirement	
	Social Security Retirement, Survivaris, and Disability insurance (RSOI)	
	United Mine Workers of America (UMWA)	
	employment insurance	
Select Applied	L. dendetus	
	· · · ·	
	Select	
	Applied	
	Not Applied	
	VA Pension	
	Worker's Compensation	

203. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Application Date.

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BENEFITS APPLICATION										
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	IM SANCHEZ									
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Entil	led Benefits 💿									
Learn	More									
Whit	ch of the following benefits has KIM SANCHEZ	applie	d for	or pla	nsto	apply	for?		(
	Black Lung							Select		
	IRA at 59 and 1/2 Years	-	4	-	Augun		-	20.71		8/2/2021.
				California (bow			N	
	RolRoad Retirement		•	2	2	4	5	5	1	
	Social Security Retirement, Survivor's, and	Disob		9	- 0	1	12	18	и	
	United Mine Workers of America (UMWA)	0	18	15	17 24	10 26	10 20		28	
			39	30	л	1	2		4	-
~	Unemployment Insurance		6	0	7	8	e.	ю	a	
	Application atobas	Аррію	-		Ĩ	oday	1			
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	VA Compensation									

Learn More	
Which of the following benefits has KIM SANCHEZ applied for or plans to apply for?	
Black Lung	
IRA at 59 and 1/2 Years	
RailRoad Retirement]
Social Security Retirement, Survivor's, and Disability Insurance (RSDI)]
United Mine Workers of America (UMIWA)	
Vnamployment Insurance]
Application status Application data	
Applied	
VA Componization	_
VA Pension	
Worker's Compensation	Click Next.
Back Save & Exit Next	

205. Click Next to add income.

kynect beach	oord Programs o Reps, kynectors, & Agents	нер блара	СЭ оредили 🚱	
SENERITS APPLICATION			tangangat mgito(ngita) v	
	Cappleother Summery KIM SANCHEZ Sector 161			
	Income Summary 💿			
	Details - Adding income	×	sa other	
	to include each one on the scre	as from employers, enter information for e° to add the second.	Click Next to add income.	l
	Back Save & Exit	Next		۲
		ep every Kentuckian safe, healthy and	І нарру.	
Holp & FAQs End DCBs Office Contract for Months & Fo	Contact Us kyract banafits	Go	anneet 🔀 🔽	?

206. Click Start to add the Second Household Member's income.

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BENEFITS APPLICATION		tangacque: majóar.(majóa) v
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100	IM SANCHEZ	
Inco	ome Summary 💿	
	ilis are required for KIM SANCHEZ's income source(s) listed be	elow. If KIM SANCHEZ has other
	me sources that don't appear in this list, please add them. More	6
	10000.0	
	Add Income	Click Start to a Kim's income
		Kiin's income
	Insuranso Sottiomonts & Ronafits Incomo	Stort
	Back Save & Exit	Next
The	expanded kynect is working to keep every Kentuckie	an safe, healthy and happy.
	Go to <u>kynectiky.gov</u> to see all your opt	tions.
Help & FAQs Find DCBS Office	Contact Us	

- kynect BENEFITS APPLICATION **Income Details** KIM SANCHEZ Complete the questions below about income 0 sments & Benefits Incor 🎯 \odot Select Select Insurance Settlement Payments Select Unemployment Insurance Benefits. Pandemia Unemployment Insurance Benefi No Yes Cancel Save ng to keep every Ken ? Go to kynectky gov to see all your options
- 207. Select the Second Household Member's **Source of Income** from the drop-down.

208. Select the Second Household Member's Income Frequency from the drop-down.

benefits	Dashboard Programs v Réps, kynéctors, & A	and an and a second	💌 орвания 💡
BENEFITS APPLICATION	N		tangangan: majam(majan) v
	Income Detail	S	
	KIM SANCHEZ		
	Complete the questions below about in	come.	
	Type of income	0	
	Insurance Settlements & Benefi		
	Type of insurance sattlement or benefits	Select	
	Unemployment insurance Bene	Every 2	
	income frequency	weeks.	
	Select		
	Select		
	Every 2 weeks		
	Monthly Quarterly		
	Twice c month		
	Weekly		
	Yearly		
			Save
	The expanded kynect is working	to keep every Kentuckian s	safe, healthy and happy.
	Go to <u>kyne</u>	<u>ot ky gov</u> to see all your options	6.

kynect	Dashboard Programs v. Reps, kynectors, 4 Agents Help 4 FAQs	(2) QDE	RQWIR (8)
		tangangan: migda	r(mgnica) v
BENEFITS APPLICATION			
	Income Details		
	Complete the questions below about income.		
	Type of Incomo		
	Insurance Settlements & Benefits Incor		
	Type of insurance settlement or benefice		
	Unemployment insurance Benefits		
	locarne frequency		
	Every 2 weeks	Enter 350 and	
	Biweaky income before taxes (gross), if the emount varios, provide on average	click Enter to	
		move forward.	
	Does KIM SANCHEZ still have this source of income?		
	Yes No		
	Cancel	Save	

209. Enter the Second Household Member's **Biweekly Gross Income**.

210. Click **Yes** or **No** for *Does* [Second Household Member] still have this source of income?

kynect	Dashboard Programs v Reps, kynectors, £ Agents Help £ 7 AQs	со собания (8)
		tangangan: mgén (mgén) 🗸
BENEFITS APPLICATI	ion .	
	Income Details	
	KIM SANCHEZ	
	Complete the questions below about income.	
	Type of income	
	Insurance Settlements & Benefits Incor (2)	
	Type of insurance satisfament or bonefits	
	Unemployment insurance Benefits	
	income frequency	
	Every 2 weeks	
	Rivenity inclines before (mane (grand) if the excession varies, gravite on everage	
	\$ 350	
	Does KIM SANCHEZ still have this source of	
	incomo?	
	Yes No	
	Click Yes since Kim is	
	currently receiving	
	unemployment income.	
		2

211. Click Save.

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benefits	Dashboard Programs - Reps, kynectors, 4.Agents Help 57AQs	CORQUER (R)
BENEFITS APPLICATIO	N	n daraken undersiteratu a
	Income Details	
	Complete the questions below about income.	
	Type of income	
	Insurance Settlements & Benefits Incor 💿	
	Type of insurance satisment or benefits	
	Unemployment insurance Benefits	
	income frequency	
	Every 2 weeks	
	Rivenský kremní hohmo (navi (gravi) if the emecual varies, províde en overege.	
	\$ 350	
	Doos KIM SANCHEZ still have this source of income?	Click Save.
	Yos No	
	Cancel	Save

212. Click Next.

kynect Deshboard	Programs - Reps, kynectors, £ Agenta Help & FAQs	C queqwire 😣
BENEFITS APPLICATION		sangangan: migrim(migrim) v
100	alloatten Summery	
K	IM SANCHEZ	
Soc	ion Lof 1	
Inc	ome Summary 😔	
	alis are required for KIM SANCHEZ's income source(s) listed be	elow II KIM SANCHEZ has other
	ome sources that don't appear in this list, please add them.	
	Add Income	
	Addincome	
	Unemployment Insurance Benefits 8350.00/bi-wookty	Click Next.
	Back Save & Exit	Next
-	a summitte d forma a k forma stille as to forma a summitte a branches	and to add to add to send to serve
In	e expanded kynect is working to keep every Kentuckie Go to <u>kynectkygov</u> to see all your opt	
Help & FAQs Find DCBS Office	Contact Us	
anon constanting	kynaat banafits	Connect f y

213. Click **Yes** or **No** for *Is the estimated yearly income amount of \$9100.00 a good estimate for your household income in 2021?*

Kyrnects Daubbasin Programs - Rept. Lynactors, £ Aganta Halp 27A0a	C OPEQWIR
BENEFITS APPLICATION	tanguogus: myslon(myslos) v
Adjusted Annual Income 💿	
We calculated the below yearly income based on the income and expenses you reporter turn.Mars Litimated Yearly income @ Is the activated yearly income and at \$562.55 a good at knows at 17mm Part income is 2007 Vess No Click Yes since the estimated yearly income is correct.	
Please note : For the purpose of this scenario, click Yes for <i>Is the es</i> amount of \$9100.00 a good estimate of your income in 2021? to pre-	

214. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$9100.00 a good estimate of your income in 2022?*

Decentry		Langespec in	giin(ngiin) v
BENEFITS APPLICATION		and the state of the	
K	Houtken tummmery IIM SANCHEZ		
٨dj	usted Annual Income 💿		
Laon	calculated the bolow yearly income based on the information of the bolow yearly income based on the information of the second set in second set information of the second set information		
	vill also use this emount to exemine year eligibility for the ty income amount of BREG DD good actimate of your inco Yea No		•
	Back Save & Exit	income may be used the next year.	for
your eligibility for the up \$9100.00 a good estimate	coming coverage year, 20 e of your income in 2022	k Yes for <i>We will use this am</i> 522. Is this estimated yearly is ⁹ to proceed. If No is selected 522 and the reason for adjustr	income amount of , the user will be

215. Click Next.

kynect Per	shboard Programs - Rep	s, kymectors, & Agenta Help & FAQs	C орбания (
BENEFITS APPLICATION			tangungun: migini.(migitu) v	
	CAppleation Summary	CHEZ		
	Adjusted Annual Incom	ne 😔		
	We calculated the below Learn More Estimated Yearly Income SHIDD.00	yearly income based on the income and	d expenses you reported.	
	is the estimated yearly incom Yea	ne amount of \$PICC. DD a good actimate of your	Click Next.	
	We will also use this emount yearly income amount of SP Yes	to examine your eligibility for the upcoming co 60.00 a good estimate of your incensin 2022? No	W.	
	Back	Save & Exit	Next	
	The expanded kynec	t is working to keep every Kentuck Go to <u>kynsstkygov</u> to see all your o		2
Holp & FAQe	Cor	atrict Us		9

216. Click Start to begin the Member Details section for the Third Household Member.

a.	😵 kaps, kynectors, s. ngarns con	
	Relationship & Tax Filing	
	JAM LANC Edit +	
	KIM SANCHEZ Rdik 🔿	
	cristis salvenez tellt ->	
	Household information Edit	
	Ø Member Datails	
	AM LANE Ldt + Intermedian Compacted	
	KIM SANCHEZ Edit →	
	Individual Information of Other Information Information Computed	
	Annual income and annual a	
	CHRIS 54XCHI7 Individual Information	
	O Healthcare Coverage Click Start to begin the Member Details	
	Employer's Health Reimbursement Arrangement Section for Chris.	

