

Please follow the steps below to sign page 16 and send the application to our team.

When you get to page 16, seen below, you will find a place to sign your application.

First, you'll want to click the "More Tools" icon shown under the green circle below.

**Step 3: What I Should Know (continued)**

As part of the eligibility process, we are required to verify information you have provided us for this application. By checking the box below, you indicate that Connect for Health Colorado does not have permission to verify income information from tax returns. By not allowing the use of this data, you understand that Connect for Health Colorado will send you a letter requesting that you provide proof of information for your household, including your annual income. If you do not provide the requested proof of your household's income tax return information within 90 days of the request, you will be determined ineligible for Advance Premium Tax Credits/Cost Sharing Reductions (APTC/CSR).

I do not give Connect for Health Colorado permission to validate my income data against federal sources.

**Sign Here**

**Sign this application.** The person who filled out **STEP 1** should sign this application. If you are an authorized representative, you may sign here as long as you have provided the information required in **Worksheet A** (pages 18 - 19).

<b>Person 1 signature</b> or Authorized Representative	<b>Date</b> (mm/dd/yyyy)
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If you are signing this application outside of Open Enrollment make sure you review **Worksheet H** (page 30). Open Enrollment begins November 1 and ends January 31.

The next two (2) questions are used to figure out if you qualify for services from the Healthy Communities Program through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions of Health First Colorado (Colorado's Medicaid Program). These questions are optional.

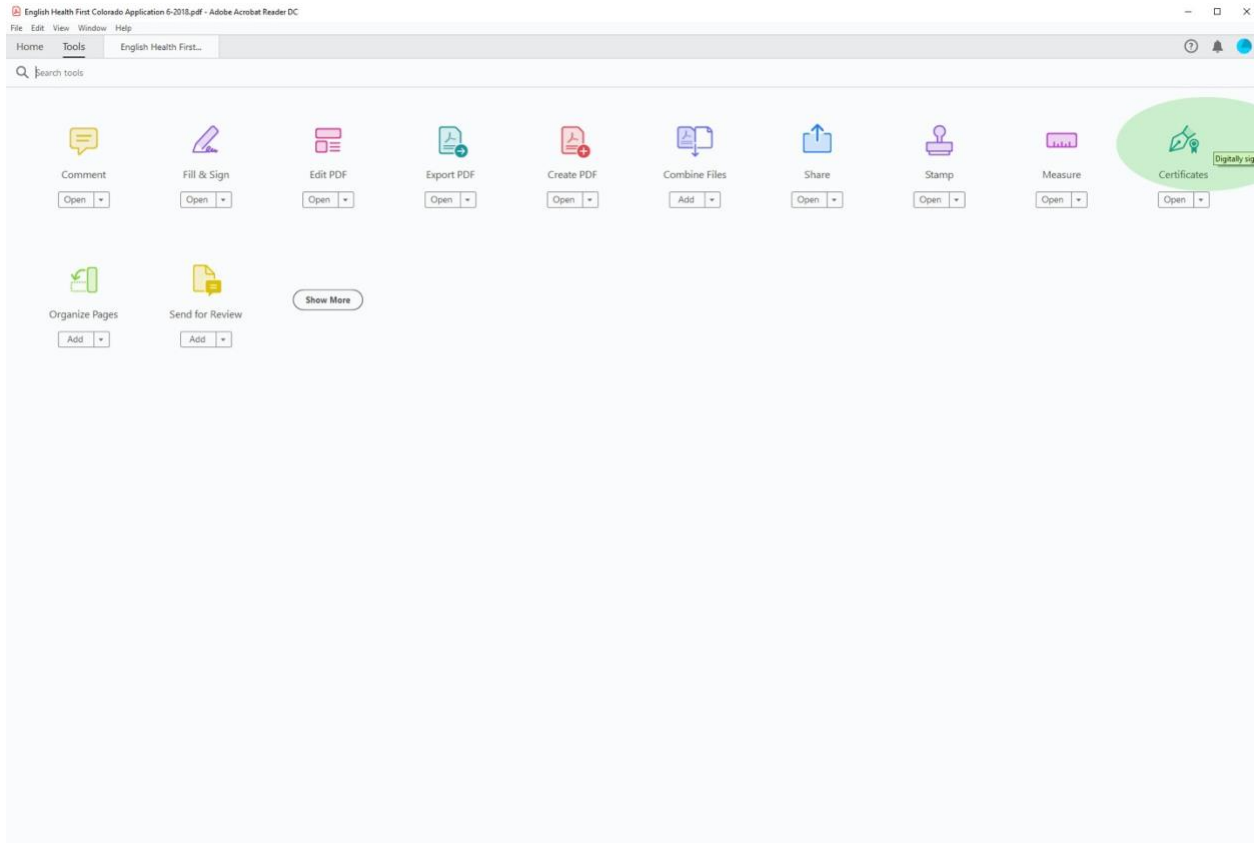
1. Special services may be available to children and pregnant women. Please check the health services that any pregnant women or children in your household get or use:

