

## New Checkbox Page Launched in April

Application Year 2022   Start Your Application   Family & Household   Income   Additional Questions   **Review & Sign**

### Health Connector Automatic Enrollment

If you and your dependents are eligible for a Health Connector plan with a \$0 premium, you can choose to be automatically enrolled in that plan.

Check this box to give the Health Connector permission to automatically enroll you and your dependents in a \$0 Health Connector plan. If you are eligible for more than one \$0 plan, the Health Connector will select one for you.

**By checking this box, you agree to the following statements:**

- I understand that if I am automatically enrolled in a Health Connector plan, I will be accepting Advance Premium Tax Credits from the federal government to help pay for that plan, and I must file a federal income tax return for each year I receive those tax credits.
- I understand that I may have to repay some or all of those premium tax credits if my income is higher than what I reported to the Health Connector in this application or if I gain access to or enroll in other coverage during the year and do not report it to the Health Connector.
- I have read and agree to the [Terms and Conditions of Enrollment](#).

If you are automatically enrolled in a plan, you will have an opportunity to change to another plan, if one is available in your area. You will receive more information about your plan options after you submit your application.

**Continue**

- The opt-in is only available in the online application because it was not feasible to provide the terms and conditions of enrollment in the paper application