217. Select the Third Household Member's **Preferred MCO Plan**.

re	ferred MCO Selection
1120	86039
	se a preferred Managed Care Organization (MCO) plan for each individual. View MCO Plan sarison details here.
	idual is not guaranteed to receive the selected MCO, however if applicable the selected preference ike precedence over auto-enrollment selection.
	Select CHRIS SANCHEZ's preferred MCO plan
	Select 🛇
	Select
	No preference
	No preference
	Humana Healthy Horizons in Kentucky
	Humana Healthy Horizons in Kentucky
	Humana Healthy Horizons in Kentucky Aetna Better Health of Kentucky
	Humana Healthy Horizons in Kentucky Aetna Better Health of Kentucky UnitedHealthCare Community Plan

218. Click Next Steps.

Yes	No	
	kip the Preferred MCO I be fine with the auto a	he household. I will shop for a plan

219. Click **Yes** or **No** for *Is the estimated yearly income amount of* \$0.00 a good *estimate for your household income in 2021?*

Kynett Deshbeard Pregrams - Rept. tymettors, E.Agents Help.E.A.Co	C ODROWIR
	tangeogea: mytics(mytics) v
BENEFITS APPLICATION	
< <u>ApplicationSummery</u>	
CHRIS SANCHEZ	
Section For 1	
Adjusted Annual Income 🛛 😔	
We calculated the below yearly income based on the income and expenses you report	ted.
Learn More	
Estimated rearty income () 80.00	
is the estimated yearly income amount of \$0.00 a good estimate of year income in 2021?	
Yes No	
ing coverage your, 2022. Is this	estimated
Click Yes since the	
estimated yearly	
income is correct.	
Next	
The expanded kynect is working to keep every Kentuckian safe, healthy	and happy.
Go to lyngstky.gay to see all your options.	
Holp.&E&Qs Contact Us	?

220. Click **Yes** or **No** for We will use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$0.00 a good estimate of your income in 2022?

kynect Poor	hboard Programs v Reps, kynectors, é Agents Help é rAQs	с органия (р
BENEFITS APPLICATION		zangongoni: miglini(miglini) V
	CHRISSANCHEZ	
	Adjusted Annual Income 💿	
	We calculated the below yearly income based on the income team Mare Issumated yearly income ()	and expenses you reported.
	is the artimated yourly income amount of 50.00 a good artimate of you Yes No	i Indones in 1277
	We will disc use this emount to examine your eigibility for the upcomin yearly interne amount of \$5.00 a good actimate of your income in 2023 Yes No	
		Next
Holp&FAQs	Contact lis	ar options.

221. Click Next.

kynect or	ashboard Programs v	Reps, kynectors, 4 Agents	нер 4 тара		C quequire (9
BENEFITS APPLICATION					tangangan: migini(migini)	*
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	Adjusted Annual	income 😔				
	Laam Mers Latimated Yearly 80.00 Lithe estimated yearl Yea We will also use this est	Incerns () Vincerns amount of \$8.88 a goo No	L on the income and expense and artimete ef your income in 207 y for the upcoming overage you wrincome in 2037		Click Nex	st.
	Back	Save & Exit		Next		
	The expanded k		op every Kentuckian safe	9, healthy and happy.		2
Holp & FAQs		Contact lis				

1.9 Healthcare Coverage

The *Healthcare Coverage* section is where Agents and kynectors enter information on the household's healthcare coverage.

222. Click **Start** to begin the *Healthcare Coverage* section.

KIM SANCHE2			<u>Edit</u> →	
CHRIS SANCHEZ			nais 🔸	
 Household Information 			Edit	
Member Details				
JIM LANE			nais 🔸	
Individual Information	Other Information Completed	+ Informati Complete		
Annual income a information Completing				
KIM SANCHEZ			bolit +	
Individual Information -	Other Information Completed	Annual In Complete	came information 😋	
CHRIS SANCHEZ			Edit -+	
individual Information 🦂 Completinel	Other information Completing	 Annual In Complete 	come information 🧉	
Healthcare Coverage			Stort	
Employer's Health	Click S	tart to be	egin the	
🔘 Sign & Submit	Healthcar	e Covera	ge section.	
Save & Exit				?
				*

223. Click **Yes** or **No** for *Is anyone applying for benefits in your household enrolled in healthcare coverage*?

For this scenario, Jim and Kim ar	e not enrolled in a	und do not have an offer o	f health covera	ge.
Learn More	Y Care Coverag Ing for banefits in your household on No			
	our household applying for benefits age, but has not yet enrolled? No	Click No for Is anyou for benefits in your enrolled in healthcar	household	
Back	Save & Exit	Noxt		
The expanded i	kynect is working to keep every Go to <u>kynectkygpy</u> to see	Kentuckian safe, healthy and happy. all your options.		
Help & FAQs Eins DCBL Office Cabinet for Held & Femily		iniod Assistance Cannect	f 🖸	2

224. Click **Yes** or **No** for Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?

Kynect Deraffs	hboard Programs v Rept, kytlectors, £Agents Help.£FAQe	💌 XQAISC 🔒
ELAUTE APPLICATION	• Appleblink language • Appleblinklanguage	in healthcare coverage?
	The expanded kynect is working to keep every Kent Go to <u>kynectkygox</u> to see all you	
Help & FAQs Find DCB5 Office Conhest for health & Fi	ContactUs kyneet banefits <u>1955-206-8859</u> Technicol / amily kyneet hoalth coverage 1-844-407	

225. Click Next.

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EENERITS APPLICATION				Langungani miglim (n	ngéné) 🗸 :	
	Learn More Is anyone applying f Yes Does anyone in your	Ior banefits in your house No household applying for e, but nos not yet enrelice No Save & Exit	berage Selection	ago? Hered		
						_
	The expanded kyr		p every Kentuckian safe, healt	hy and happy.		
			😰 to see all your aptions.			
Help & FAQs Find DCBS.Office Cabinet for Health & Fe	i Insilv	<u>Contact Us</u> kynect benefits <u>1-055-306-0959</u> kyncot ha cith coverage	Technical Assistance <u>1-844-407-9398</u>	Connect	fV	?

1.10 Employer's Health Reimbursement Arrangement

The *Employer's Health Reimbursement Arrangement* section is where Agents and kynectors enter information on the household's Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), if applicable.

CHRIS SANCHEZ	
Issuebold Information Edit	
Household information Edit	
Member Details	
JIM LANC Kalt +	
Individual Internation Other Information Completes Completes Completes	
Annactinome + molerandon Concentral	
KIM SANCHEZ LOİS +	
individual Information A Other Information A Annual Incame Information Completed	
CHRIS SANCHF7	
Click Start to begin the Employer's Health	
Reimbursement Arrangement section.	
Employer's Health Relmbursement Arrangement	
Employer's Health Relmbursement Arrangement Stort Sign & Submit	

226. Click Start to begin the Employer's Health Reimbursement Arrangement section.

227. Click **Yes** or **No** for *Is anyone in the household currently enrolled in an Individual* Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?