<input type="checkbox"/> Medical Services	<input type="checkbox"/> Prescriptions
<input type="checkbox"/> Mental or Behavioral Health Services	<input type="checkbox"/> School or Health Services
<input type="checkbox"/> Other (Describe):	

More Tools

Your current plan is Creative Cloud

Next you'll see many tools. On the top right, we want to select "More Certificates" and click "Open"



1. This will take you back to your document and give you three options at the top. You'll want to select "Digitally Sign" shown here under the green circle.
2. You'll get a pop-up notification that asks you to click and draw the area where your signature will appear. Click ok and draw the box on the line.
3. You'll get one more pop-up that says this is a small signature. Ignore this text and click "Sign"

The screenshot shows the Adobe Acrobat Reader interface. At the top, a 'Certificates' toolbar is visible with three options: 'Digitally Sign' (highlighted with a green circle), 'Time Stamp', and 'Validate All Signatures'. A tooltip for 'Digitally Sign' reads: 'Apply a visible digital signature. Place the signature field in the right position. Click and drag the cursor to resize it.' The main content area displays a form titled 'Step 3: What I Should Know (continued)'. The form contains a paragraph of text, a checkbox, and a 'Sign Here' section with a signature and date field.

**Step 3: What I Should Know (continued)**

As part of the eligibility process, we are required to verify information you have provided us for this application. By checking the box below, you indicate that Connect for Health Colorado does not have permission to verify income information from tax returns. By not allowing the use of this data, you understand that Connect for Health Colorado will send you a letter requesting that you provide proof of information for your household, including your annual income. If you do not provide the requested proof of your household's income tax return information within 90 days of the request, you will be determined ineligible for Advance Premium Tax Credits/Cost Sharing Reductions (APTC/CSR).

