The Additional Person Single Page Supplement is not a stand-alone application. You must also complete the Application for Health Coverage and Help Paying Costs and submit the Additional Person Single Page Supplement with that application.

STEP 2: ADDITIONAL PERSON

Name from STEP 1

Complete Step 2 for yourself, your spouse and children (including step-children) who live with you and/or anyone on your same federal income tax return if you file one. Include both parents living in the home (for a child under 21). See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name	Middle name	Last r	name	Suffix
1a. Is this PERSON? Single	Married			
2. Date of birth (mm/dd/yyyy)		3. Sex		4. Relationship to you?
		Male	Female	
5. Social Security number (SS	N) We need	this if you want h	ealth coverage for this PER	SON and they have a SSN.
6. Does this PERSON live at the lf no, list address:	ne same address as you? Yes	No		
	file a federal income tax return th insurance even if this PERSON		l income tax return.)	
YES. If yes, please ans	wer questions a-c.	. If no, skip to que:	stion c.	
a. Will this PERSON file joi	ntly with a spouse? Yes N	lo If yes, name o	f spouse:	
If yes, list name(s) of o	iny dependents on your tax return? lependents: imed as a dependent on someone		os No	
If yes, please list the na			es No is this PERSON related to the	tax filer?
	were they pregnant in the last 12		No	
. •	are/were expected during pregna		ed/actual due date :	
	ealth coverage? (Even if PERSON			ne a nrogram with hetter
	O, skip to the income questions		•	
YES. If yes, answer all	the questions below.			
9a. If aged 19 to 64 and not e	ligible for full coverage, does this	PERSON wish to be	evaluated for Plan First (fami	ly planning coverage only)?
=	ON will be evaluated for Plan First			
Has a doctor or nurse tolo problem? Yes No 10a. If this PERSON answered supports, please complete	yes to question 9 and is between Appendix F.	isability or long terr Or has Medicare, p	n disease, mental or emotior llease complete Appendix D.	al illness, or addiction
11. Is this PERSON a U.S. citize		lo		
	ed or derived citizen? (This usually and b below. Then SKIP to questio	-	o, continue to question 13.	
a. Immigration document c. Has this PERSON lived in		b. Document	ID number	in document type and ID below
14. Is this PERSON living with	at least one child under the age o	f 19 and the main p	erson taking care of this child	d? Yes No
15. Is this PERSON incarcerated	(detained or jailed)? (Response option	al) Yes No	If Yes Federal Sta	te (DOC / DJJ) Local/Regional
Check here if pending of	lisposition of charges Incarcerat	ion date	Expected rele	ase date
16. Is this PERSON a full-time	student? Yes No			
17. Was this PERSON in foster	care at age 18 or older? Yes	No If yes , in wh	nich state	
18. If Hispanic/Latino, ethn i	city (OPTIONAL—check all that			
Mexican Mexican Am		Rican Cuban	Other	
19. Race (OPTIONAL—check		lananosa	Other Acian	Campan
White Black or African Americar		lapanese Korean	Other Asian Native Hawaiian	Samoan Other Pacific Islander
American Indian or Alask		korean Vietnamese	Guamanian or Chamorro	Other:
American mulan of Alask	a readive Tilipillo	victiuiiic3E	Gaamaman or Chamoro	Juici

NEED HELP WITH YOUR APPLICATION? Visit **coverva.dmas.virginia.gov** or call us at **1-855-242-8282**. Para obtener una copia de este formulario en Español, llame **1-855-242-8282**. If you need help in a language other than English, call **1-855-242-8282** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-888-221-1590**.

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STEP 2: ADDITIONAL PERSON

Current Job & Income Information

Employed

If this PERSON is currently employed, tell us about their income. Start with question 20. Not employed Skip to question 30. **Self-employed** Skip to question 29.

CURRENT JOB 1:					
20. Employer name	a. Employer address	a. Employer address			
b. City c. State	d. Zip code	21. Employer phone number			
22. Wages/tips (before taxes) Hourly Weekly \$ Twice a month Monthly	Every 2 weeks Yearly	23. Average hours worked each WEEK			
CURRENT JOB 2: (If this person has more jobs and need more space, attach another sheet of paper.)					
24. Employer name	a. Employer Address				
b. City c. State	d. Zip code	25. Employer phone number			
26. Wages/tips (before taxes) Hourly Weekly \$	Every 2 weeks Yearly	27. Average hours worked each WEEK			
28. In the past year, did this PERSON: Change jobs Stop working Start working fewer hours None of these					
27. If this PERSON is self-employed, answer the following questions: a. Type of work b. How much net income (profits once business expenses are paid) will this PERSON get from this self-employment this month? \$					
30. OTHER INCOME THIS MONTH: Check all that apply, a NOTE: You don't need to tell us about this child support, veteran' Unemployment	s payment, or Supplemental Alimony receive Net farming/fis Net rental/roya	Security Income (SSI). ed \$			
31. Does this PERSON want help paying for medical bills from the last 3 months? Yes No If yes, provide monthly income for last 3 months. Month 1: \$					
32. DEDUCTIONS: Check all that apply, and give the amount and how often this PERSON gets it. If this PERSON pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower. NOTE: You shouldn't include a cost that you already considered in your answer to net self-employment (question 29b). Alimony paid Student loan interest How often? Type: Type:					
33. YEARLY INCOME: Complete only if this PERSON's income changes from month to month. If you don't expect changes to this PERSON's monthly income, skip to the next person.					
This PERSON's total income this year This PERSON's total income next year (if you think it will be different) \$					

THANKS! This is all we need to know about this PERSON.

If you have more people to include, complete another Additional Person single page supplement form.

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