For this scenario, Jim and Kim ar Qualified Small Employer HRA (0		in an Individua	l Coverage H	RA (ICHRA) or	
< Application Summar	Y				
	yer's Healt gement Se	th Reimburs lection	ement		
Complete the section to be a s	ions below to submit the applic	ation.			
	nousehold currently enrolled mployer HRA (QSEHRA)?	l in an Individual Coverage HR/	(ICHRA) or		
	No his household have an offer mployer HRA (QSHERA), and		the housel	or Is anyone in cold currently	
Yes	No		Coverage	an Individual HRA (ICHRA) lified Small	
Back	Save & Exit		Emplo	oyer HRA EHRA)?	
The expanded	kynect is working to keep) every Kentuckian safe, he	althy and happy.		
		to see all your aptions.			
Help.S.FAQ2 Find DCES.Office	<u>Contact Us</u> kynect benafits <u>1-055-306-0959</u>	Teahnical Assistance	Connect	f 🗹	2
Cabinet for Health & Family	kyneet haeith coverage	1-844-407-8398			

228. Click **Yes** or **No** for Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?

Kynect Daveter	and Programs v Expt. kytiectore, £Agents Help£7AQs	C XQALSC (2) Iangangan Ingin(Ingin) ∨
EENDITS APPLICATION		Tangtangan inggan (ragina) v
	Applearline Surmary Employer's Health Reimble Arrangement Selection Complete the sections below to submit the application. Kentitics Is suryone in the household currently enrolled in an individual Cove oundified Small Employee (IBA (OSEIRA)P © No Does anywen in this household how on offer in an individual Cove	огода нал (сснал) or
	Qualified Small Employer IRA (grattan), and not yet enrolled?	Click No for Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small
	The expanded kynect is working to keep every Kentuci Co to <u>kynectikese</u> to see alyour option	Employer HRA (QSEHRA), and not yet enrolled?
Help & FAQe Find DGBS Office Cabinet for Haath & Fan	Contact Us kynnet banafits 1-855-205-8559 Technicel Assistant Ny kynet batth coverage 1-844-407-8599	oc Cannect F 🔽 🕐

229. Click Next.

kynect Durke	aand Programs v Reps, kytiectors, E.A.gents Help	& F.A.QS	🛛 YQALSC 👰	
ECNERITS APPLICATION			rangsagaar miglim(miglion) 🗸	
	• Application Survivey Employer's Health Arrangement Sele Concrites the rections below to rate all the application	ction	E .	
	Learn More Is anyone in the household currently enrolled in a			
	Qualified Small Employer HRA (QSEHRA)? () Yes No Does anyone in this household have an offer in a	n Individual Coverage HRA (ICHRA) or		
	Qualified Small Employer HRA (QSHERA), and not Yes No			
	Back Save & Exit	Next	L I	
			Click Next.	
	The expanded kynect is working to keep ev	ery Kentuckian safe, healthy and happ	у.	1a (8
	Go to <u>kynectky.gov</u> to	see all your options.		
<u>Help & FAQa</u> Find DCBS Office Cabinet for Health & For		Connect Connect -844-407-8398	f ¥	2

1.11 Review, Sign & Submit

The *Sign & Submit* section is where Agents and kynectors sign the Applicant's name and submit the benefits application.

230. Click Start to begin the Review, Sign & Submit section.

KIM SANCHEZ	talit 🙃
CHRIS SANCHEZ	idit →
Household Information Edit	
Member Details	
JIM LANE	idit 🔹
Individual Information Completed Completed Information Completed	<u>*</u>
Annual Income	
	idit →
Individual Information Other Information Completed Completed Completed	ion ->
	tdit →
Individual Information Completed	
Healthcare Coverage Ec	Click Start to begin the Review, <i>Sign & Submit</i> section.
Employer's Health Reimbursement Arrangement Ea	
Review, Sign & Submit	
Savo & Exit	?

231.	Click on	the +	label	under th	e Relat	ionship a	& Ta>	<pre>k Filing</pre>	Section.
------	----------	-------	-------	----------	---------	-----------	-------	---------------------	----------

e Relationship th the tax filing y	and Tax Filing screen displays names un ear.	der the household and relation
	< Application Summary	
	Application Review	
	You can review your application and can make changes before y	you sign and submit.
	Expand All Collapse All	
	Household Members	Click on the + label under the
	Head of Household Contact Information	Relationship & Tax Filing Section.
	Reps, kynectors, & Agents	
	Relationship & Tax Filing	•
	Member Details - Individual Information	\odot
	Member Details - Resource Summary	\oplus
	🧭 Member Details - Income Summary	\odot
	Member Details - Expense Summary	\odot
	Health Care Coverage	\oplus
	👩 Employer's Health Reimbursement Arrangement	\odot

232. Click **on Continue** to proceed to the next screen.

Relationship & Tax Filing		Θ
Individual Relationship w	ith Head of Household	
JIM LANE Living Arrangement type Relationship	In Home Self	
Tax filing status for 2022 Tax Dependent for 2022	Filing Single None	
KIM SANCHEZ Living Arrangement type Relationship	In Home Mother of CHRIS SANCHEZ	
Tax filing status for 2022 Tax Dependent for 2022	Filing Single CHRIS SANCHEZ	
CHRIS SANCHEZ Living Arrangement type Relationship	In Home Son of KIM SANCHEZ	
Tax filing status for 2022 Tax Dependent for 2022	Not Applicable None	

233. Click Next to proceed to Review, Sign & Submit section.

Application Review		
You can review your application and can make changes be	fore you sign and submit.	
Excend All Collapse All		
Household Members	\oplus	
Head of Household Contact Information	æ	
	0	
Reps, kynectors, & Agents	\oplus	
Relationship & Tax Filing	\odot	
Member Details - Individual Information	æ	
	Ũ	
S Member Details - Resource Summary	\odot	
	-	
Member Details - Income Summary	•	
Member Details - Expense Summary	Click N	lext to proceed
📀 Health Care Coverage	to Re	eview, Sign & mit section.
Employer's Health Reimbursement Arrangement		

234. Click Read and agree to Application Statement of Understanding.

	ement of Understanding, Medicaid Penalty Warning, and Failure to f Understanding with Jim.
	<a>Aggleation Summary
Walk Mc Through	Signature Page
	Terms of Agreement Summary
	I have answered all questions intribulity and to the best of my ability. If any changes occurs on my situation, I am responsible for reporting them. Providing last enformation may result in penalities Please read and agree to each of the ferms. If you do not agree, your application my be attested, and you may be ineligible to receive benefits.
	C Read and agree to Application Statement of Understanding
	Bood and spres to Medicaid Panalty (Remains
	Click Read and agree to Application Statement of Understanding.
	I agree to allow the kynect to use my income data, including information from tax returns, for the next 5 years.
	🔿 LAgrea
	O I Disograe
	If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (its A Medicare, Medicare (a CHIP), kynect will automatically end their kynect medicard and enter locaregare. This will help medicare are that anyone who is found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost
	 LAgree

235. Read the information and click I agree.



236. Click Read and agree to Medicaid Penalty Warning.

Kynect Pest	board Programs - Reps, kynectors, £ Agents Help £ 7 AQs	•	
BENEFITS APPLICATION		tangaogae:	rugsien (mysica) 🤟
	<application summery<="" td=""><td></td><td></td></application>		
Walk Me Through			
	Terms of Agreement Summary		
	I have assumed all questions intribuilly and to be best of my shalling I have change occurs then yailutation. Jam responsible for reporting them. Providing table information may result in persainties. Presser read and agrees to each oth terms. If you do not agree, your application my be atteched, and you may be ineligible to receive benefits.		
	Blood and agree to Application Statement of Understanding		
	Boad and agree to Medicaid Penalty Warning		
	Read and separa to Feltura to Reconcile Statement of Understanding		
	Logree to allow the kynect to use my incom the next 5 years.		
	O LAgree		
	0 I Disogree		
	If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicald, or CHP), kynect will automatically and their kynec medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will hove to pay full cost.		
	O LAgree		

- <complex-block>

 Were Ware
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 Yere Ware
 Yere Ware
- 237. Read the information and click I agree.

238. Click Read and agree to Failure to Reconcile Statement of Understanding.

kynect Dash	board Programs - Reps, kynectors, 6 Agents I	Help £ FAQ3	CDEQWIR
			Languages: English(English) v
BENEFITS APPLICATION			
	and you may be instligible to receive Read and agree to Application States Read and agree to Application States Read and agree to Medicaid Penalty Remmy Read and agree to Medicaid Penalty Remmy Read and agree to Application States I agree to allow the kynect to use my income the next 5 years. I Agree I algree I algree I algree I algree I anyone on your application is enrolled in ky	o the best of my ability: sponsible for reporting them. nalities. 'you do not agree, your application my be affected, Click Read and agre Reconcile Statement o unt of their standard of the statement of th	e to Failure to
	medical plan and dental coverage. This will h	CHIP), kynect will automatically end their kynect elp make sure that anyone who's found to have	
	other qualifying coverage won't stay enrolled have to pay full cost. (1)	d in kynect medical and dental coverage and will	?
	O TAgree		· · · · ·

- <page-header>
- 239. Read the information and click I agree.

240. Click **I Agree** to allow the kynect system to use income data, including information from tax returns, for the next 5 years.

Kynect Doshboard Programs - RepL Kynectors, c Agants Help & FAQs	C QDEQWIR (2)
BENEFITS APPLICATION	Longunges: English(English) v
(Appletion Nummary Werk Me Through Signature Page	
 Terms of Agreement Summary Lave answered all questions truthfully and to the best of my ability Hany changes accur to my situation, I am responsible for reporting them. Providing false information may result in penalities. Providing false information may result in penalities. Prese read and agree to seach of the terms. If you do not agree, your application my be affected, and you may be ineligible to receive benefits. 	
Read and agree to Application Statement of Understanding Read and agree to Madicald Penalty Worning	
Click I Agree.	
I agree to allow the kynect to use my income data, including information from tax returns, for the next 5 years.	
Please note : Agreeing to this statement allows kynect benefits to use avai the IRS for up to 5 years for re-enrollment purposes. If the Applicant disag years. If they select 0, that means they are not allowing kynect benefits to o impact eligibility for coverage renewal.	rees, they can select 0-4

Please note: Agreeing to this statement allows kynect benefits to use available income data from the IRS for up to 5 years for re-enrollment purposes. If the Applicant disagrees, they may select 0-4 years. If they select 0, that means they do not allow kynect benefits to check tax data which will impact eligibility for coverage renewal.