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<b>Person 1 signature</b> or Authorized Representative	<b>Date</b> (mm/dd/yyyy)
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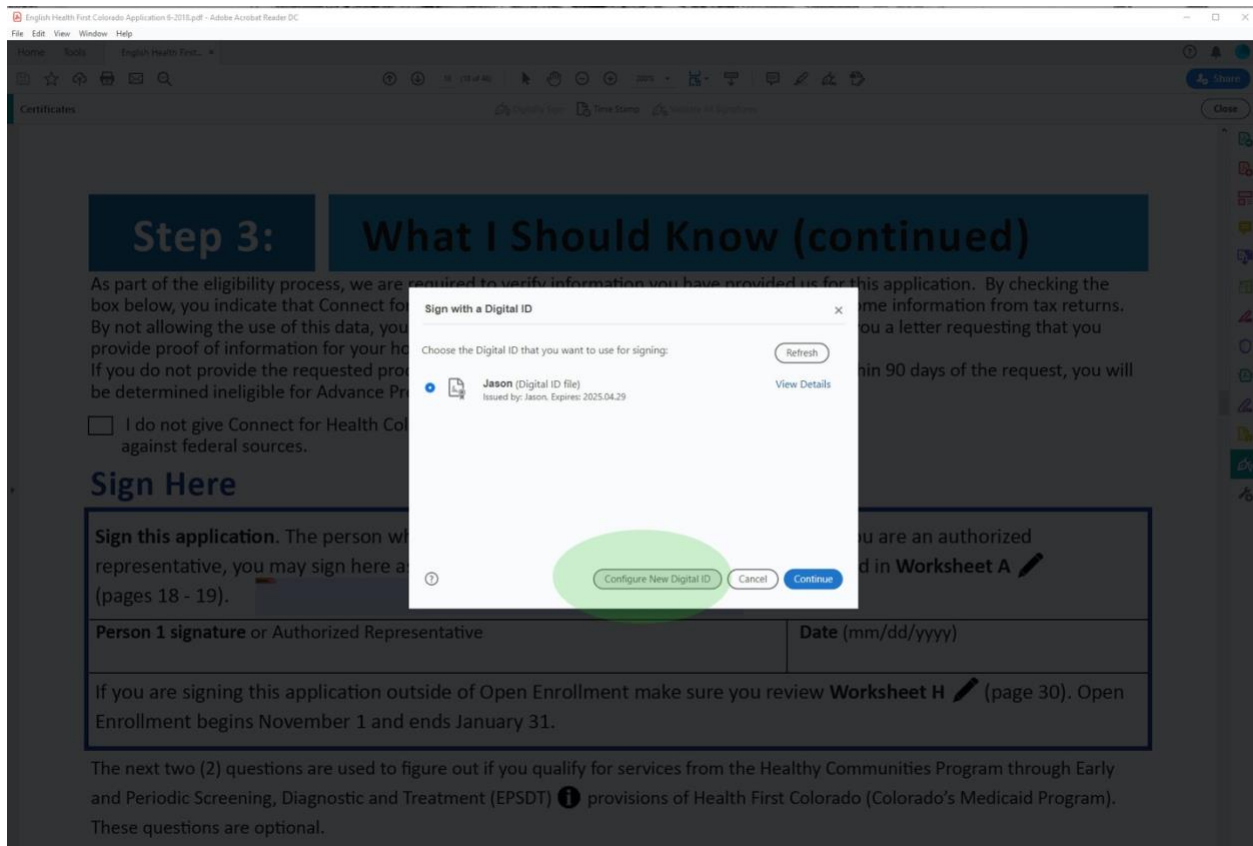
The next two (2) questions are used to figure out if you qualify for services from the Healthy Communities Program through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions of Health First Colorado (Colorado's Medicaid Program). These questions are optional.

1. Special services may be available to children and pregnant  Medical Services  Prescriptions

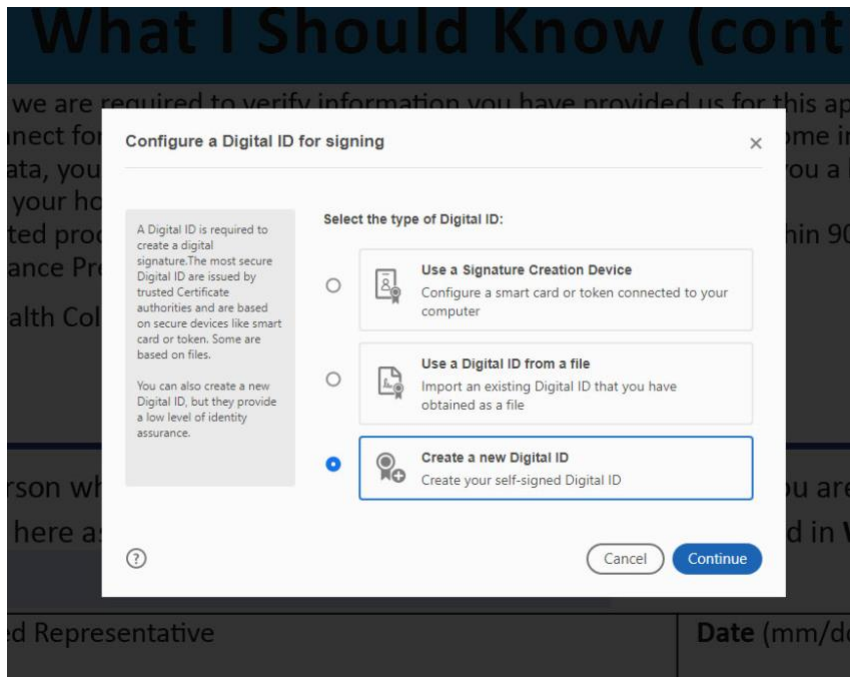
Next, you'll be given a new pop-up window. If you've created a signature in the past, you'll see it here. If you haven't, that's fine. If you have, that's fine too.

We'll create a new one for this process.

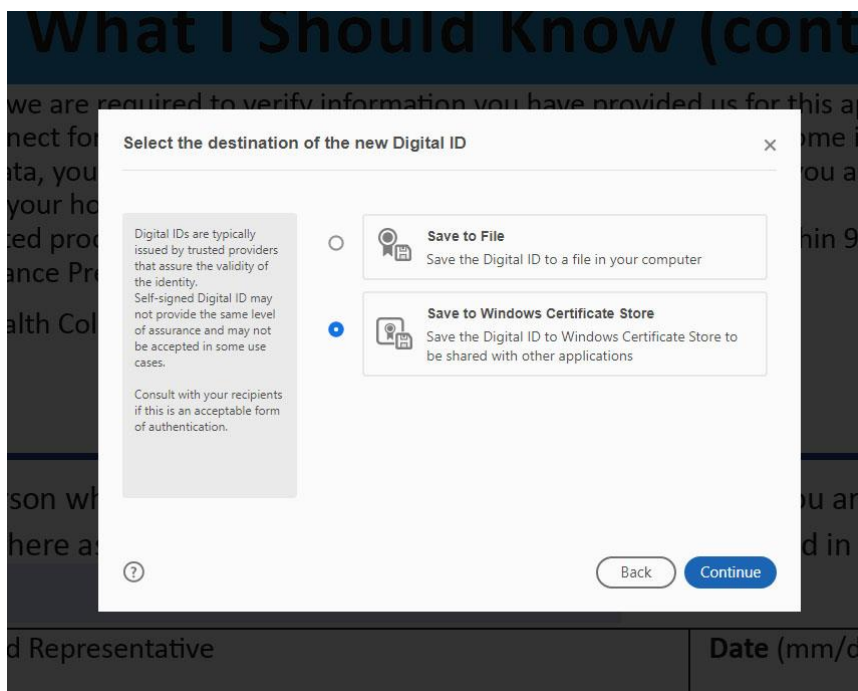
Click "Configure New Digital ID"



On the next screen, click “Create a new Digital ID”



You can save to a file or the Windows Certification Store. The store is quicker will save for another use. Click “Continue”



Next, you'll want to enter both your name and email address. These are fields you'll see marked in red. The other fields can be left as they are.

Click "Save"

**Create a self-signed Digital ID** [X]

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name: Jon Doe

Organizational Unit: Enter Organizational Unit...

Organization Name: Enter Organization Name...