241. Click **I Agree** to allow the kynect system to disenroll household members if they are found to have other qualifying health coverage.

medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will
have to pay full cost. ①
D 1Agree
Click I Agree.
Jim Lane E-Signature
By entering your name below, you are electronically signing this application
First Nome MI.
Household member does not have a middle initial.
Lost Nomo Suffix
Soloct 💿
Dote
10/\/2021
Voter Registration
Would you like to register to vote?
Yes No
Back Submit Benefits Application

242. Enter the Applicant's **First Name**.

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost
IDinagree Jim Lane - E-Signature By entering your name below, you are electronically signing this application Fratement
Household member does not test terme Enter Jim and click Enter to move forward.
Deter 10//2021 Votar Registration
Would you like to register to vote? Vas No
Back Submit Benofits Application
The expanded kynest is working to keep every Kentuckian safe, healthy and happy,

hooi medi other	rome on your application is annolied in kynest and is later found to have other qualifying the overage (like Medicare, Medicaid, or CHP), kynest will automatically and their kynest cal plan and dental overage. This will help made sure that anyone who's found to have qualifying coverage won't stary enrolled in kynest medical and dental coverage and will to pary full cest. () I Agroo I Diragroo
By	
Let he Deter 30//	Household member does not have a middle initia Check the box for Household member does not have a middle initial.
	Id you like to register to vote? O Yes No
The	Back Submit Benefits Application

243. Check the **box** for *Household member does not have a middle initial*.

244. Enter the Applicant's Last Name.

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and denial coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stoy enrolled in kynect medical and dental coverage and will have to pay full cost. ①
IAgree
IDisagree
Jim Lane – E-Signature By entering your name below, you are electronically signing this application
JIM ML
Household member does not have a middle initial.
Lost Nemo Suffix
Soloct O
10//2021 Enter Lane and click Enter to move forward.
Voter Registration
Would you like to register to vote? Ves No
Back Submit Benefits Application
The expanded kynest is working to keep every Kentuckian safe, healthy and happy.

healti media other	ono on your application is enrolled in kynect and is la coverage (like Medicare, Medicaid, or CHP), kynect cal plan and dental coverage. This will help make sur qualifying coverage won't stay enrolled in kynect mi o pay full cost.	will automatically end their kynoct e that anyone who's found to have	-
۲	IAgree		
0	l Disagree		
By	n Lane E-Signature entering your name below, you are electronic olication	ally signing this	
JIM			ł
\checkmark	Household member does not have a middle initial.		
Last No		\odot	
Dote	0000		
10///	2021		
Voter	Registration	Click No for Would you like to register	
Would	I you like to register to vote? ①	to vote?	
	Yes No		
_			
	Back	Submit Benefits Application	
The o	xpanded kynect is workina to keep every Kent	?	

245. Click Yes or No for Would you like to register to vote?

246. Click Submit Benefits Application.

10					
	۲	1 Agree			
		1 Disagree			
	med	yone an your application is enrolled in kyr th covarage (like Medicare, Medicaid, or C lical plan and dental coverage. This will he r qualifying coverage won't stay enrolled to pay full cost.	HIP), kyneet wi	ill automatically and their kyneet that anyone who's found to have	
	۲	l Agree			
		1 Disogree			
	riest		ally signing this	is application.	
	db				
	~	Household member does not have a mid	de initial		
	Lost P	ama	S. His		
	LA	é.	Select	\odot	
	Dete				
	1/10	/2022			
	Vot	or Rogistration			
	Wou	Id you like to register to vote? () Yes No		Click Submit Benefits Application.	
		Back	s	Submit Bonefits Application	?

247. Click Next Steps.

select "Next Steps" to see how to ur preferred contact method.
ur preserve contact metrica.
Chris Sanchez
Approved
Eligible for Qualified Health Plan with Payment Assistance (APTC), please see next steps.

248. Click Go To Enrollment Manager to shop for plans.

BENEFITS APPLICATION		
Next Steps		
Conce # 10000000. Expand All 1 Suffaces All		
	mant Manager Module to pick a plan or r cheide. If you do not cheese a plan, silv enroll you in the best evailable MCO	Э
 JIM LANE 37M se00 monthly. 	is eligible for Payment Assistance of r dhange your existing plan, please visit Module.	Θ
Apply for a Modical Walver		
Worker Program Apply for Wolver under your Bendits section.		
Townload Application Copy	ther Program	Click Go To Enrollment Manager
KTAP The Kontucky Transmittenial Austraance Program helps families with children pay for havin household expresses CCAP The Child Care Austraance Program helps working families pay for chil	KI-HEPP The Kennecky Integrated Hea helps pay for employer sponse SHAP	to shop for plans.

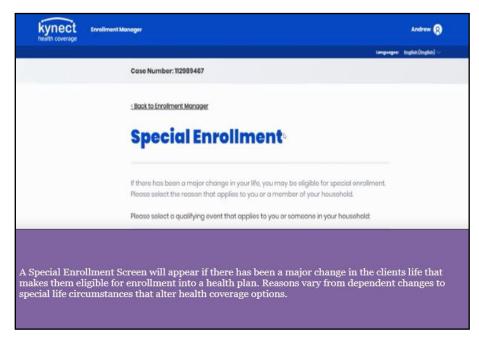
1.12 Plan Shopping

The *Plan Shopping* section in the **Enrollment Management Module** is where Agents and kynectors may search for, compare, and enroll Individuals and families in health coverage.

1. Click Health Plans to navigate to the Enrollment Manager.

Roturn to Control Contor (View on-	Client	Now, MILANE		
kynect	Dashboard Programs - Deps, kynectors, & Agents	Having & F.A.Qa		ason (9)
Overview Benefits Nachthi Plans	Click Health Plans to the Enrollment		Continue Apple	
Documents	Wew data is an your benefits application, cases, and benefits.		View your to-do kill and massing	13
Hearings	Benafits →		Mossage Center →	
	Case#: 112776617 • Active		ToDo's	Unmod
	Approved Pending Interview	Pending Varification	0	0
	Medicaid/KCHIP Qualified Health Plans		0 Due this week	0 Noticos
			0 Now	0 Announcements 0 Notifications
	View your current hadithcare plans and shop for MOD plans.		Manage and view details about	our support team
	Health Plans →		Reps, kynectors, & A	gents →
	Not Enrolled	Linrolled	Authorized Representative	
	Qualified Health Plans without payment assistance (GHP))	kynector Dat halp opplying for onel m her efte	arlaging Madicald or XI-H M 🔿
		Erestinari Manazar	Insurance Agent Get help replying herbleder coverage plans	sid and value ling your buelts 🛛 🔿

2. Special Enrollment Screen Appears



3. Select	Loss of	qualified	health	insurance	coverage	in the	last 60	days.

Lost qualified health insurance coverage in last 60 days
Will lose qualified
Click Loss of qualified Gain of depende in the last 60 days.
Gain of depende
Gain of dependent due to adoption, or placement of adoption or faster care in last 60 days
Someone in my household has had a change in citizenship or lawful presence status in last 80 days
Someone in my household has moved to a new coverage area in last 60 days
Released from prison in last 60 days
Spouse/Dependent no longer covered in family plan
Loss of dependent due to divorce or legal separation in last 80 days

Please note: From November 2023 through April 2024, **PHE Unwinding** has been added as a qualifying event for a Special Enrollment Period (SEP). Prior to November 2023, once kynect identifies that a Resident has lost Medicaid, **Loss of Medicaid** automatically displays as a qualifying event. If **Loss of Medicaid** does not automatically display, Residents may select, **Will lose qualified health insurance coverage in the next 60 days** as a qualifying event for a SEP. If Residents encounter any issues, they can apply for an Exceptional Special Enrollment.

	ked above. I confirm have given is corre isrepresentation co terminated	ct. I understand t	hat	
	the event date that I have information that I have	al Enrollment Period based on the r ve checked above. I confirm that t given is correct. Lunderstand that d couse coverage to be termineter	10	
	Back		Next	
The expans	ded kynect is working to keep	every Kentuckian safe, h	ealthy and happy.	

4. Click I am eligible for a Special Enrollment

5. Click Next.

[a triggering event occ			
[the event date that I have information that I have	Il Enrollment Poried based on the reason we checked above. Leanfirm that the given is correct, understand that is a cuse coverage to be terminoted or st. Next	_	
	Click Nez	xt. Nex	t	

6. Click **Qualified Health Plans**.

Case Number: 112776617	
< Back to Dashboard	
Enrollment Manager	
Medicaid Plans	Qualified Health Plans
Medicaid Plans (MCOs)	
Bolow is the household's MCC enrolment status. You can If you do not enroll in an MCD, we will auto-enrol you in a	Click Qualified Health Plans.
View MCO History	
Not Enrolled Θ	
CHRIS SANCHEZ Nati Recollad	
JIM LANE • Not smissing	
KIM SANCHEZ	

7. Click Add Plan.

< Back to Dashboard		
Enrollment Manager		
Medicaid Plans	Qualified Health Plans	
Qualified Health Plans (QHPs)		
Below is the household's enrollment status of certified her	aith pions.	
View QHP History	Add Case Notes	
View Maximum APTC Summary	Calculate Maximum APTC	
Coverage Year 2022		
CHRIS SANCHEZ		
Noterrollod	11.01	
JIM LANE CLICK A	Add Plan.	
KIM SANCHEZ Met Drußled		
Add Plan		
The expanded kynect is working to keep every Kerr	tuckian safe, healthy and happy.	