Email Address: jon.doe@coaccess.com

Country/Region: US - UNITED STATES

Key Algorithm: 2048-bit RSA

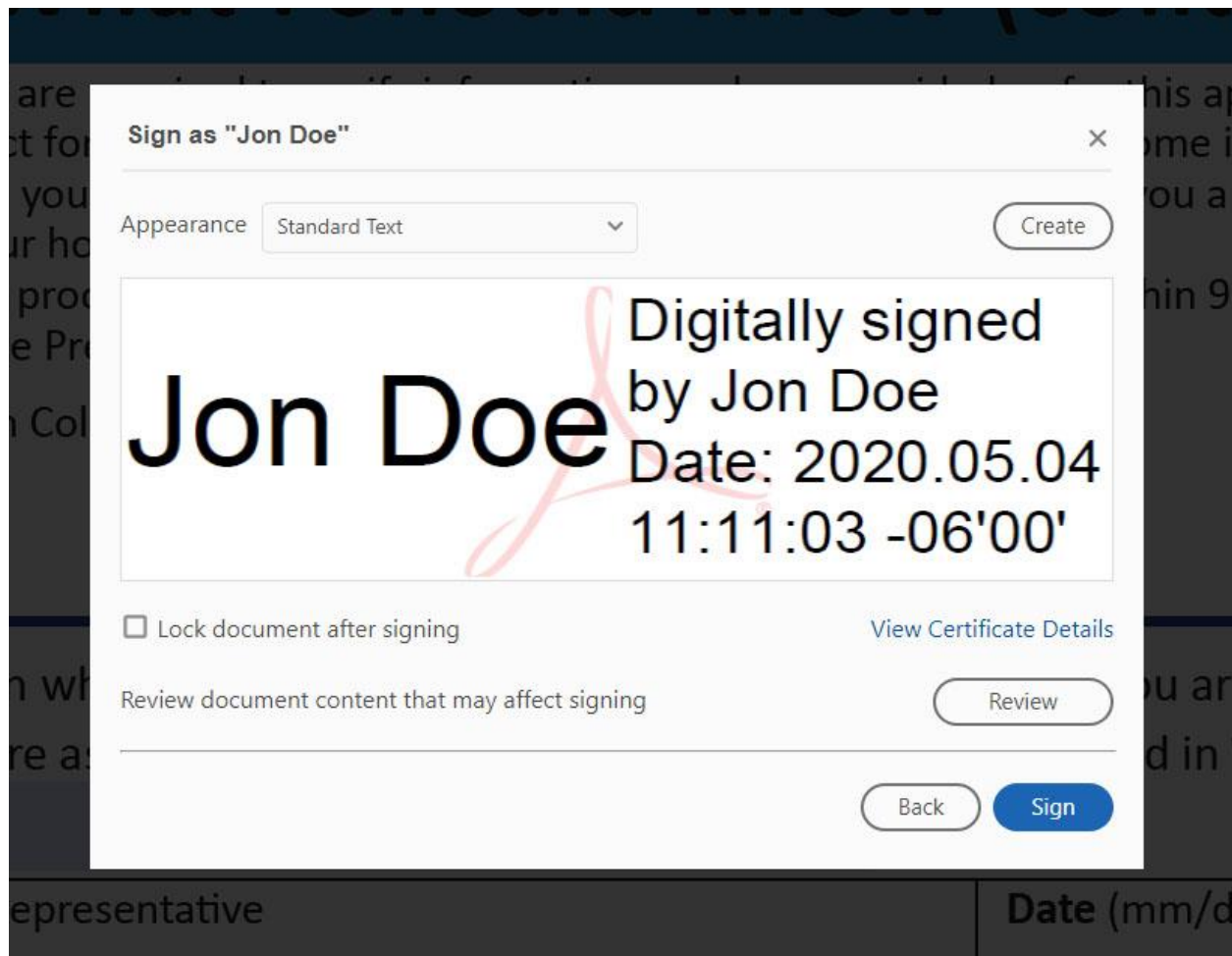
Use Digital ID for: Digital Signatures

[?] [Back] [Save]

On the next screen, make sure your signature is selected. Then click “Continue” one more time.

Your signature will now be shown with a time stamp.

Click “Sign”



You will be asked to save your file. Find a place you’ll remember in case you need it again.

Save the file and your signature will be placed.

Save the file and your signature will be placed. It should look like the below, with a time stamp.

**Step 3: What I Should Know (continued)**

As part of the eligibility process, we are required to verify information you have provided us for this application. By checking the box below, you indicate that Connect for Health Colorado does not have permission to verify income information from tax returns. By not allowing the use of this data, you understand that Connect for Health Colorado will send you a letter requesting that you provide proof of information for your household, including your annual income. If you do not provide the requested proof of your household's income tax return information within 90 days of the request, you will be determined ineligible for Advance Premium Tax Credits/Cost Sharing Reductions (APTC/CSR).