8. Check the **box** for Chris Sanchez.

Buck to Enrollment Manager Add New Plan Select the members to enroll in a health insurance plan. By checking multiple members, you are able to enroll members together when you shop. You may shop for a new plan by clicking "thop for Plane". Select Nembers Together	Add New Plan Select the members to errol in a health insurance plan. By dhealing multiple members, you are able to erroll members together when you shop. You may shop for a new plan by clicking "thop for Plane". Select Members	Case Number: 112776617	
Select the members to enroll in a health insurance plan. By checking multiple members, you are able to enroll members together when you shop. You may shop for a new plan by dicking "thop for Plane".	Select the members to errol in a health insurance plan. By checking multiple members, you are able to erroll members together when you shop. You may shop for a new plan by clicking "thop for Plane". Select Normbors Cuetes Select Coverage Type Medical Doneol	< Back to Enrollment Manage	C.
members together when you shop. You may shop for a new plan by clicking "Shop for Plane". Scient Mombers fax croup t	Terembers together when you shop. You may shop for a new plan by clicking "thop for Plans". Select Members Ter Croeps T	Add New I	Plan
IMLANE KIM SANCHEZ Select Coverage Type Medical	Shop for Plans	Internibers together when y Solect Members Tar Croup Collegy Samcher2 Collegy Samcher2 Mint SaNch IE2 Salect Coverage Type Medical	cu shop. You may shop for a new plan by clicking "Enop for Plane". Check the box for CHRIS
Shop for Plans			Shop for Plans
		Concel	Checkout

9. Check the **box** for Jim Lane.

kynect health coverage	Enrollment Manager		Jason 🛞
	Case Number: 112776617		Languages: English(English) \vee
	<u>Sack to Enrollment Manager</u>		
	Add New P	lan	
	members together when you Select Members Tox droup I CHRD SANCHEZ UM LANE KIM SANCHEZ Select Coverage Type Medical	shop. You may shop for a new pla	Check the box for JIM LANE.
	for Medicaid or KCHIP. You that individual. If the individ or has Medicaid or KCHIP, y	will not be able to select a health p fual has dental coverage that is no ou will not be required to select a change about the dental insurance	al coverage, unless that individual's eligible fan unless you also select a dental plan for through Kantucky Hoalth Senefit Exchange lental plan for the individual. You can tell the individual already has by filling out the
	CHRIS SIMS	Buy a Dental Plan	Dental Attestation
	or mo divid		

10. Check the **box** for Medical as applicable.

kynect	Enrollment Manager	Jason 👰
		Languages: Briglish (Briglish) ~
	Case Number: 112776617	
	< Back to Enrollment Manager	
	Add New Plan	
	Select the members to erroll in a health insurance plan. By check	ing multiple members, you are able to enroll
	members together when you shop. You may shop for a new plan	by clicking "Shop for Plans".
	Select Mombers	
	CHRIS SANCHEZ	
	Check	the
	JIMLANE box fe	or əl
	KIM SANCHEZ	ai.
	Select Coverage Type	
	Medical	
	Dental	
	Anyone between the ages of 8 and 21 is required to have contain	ooverage, unless that individual is eligible
	for Medicaid or KCHIP. You will not be able to select a health play that individual. If the individual has dental opverage that is not t	
	or has Mediacia ar KOHP, you will not be required to select a de- Kontucky Health Benefit Exchange about the dental insurance th	
	dontal attestation form below.	
	Buy a Dental Plan CHRIS SIMS	Dental Attestation
	8.9339939499 ET.)	
		Shop for Plans

11. Check the **box** for Dental as applicable.

kynect Enrollmont Ma health coverage	nager		Joson 😨
Case Nu	mber: 112776617		Languages: English (English) V
< Back to	Enrollment Manager		
Ad	d New Plan		
membe	e members to errol in a health insurana is together when you shop. You may shop Mombors op 1 Crietis searchez utal SANF KIM SANCHEZ		
Select	Coverage Type	Dental.	
	Dental		
for Me that in or has Kontui	e between the ages of 8 and 21 is require diable or KOHP. You will not be able to be cividual. If the individual has dental over Maclicalis et KOHP, you will not be require ky Health Benefit Exchange about the de lattestation form below.	leat a health plan unloss you also so rage that is not through Kentucky H ed to select a dental plan for the inc	elect a dental plan for lealth Benefit Exchange dividual. You can tell
CHR	Buy a Dente S SMS	al Plan Dental Attes	station
			o for Plans

12. Click Buy a Dental Plan.

kynect health coverage	Enrollment Manager	(S) nozol
	Case Number: 112776617	Languages: English(English) ~
	<pre></pre>	
	Select the members to enrol in a health insurance plan. By checking mu members together when you shop. You may shop for a new plan by cici	
	Soloci Mombers far Cropy 2 C-RIS SANCHEZ	
	KIM SANCHEZ	
	Select Coverage Type	
	Medical Dental	
	Anyone between the ages of 8 and 21 is required to have control ovver for Medical or KCMP. You will not be also be select a health pion unless that include. If the individual has dented overage that is not through or has Medicalie ar KCMP, you will not be required to select a dented pic Komusy Hoath bandh schamage about the dentel insurance the indivi- dented attestation form below.	s you clea soleat a clental plan for h Kontucky Hoalth Bonefit Exchange an for the individual. You can toll
	CHIRS SIMS	Click Buy a Dental Plan.

13. Click Shop for Plans.

kynect health coverage	Enrollment Manager	Jason 🚱
	Case Number: 112776617	Languages: $\operatorname{English}(\operatorname{English}) \sim$
	<pre>dact to Errolmert Manager</pre>	
	Select the members to enrol in a health insurance pion. By checkin members together when you shop. You may shop for a new plan by	
	Solicet Members fracticep1 C-RBS SANCHEZ	
	IMILANE KIM SANCHEZ Select Coverage Type	
	Medical	
	V Dontal	
	Anyono between the ages of a and 31 is required to have control of for Medicaid or KCHIP, You will not be aske to solect a health pion that his/vidual. If the individual has dontal overage that is not the or has Medicaid or KCHIP, you will not be required to select a dont kortus/path isonfit branch scharange obout the dontal insurance the dontal attestation form below.	Click Shop for Plans.
	Buy a Dental Han Cli RG SIMS	Dental Attostation

14. Shop for and compare health plans on the **Medical Plan Search** screen.

	Marile ★rewyzes, Hamana Connect 5530.53 N/A N/A Not Roted Colla 2500/3500 Plan	Engont Company Selected Plane Individual () Individual () Out- Plane Out- Plane Name Premium Permium Deductible Premium Plane Plane	Clear	Payments Assistance for Medicol: \$ 347.00	The second via during which a standard standard taken induce contract on the second standard The premum histed below automatical grint prefacts the APIG applied in full towards your moving the prefact formation and how is hyperfit a standards balance and the information active prevaided in the towards applied the APIC encount by using the stater OR by specifying on exect amount in the text second state the APIC encount by using the stater OR by specifying on exect amount in the text second state the APIC encount by using the stater OR by specifying on exect amount in the text second state the APIC encount by using the stater of the specifying on exect amount in the text second state the APIC encount by using the stater of the specifying and the state the state the specifying and the APIC encount by using the state of the specifying and the specific and the sp	The freehold has qualified for a certaging if can thering freehold in (call)(), which can be applied to shorp Defectively, you household is qualified for maximum Association internal fact Certal (APIC) in the answer of \$54 Maximum Anyment Assistance Analastics \$150.00 They anotable the candiding service in this qualified heath theorems coverage in the 56 cov/, ver coverage in	Medical Plan Search	Case Number: 112776617
--	--	--	-------	--	--	--	---------------------	------------------------

15. Click **Compare** to select a medical plan.

	add to Cart
oota P	
Summary (In-Network)	0
Premium Details	\odot
New Notes Device Inc. 5730.51 N/A N/A	Compare
sronze P	
Summary (In-Network)	o
Premium Details	\odot
Menningan Hamana Connect 5530.53 N/A N/A Not Home Cedit 2500/2500 man	Add to Cart
Sume Click Compare to select the Humana health plan.	Ø
Premis	0

Care Source Not Reted	\$520.51	N/A	N/A	Compare
oold P				add to Cart
Sum	k Compare t	o select the		©
Prer Ca	areSource hea	lth plan.	-	0
North Service Bigible Bronze	2 \$530.51	N/A	N/A	Compore
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Premium Details				©
Not Roted Cook 2500/3500		N/A	N/A	Compare Add to Cart
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16. Click **Compare** to select a medical plan.

17. Click **Compare Plans** to compare the selected medical plans.

Gold P	
Summary (in-Network)	\odot
Premium Details	\odot
Reservations, Carra Baursachta, Storooti N/A N/A N/A N/A	Compare
sronze P	
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reversions Mamora Connect 5530.53 N/A N/A N/A N/A N/A	Compare add to Cont
Summary (In-Network)	\odot
Premium Details	Click Compare Plans.
2 Previous	Nox
Exit	ompare Plans

18. Compare the selected plans on the **Compare Medical Plans** screen.

Case Number: 112776617		
< Back to Plan List		
Compare Me	dical Plans	
before making a final chaice. Since	anse sempany's provider directory for the mest up-to-dete information se provider networks can change often it is size a good idea to call your re todore picking a pan. Ack if they will be participating in the health plan your final docision.	
*CONVERSE	XERNICA	
Care Source Inc. Highle Bronze	愛renotized。 Humana Cannest Geld 2550/1698 Man	
Care Source Inc. Eligible Bronze	Humana Connect Gold 2500/3500 Han	
<u>Care Source Inc. Eligible Bronze</u> Quality Rating	Numerica Connect Gold 2550(3500 Mon Quality Ruting	
Qare Source Inc. Eigible Bronze Quality Rating Not Bolad	Humana Connect Gold 2550/3500 Hon Quality Roting Not Rotad	
Care Source fro. Highle Bronne Quality Rating Not Rated Manthly Promium	Humona Commet Geld (2007/800) Plan Quality Roting Hot Rated Monthly Premium	
<u>Care Source inc Highle Bronze</u> Oucliny Roting Not Boled Monthly Promium \$ 690.6	Hamona Connect Celd 2550/3500 Plan Quality Ruting Heit Rated Manthily Pramium \$ 530.51	
<u>Cares Bouros ina Higibie Bronze</u> Ducificy Rating Noi Bolad Monthly Promium \$ 650.68 Mantecor	Hamona Connect Celd 2550/2550 Plan Quality Ruting Heit Rated Mathing Pramium \$ 590.51	
Care Source ins Highle Bronze Ducting Rating Not Baked Manthly Promium \$ 650.61 Manual Contexts Nich Summany O Bandis, Dowrage	Humana Connect Celd (2007/2009 Pilm) Quality Ruting Het Rated Manthly Promium S Stats	
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Correl Kouron into Highlie Bronne Cucility Roting Not Botod Monthly Promium \$ 630.62 Monthly Promium \$ 630.62 Mine Correlang () Submany of Bronts Dowerspa	Humano Connect (Add 2550/3500 Pilon) Quality Ruting Not Read Monthly Promium \$ 500.51 Add add Add Decision () ΝΔ Summa of Second Concepts (Service and Second Seco	

19. Click **Summary** to view additional plan details.

			37. USA	
Emboddod Podiatric Dental Yes	Embedded Pedictric Dental Yas			
HEA/FRA N/A	HER/REA N/A			
Wollnoss Program Yos	Wollnoss Frogram Yes			
Medical Loss Ratio 80%	Medical Loss Polis 80%			
qualify	slans may have been adjusted bas		sanans ar winary50	
Plan Documents		•	Click Summary.	
Prescription Drug Benefit		Ð		
Embedded Pediatric Dental		\oplus		
Hospital Services		۲		
Maternity		\oplus		
Additional Coverage		⊕		
Additional Details		Ð		

20. Click Add to Cart to add the desired medical plan to the cart.

	n plans, add the desired health plan to the cart. For this 2500/3500 plan. Then, begin shopping for dental plans.
Compare Med	lical Plans
before making a final chaice. Since	se company's provider directory for the most up-to-date information provider networks can alrange after it is also a good idea to call your before picking a prav. Ask if they will be participating in the health plan ar final decision.
Areanizates Care Source Inc. Eligible Bronze	★normal Humana Cannaet Guid 2500/8500 Plan
Quality Rating Not Rated Monthly Premium \$ 590.51	Qualty Roting Het Relied Monthly Promium \$5305
Add to Cart	Humana health plan to the cart.
Provider Directory () N/A	Provides Texatlary () N/A
Summary Di Banatits Coverage (Resumen de beneficies y de cobertura) English	Sammary (Cliffondis Chevrogn Indourner or bandiciox y de cobartano) English
esponol Formulary N/A	esponol Turnskry NA
Embedded Padlatric Dental Yas	Embedded Peolotic Dentol Yes

21. Next, shop for and compare dental plans on the **Dental Plans Search** screen.

Case Number: 112776617				
Dental Plan	Search		(Teday's Date	= 11/20(2001)
Icon Legend: S CSR Silver Plans P Embedded Pediatric Der		cao Cessation Proj	gram	
Show Filters Export Company Solected Insurance Company ③ Name	Plans Total (3) Monthly Premium	Deductible ④ for one child	Out of ① Pocket Maximum far one child	Actions
Anthem Anthem Not Robed Pathway - Dental	\$203.43	N/A	N/A	Compare Add to Cart
Summary (in-Network)				©
Premium Details				9
BESTOLIfe BESTONE	\$530.51	N/A	N/A	Compore

22. Click **Compare** to select a dental plan.

Premium Details	©
Carristmann Carristmann 5530.51 N/A N/A Not Roted Sacadad Dental 1	Compare Add to Cant
Summary (In-Network)	\odot
Premium Details	Θ
treminana, <u>Constituuros</u> 5530.51 N/A N/A Notificato <u>Manimplanos</u> Low Bronium Siber Dental	Compare Add to Cort
Click Compare to select the CareSource dental plan.	©
P	©
2 Provious	Next

23. Click **Compare** to select a dental plan.

	2500/2500 Plan	Add to Cart
	Summary (In-Network)	\odot
	Premium Details	\odot
	CarekSauros CarekSauros 5530.51 N/A N/A Not Roto Standard Standard Dental	Compare Add to Cont
	Click Compare to select the	\odot
	CareSource dental plan.	0
	Not Rote Source 5530.51 N/A N/A Not Rote Source Source Source N/A N/A	Compare Add to Cart
	Summary (In-Network)	O
	, Fremium Details	0
	2 Previous	Noxt
	Back Exit	Compare Plans
ttps://stuS.kyshopping.ky.aov/ind.widusI/LstOfDent		Compare Plans

2500/2500 Han		Add to Cart	
Summary (in-Network)		0	
Premium Details		0	
CarvSnurce Carekouroe \$530.51 Motikotplace Standard Eandard Eantal	N/A	N/A Compare Add to Cart	
Summary (In-Network)		Θ	
Premium Details		Θ	
Constance Constance S530.51 Mort Roted Low Pomium Silver Dental	N/A	N/A Compare	
Summary (In-Network)		Click Compare P	lans to
Premium Details		compare the Care dental plans	Source
2	Previous	Noxt	
Back Exit		Compare Plans	

24. Click **Compare Plans** to compare the selected dental plans.

25. Compare the selected dental plans on the **Compare Dental Plans** screen.

kynect	Enrollment Manager		Jason 🛞
	Case Number: 112778617		Languages: English(English) V
	-Back to Flori List Compare Der	ntal Plans	
	before making a final choice. Since	nce company's provider directory for the most up a provider networks can change often it is clea a g before poicing a plan, Ask if they will be participal our final decision.	ood idea to call your
	CurreSource CareSource Marintplace Standard	Among and a state of the state	
	Bental I Quolity Roting Not Roted Monthly Premium	Silver Dental Quality Rating Nat Rated Manthly Premium	
	\$ 530.51 Add to Cart Provider Directory (i)	\$ 530.51 Add to Cent Provider Directory ()	
	N/A Summiny of Dented Coverings (Declaración do Coberture Danta) English	h/A Sammany of Centri Coverage (Deckarscion de Cobentura Demai) English	
	español Medical Loss Itatio 80%	español Nodealtessitetio 80%	

Not Rated	Not Roted		
\$ 630.61	Monthly Premium \$ 630.51		
Add to Cort	add to Cort		
Protector Directory ()	Provider Sectory ()		
<u>N/A</u> Summary of Dontal Covarago (Declaración de Cabertura Dontal) English	N/A Summary of Danital Coverage (Deckeración de Dabertura Demai) English		
espanol Madaalines Ratio 20%	español Medeatlieus Ratio 80%	Clic	k Summary.
Plan Documents		•	
Summary			
Adult Dental Coverage		۲	
Child Dental Coverage		⊕	
Additional Details		⊕	
Exit			

26. Click **Summary** to view additional plan details.

27. Click Add to Cart to add the desired dental plan to the cart.

Case Number: 112776617	
Back to Plan List	
Compare Den	ntal Plans
before making a final choice. Since	ince company's provider directory for the most up to date information e provider networks can anonge often it is also a good idea to call your safere poicing a pian, ask if they will be participating in the health plan our final decision.
CureSource	* CENTRON
CareSource Marketplace Standard Dontal 1	CareSource Marketplace Low Premium Silver Dental
Quality Rating	Quality Rating
NotRated	Not Roted
Monthly Premium \$ 530.51	Monthly Premium
Add to Curt Click	k Add to Cart to
Clici	k Add to Cart to d the CareSource
movider Directory () add	d the CareSource
rooider Directory () add N/A denta Summary of Director	
N/A Chick	d the CareSource
Na denta Summy of Dented of Concenses of decede	d the CareSource al plan to the cart.
Invoider Directory () add N/A denta Summary of TherMat Summary of TherMat Proglan	d the CareSource al plan to the cart.