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**Sign Here**

**Sign this application.** The person who filled out **STEP 1** should sign this application. If you are an authorized representative, you may sign here as long as you have provided the information required in **Worksheet A** (pages 18 - 19). **Jon Doe** Digitally signed by Jon Doe  
Date: 2020.05.04 11:11:35 -06'00'

<b>Person 1 signature</b> or Authorized Representative	<b>Date</b> (mm/dd/yyyy)
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If you are signing this application outside of Open Enrollment make sure you review **Worksheet H** (page 30). Open Enrollment begins November 1 and ends January 31.

The next two (2) questions are used to figure out if you qualify for services from the Healthy Communities Program through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions of Health First Colorado (Colorado's Medicaid Program). These questions are optional.

A closer view:

**Sign Here**

**Sign this application.** The person who filled out **STEP 1** should sign this application. If you are an authorized representative, you may sign here as long as you have provided the information required in **Worksheet A** (pages 18 - 19). **Jon Doe** Digitally signed by Jon Doe  
Date: 2020.05.04 11:11:35 -06'00'

<b>Person 1 signature</b> or Authorized Representative	<b>Date</b> (mm/dd/yyyy)
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There are just two more steps.



First, you'll want to find the share button, shown here under the green circle.

Click "Share"

English Health First Colorado Application 6-2018TEST.pdf - Adobe Acrobat Reader DC

Home Tools English Health First... x

18 (18 of 48) 200%

Certificates Digitally Sign Time Stamp Validate All Signatures

Signed and all signatures are valid.

Share Close

### Step 3: What I Should Know (continued)

As part of the eligibility process, we are required to verify information you have provided us for this application. By checking the box below, you indicate that Connect for Health Colorado does not have permission to verify income information from tax returns. By not allowing the use of this data, you understand that Connect for Health Colorado will send you a letter requesting that you provide proof of information for your household, including your annual income. If you do not provide the requested proof of your household's income tax return information within 90 days of the request, you will be determined ineligible for Advance Premium Tax Credits/Cost Sharing Reductions (APTC/CSR).

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#### Sign Here

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Person 1 signature or Authorized Representative	Date (mm/dd/yyyy)

If you are signing this application outside of Open Enrollment make sure you review **Worksheet H** (page 30). Open Enrollment begins November 1 and ends January 31.

The next two (2) questions are used to figure out if you qualify for services from the Healthy Communities Program through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions of Health First Colorado (Colorado's Medicaid Program). These questions are optional.

Add the email address [appassist@accessenrollment.org](mailto:appassist@accessenrollment.org) and click send! That's it!

The screenshot shows a PDF document titled "English Health First Colorado Application 6-2018(234).pdf" in Adobe Acrobat Reader. The document text includes instructions about providing household income information and a signature section. A sharing dialog box is open, titled "How do you want to share your file?", with the "Invite people by email" option selected. The email field contains "appassist@accessenrollment.org". The document also features a "Sign Here" section with a signature of "John Doe" and a list of questions regarding health services and emergency room visits. A sidebar on the right contains various PDF tools like "Export PDF", "Create PDF", and "Comment".

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I do not give Connect for Health Colorado permission to validate my income data against federal sources.

### Sign Here

**Sign this application.** The person who is signing this application is the authorized representative, you may sign here as long as you are the authorized representative (pages 18 - 19).

*John Doe*  
Person 1 signature of Authorized Representative

If you are signing this application outside of the state of Colorado, enrollment begins November 1 and ends December 31, 2018.

The next two (2) questions are used to figure out if you qualify for the Early Enrollment Period (EEP) and Periodic Screening, Diagnostic and Treatment (PSDT) program through Early Enrollment (page 30). Open the application to see more details.

These questions are optional.

1. Special services may be available to children and young adults in your household. Please check the health services that any pregnant women or children in your household get or use:  
 Mental or Behavioral Health Services  
 School or Health Services  
 Other (Describe): \_\_\_\_\_
2. Has any child in your household been to the emergency room for treatment since his or her last visit to the doctor?  Yes  No

### Attention: You may not be done

- Did you get help with this application? Fill out **Worksheet A** (pages 18 - 19).
- Does one of the following apply to anyone on the application? If yes, fill out **Worksheet B** to find out if you qualify

Your current plan is Creative Cloud  
Learn More