28. Click Checkout.

Now that health and de	ntal plans have beer	n selected fo	r Jim and Ch	ris, the user ma	y Checkout .
			Sho	p for Plans	
	Newly Selected Plan				
	Below are the plans you have selects any changes by clicking 'Select Anat another plan, you can do that by sele	ther Plan [®] to the plans y	ou have already plaked.	If you want to acid	
	Modical	Edit Members	Dontal	Edit Members	
	Humano Connect Oold 3500/3501 Permian YearFay \$330,8) memb Manihy Perman 50081 Appled Payment Astimate: 30 Mombors CNRS SANCHEZ Cirke Sanchez Jint Anki		CareSource Marketplac Prenium You Yoy \$530,51 per menth Venithy Permune Statistic assisted Proyment Assistance: Members CARIES SANCHEZ Anter any Sanchez Internet any Sanchez Mittanke Date		
	m(log)3022 - 15/18/3022 Solite LAnother Plan Remaxe Plan		טע/וע/גו – געלאט	Click Checkout.	
	Cancel		Chec	kout	

29. Enter the Applicant's **First Name**.

kynect	Enrollment Manager		Jason 🔞
			Longuages: English (English) ~
	Case Number: 112776617		
	< Back to Enrolment Manager		
	Sign & Submit		
	Hoase road this information carefully. Your sig the same as a written signature. Medioaic, KC Sarvices (CHFS). By signing, you agree to the fr	HP, and Kyneot are part i	
	I am signing this application under penalty of questions on this form to the best of my know federal and/or state law if I provide false and/	edge and belief. I know t	
	I know that I must tell Kyneot if anything chang	gas from what I entered a	in this application.
	Electronically sign this request by entering you	ir name below:	
	First name	M	Enter Jim and click
	That Harrie		Enter to move forward.
	Lest Name	Suttix	
		Select	\odot
	Date		
	11/29/2021		
			1000 10000 VA
	Back Exit		Sign & Submit

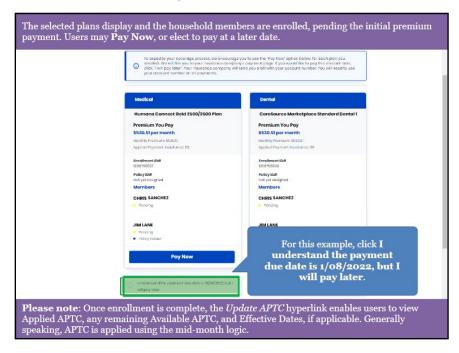
30. Enter the Applicant's Last Name.

kynect	Enrollment Manager	Jason (8)
	Case Number: 112776617	Languagen: English(English) V
	-Back to Excellment Manager Sign & Submit	
	Hease read this information carefully. Your signature makes this the same as a written signature. Moelioaid, KO-HP, and Kynset are Services (CH-S). By signing, you agrees to the following:	
	I am signing this application under penalty of perjury which mee questions on this form to the best of my knowledge and belief. I federal and/or state law if I provide fate and/or untrue informat	trow that I may be subject to penalties under
	I know that I must tell Kynoot if anything ohanges from what I on	tereci on this application.
	First name MI. JIM	Enter Lane and click
	Leot Name Som	Enter Lane and click Enter to move forward.
	Date	
	u/28/2021	
	Back Exit	Sign & Submit

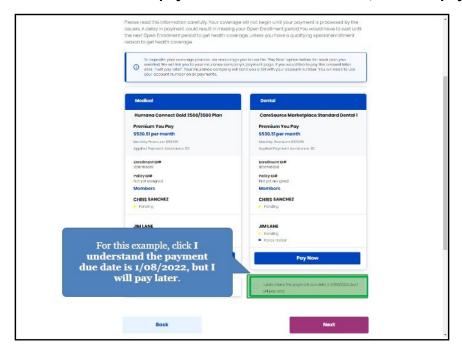
31. Click **Sign & Submit** to enroll the household member(s) in the selected health and/or dental plans.

Case Number: 112776617	
< Back to Enrolment Manager	
Sign & Submit	
the same or a written signature. Neellook KCIP Services (CIFS) dy signing, you agree to the follo I om signing this application under pendity of per questions on this form to the best of my howked federal and/or state law if I provide folse and/or u I know that I must tell kyned if anything changes	ury which means l have given true answers to all the e and belief. I know that I may be subject to pendities under nave information.
Electronically sign this request by entering your n	ame below:
First name	MU
Los Nors	Salix Select
	Click Sign & S
Doto 11/29/2021	
N AN ANA	
Back Exit	Sign & Submit

32. Click **Pay Now** to submit an initial premium payment for the selected health plan, or click **I understand the payment due date is 1/08/2022, but I will pay later**.



33. Click **Pay Now** to submit an initial premium payment for the selected dental plan, or click **I understand the payment due date is 1/08/2022, but I will pay later**.



34. Click **Next** to begin shopping for Medicaid plans if there are Medicaid eligible members in the household. If there are no Medicaid eligible members in the household, skip to the **Assessment Section** of this document.

 onrolled. We will link you to your insurance company 	year to can't her. "Ray ben' oppress hadres to each spray to be compared to the second
Modical	Dontal
Humana Connect Gold 2500/3500 Plan Premium You Pay 5530.51 per month Manithy Tearan 250301 Applet Paymert Assistance 50	CareSource Marketplace Standard Dental 1 Premium You Pay \$530.51per month Market Namar # 55051 Angliet Angenet Fondares 10
exercitives to the rock more than here your Monthouse CHRS SANCHEZ • Forcing	Eventiment to # Bostnictos Pallystas Netytosegnod Members CHRS SacKHEZ Fondrag
JIM LANE • Folding • Foldy-Holder Pary Now	JIM LANE • Holdy: • Holdy: H
Iurcenter d'the payment due dote is 0/08/2822 but 1 will pay later.	Click Next.

35. Click Select MCO Plan.

Case Number: 112776617	
< Back to Dashboard	
Enrollment Manage	er
Medicaid Plans	Qualified Health Plans
Medicaid Plans (MCOs)	
Below is the household's MCO enrolment status. You o If you do not enroll in an MCO, we will auto-enrol you i	
If you do not enrol in an MCD, we will dute-enrol you i	in one.
View MCO History	in one.
View MCO History	in ano.
View MCO History NetEnrolled	in ans.
View MCO History	in ons.
View MCO History NetEnrolled CHRIS SANCHEZ Indirected	Select MCO Plan.

36. Click Add Plan.

kynect	Enrollment Manager		Jason 🔞
			Languages: English(English) ~
	Case Number: 112776617		
	 Add New Pla	an	
	The below members are eligible	for an MCO Plan. Select the member you wan	if to shop for.
	JIM LANE		Add Plan
	CHRIS SANCHEZ		Add Plan
	KIM SANCHEZ	Click Add Plan.	Add Plan
	Cancel		Checkout
		king to keep every Kentuckian safe, heal kynectky.gov to soo all your options.	thy and happy.
			10 March 10 04 000 00
Help & FAQs	Contact Us		Connect f
Find DCBS Office	kynect benafits 1-855-308-8959	Technical Assistance 1-844-407-8398	
Cobinet for Heal	th & Fornity	2044240/20190	Cabinet for Health and

37. Click **Compare** to select a Medicaid plan.

Plan Results				
Show Filters				
Export Company				
() Insurance Co	mpany	Actions		
*****	WollCare of Kentucky	Compare	Add to Cart	
(<u>****</u> 2%1 ****	Passport Health Plan by Molina Healthcare		Add to Cort	
Humana.	Humana Healthy Horizons in Kentuck	Compare	Add to Cart	
d haden	United Healthcare Community Blan	regeare	Add to Cart	
	m pare to select the umana plan.	pare	Add to Cart	
 ****	Aetna Better Health of Kentucky		Add to Cart	

38. Click **Compare** to select a Medicaid plan.

Plan Results				
Show	ilters			
Export 0	ompare Plane (1)			
(i) Insure	ince Company	Actions		
The second secon		Compare	Add to Cart	
<mark>(255</mark>		Click Compar United Heal		
Humo				
U ***		unity.Plan	Add to Cart	
 		Rhield Compare	Add to Cart	
aetna ★ ★ ★	* * Aotna Batter Haalth of Ke	ntucky O Compare	Add to Cart	

39. Click **Compare** to compare the selected Medicaid plans.

Plan Results			
Export Compare Insurance Com		Actions	
Weldary ****	WallCare of Kentucky	Compare	Add to Cart
****	Possport Health Plan by Molina Healthcare	O Compare	Add to Cart
Humana.	Humana Healthy Horizons in Kentucky	🕑 Compare	Add to Cart
€ 1000 * * * * *	UnitedHealthcare Community Plan	Compare	Add to Cart
0V	Anthem Blue Cross Blue Shield	Compare	
aetna *****	Astna Better Health of Kentucky	C <u>Compare</u>	Click Compare.
-			

General Details	•	
Others		
Ambulatory Patient Services	Click General Details.	
Emergency Services	Details.	
Hospitalization	•	
Maternity and Newborn Care	•	
Montal Health Substance Use Disorder	•	
Prescription Drug Benefits	۲	
Rehabilitative Habilitative Services Devices	•	
Laboratory Services	•	
Pediatric Services Including Oral Vision Care	\odot	
Additional Details	•	

40. Click any **tab** to view additional plan details.

41. Click Add to Cart to add the desired plan to the cart.

After reviewing details of For this example, select t				esired Medicaid plan to the cart. cky plan.
	Humona Humana Healthy Horizons in Kentucky		UnitedHeathcare Community Flan	
	Monthly Premium \$ 0 Add to cyn		Click Add to Cart	
	Pravidar Diractory N/A Pran Restrictions (Indetto del Man) English		Providor Directory N/A Plan Brachuro (rolato dal Iran) Engliah	
,	rspañal romulary Preferred Drug List		español Formulary Preferred Drug List	
	Plan Documents		⊕	
	General Details		Θ	
	Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	HUMANA	UNITEDHEALTHCARE	
	In Notwork Individual Amount	ng'al	N/A	
	Out Notwork Individual Amount	NA	N/A.	
	Out Network Family Amount Combined in Out Network Individual Amount	N/A N/A	nia. Nia	
	Combined In Out Network Remity Amount	N/A	N/A	

42. Click Checkout.

kynect health coverage	Enrollment Manager	- B nozo
	Case Number: 112776617	Languages: English(English) \sim
	clack to frontmark Manager Add New Plan	
	The balow members are eligible for an MCC Plan. Select the men	nber you want to shop for.
	JIM LANE	Add Plan
	CHRIS SANCHEZ	Add Plan
	Newly Selected Plan	
	Humona Members • RIM SANCHE2 Select Ansther Plan	Click Checkout.
	Cancel	Checkout
	The expanded kynect is working to keep every Kentuckia	n safe, healthy and happy.

43. Enter the Applicant's **First Name**.

Please read this information carefully. Your signature ma the same as a written signature. Macliacia, KGHP, and Ky Services (CHFS). By signing, you agree to the following:		
I am signing this application under peoply of perjury wh questions on this form to the best of my knowledge and federal and/or state law if I provide false and/or untrue is	belief. I know that I may be subject to penalties under	
I know that I must tell Kynact if anything changes from w	that Lentered on this application.	
Electronically sign this request by entering your name be	alow:	
KIM SANCHEZ		
New Health Plan Humana		
THE PLAN		
Anen secola JIM LANE have been selected to for outo-on MCO will appear on their Enrollment Manager home pa		
First Name	Enter Jim and click F to move forward	
Lost Namo	Suffix	
	Select	
Back Exit	Sign & Submit	
The expanded kynect is working to keep every Ker	atuckien safe healthy and happy	

44. Enter the Applicant's Last Name.

4	1
Pacase read this information carefully. Your signature makes this application valid. An electronic signature is the same as a written signature. Maclacia, KCHP, and kyneat are part of the Cabinet for Health and Family Services (CHPS) By signing, you agree to the following	
Lens signing this opplication under penalty of parjury which means linear given true answers to all the quastions on this form to this basis of my knowledge and the linear that I many that many be subject to penalties under federal and/or total level it provides false and/or unit information.	
Eknow that Emust tell Kyneet if anything alranges from what Eentered on tals application	
Electronically sign this request by entering your name below:	
KIM SANCHEZ New Health Plan	
Humana	
.0HEGABOR JM LANE have been selected to for cuto-enrolment for their MCO plan. Once assigned, their MCO will appear on their finaliment Manager home page.	
First Neme NU	
Inter Lane and click I move forward.	
Back Exit Sign & Submit	
The expanded kynect is working to keep every Kentuckian safe, healthy and happy.	

45. Click Sign & Submit to enroll in the selected plan.

Lam signing this application under penalty of parliary which means Linear agrees that answers to all the questions an this form to the bast of my knowledge and ballef. Linear that I may be subject to pondities under federal analogies state low if i provide false analogic untrus information.
I know that I must tell kynoet if anything changes from what I entered on this application.
Electronically sign this request by entering your name below:
Kila SANCHEZ Now Haath Plan Humana
INVESTIGATING JUNITABLE have been selected to for curo-enrollment for their MCO plon. Once assigned, their MCO will appear on their Faroliment Manager home page.
Find Rames Mi
IM Click Sign & Submit.
Lost Name Suffix
Luni
Back Exit Sign & Submit

46. There is an *Edit Your Information* section available at the top of the Plan Search Screen which enables users to change the input parameters.

viedical	Plan Search		Dental	Plan	Searc	h
dit Your Information						0
inty	Annual Household Income					
Enter County Name	Enter Annual Income					
embers Details	Age Gender	ls Tobacco User?	Is Eligible for Other	Is Pregnant?	Is AIAN?	
usehold Member 1		⊘ □				
usehold Member 2	32 Female	•				
fore Dependents					Update Res	ults
usehold Member 1 usehold Member 2	23 Male	User?	Other Coverage?	-		ults

47. *Available Plans* is added to display the total plans available based on the filter criteria searched. Additionally, a *Lowest Premium Plan* label will be added to show the lowest premium available.

Available Plans displays the total plans available based on the filter criteria searched. Additionally, a Lowest Premium Plan label will show the lowest premium available. If there are multiple plans that have the same lowest premium amount, they will both display the same Lowest Premium Plan label. Click Continue to move on to the next slide.							
]	Available Plans - 36						
	Export All Plans Export Selected Plans			2	ompare Selected Plans		
	Insurance Company (3) Name	Total 💿 Monthly Premium	Individual (3) Deductible	Individual (*) Out-Of- Pocket Maximum	Actions		
	CareSource CareSource Marketplace Bronze Bronze P Genet Pennin Hat	\$770.79	\$9,100	\$9,100	Compare Add to Cart		
	Summary (In-Network)				\odot		
	Premium Details				⊚		
	CareSource CareSource * * * * * First	\$785.44	\$8,000	\$9,100	<u>Compare</u>		
	Expanded Bronze P T						
	Summary (In-Network)				\odot		
	Premium Details				\odot		
	Carašouros	\$786.31	\$9.100	\$9.100	Compare	Continue	

48. The *Summary Section* now displays in-network copays for primary care, specialist, and emergency visits. Additionally, prescription drug benefit information is available.

Summary Section: This section now displays in-network copays for primary care, specialist, and emergency visits. Additionally, prescription drug benefit information is available.							
Click Continue to move on to the next slide.							
	Anthem @♥ ★★★★★	Anthem Bronze Pathway X HMO 9100 (\$0. Virtual PCP + \$0 Select Drugs + Incontives)	\$955.77	\$9,100	\$9,100	Company Add to Cart	
	Bronze	P					
	Summary	(In-Network)				\odot	
	Doctor Vi	isits :					
			In-Netw	ork			
	Primary	Care Visit	No Char	ge after deductible			
	Specialis	st Visit	No Char	ge after deductible			
	Emergency		No Char	No Charge after deductible			
	Prescription Drug Benefits :						
			In-Netw	ork			
	Generic	Drugs	0.00% Co	oinsurance after dea	ductible		
	Preferre	d Brand Drugs	0.00% Co	0.00% Coinsurance after deductible			
	Non-Pre	ferred Brand Drugs	0.00% Co	0.00% Coinsurance after deductible			
	Specialit	ty Drugs	0.00% Co	binsurance after dec	ductible	Continue	

49. Click Exit.

the available programs, programs they would li users may utilize the E	. Users input basic contact ir ke to apply for, and select sit	rs to apply for and receive ben formation for all household uations which apply to their op for, compare, and enroll in demo.	members, select household. Then,				
	Enrollment Manag	er					
	Medicald Plans	Qualified Health Plans					
	Qualified Health Plans (QHPs)						
	Below is the household's enrollment status of certified health plans.						
	View QHP History						
	View Maximum APTC Summary	Calculate Maximum APTC					
	Coverage Year 2022 🕞	Coverage Year 2022					
	Not Enrolled	Humana Connect Gold 2500/3500 Plan - Medic	al				
	KIM SANCHEZ	Premium You Pay					
	Not Enrollod	\$530.51 per month					
	Add Plan	Monthly Promium: \$830.51 Applied Payment Assistance: \$0					
		Enrollment ID# Policy ID#					
		1006796037 Not yet assigned					
		CHRIS SANCHEZ Enrollment File Generated					
		Dote Member ID# ni/hi/hi22 - 12/hi/hi22 Net vet resignert	Exit				

2 Assessment

- 1. The benefits application may be edited at any time by clicking which button on the Application Summary screen?
 - a) Messages
 - b) Help & FAQs
 - c) Edit
 - d) Dashboard
- 2. In the Relationship & Tax Filing section of the benefits application, users must identify whether they reconciled ______ in past years.
 - a) Medical Plans
 - b) Unemployment Income
 - c) Premium Tax Credits
 - d) Dental Plans
- 3. After the benefits application is signed and submitted, if an Applicant is found to be ineligible for Medicaid, kynect health coverage will automatically check eligibility for _____ (with or without payment assistance/APTC).
 - a) Qualified Data Plans
 - b) Rebates
 - c) Discounts
 - d) Qualified Health Plans
- 4. During the Identity Verification Upload portion of the benefits application, acceptable forms of ID include all of the following EXCEPT:
 - a) Driver's License
 - b) Birth Certificate
 - c) Social Security Card
 - d) Store Credit Card
- 5. The Enrollment Manager screen allows users to do all of the following EXCEPT:
 - a) Shop for Qualified Health Plans
 - b) Shop for Medicaid plans
 - c) Compare plans
 - d) Shop for SNAP benefits
- 6. After selecting plans through the Enrollment Manager screen, users may elect to pay now or pay_____.
 - a) Later
 - b) Never
 - c) Yesterday
 - d) Bills

- 7. The Member Details section of the benefits application asks whether the Applicant is American Indian or an Alaskan Native. This is because these Individuals have special ______ that apply to them, such as the ability to enroll in a zero Cost-Sharing or limited Cost-Sharing plan at any Qualified Health Plan metal level.
 - a) Exceptions
 - b) Situations
 - c) Powers
 - d) Allowances
- 8. The Sign and Submit section of the benefits application asks Applicants to agree to allow kynect to access IRS income data for up to how many years for reenrollment purposes?
 - a) 25
 - b) 18
 - c) 5
 - d) 11
- 9. Applicants may stay up to date on their benefits and information by selecting their _____ contact method.
 - a) Social
 - b) New
 - c) Preferred
 - d) Favorite
- 10. The Enrollment Manager screen allows Applicants to _____ plans to see additional plan details.
 - a) Compare
 - b) Delete
 - c) Schedule
 - d) Buy