

WEB
2025 Virginia Schedule HCI
Health Care Information Schedule

Your Social Security Number

--	--	--	--	--	--	--	--	--	--



Name(s) as shown on Virginia return

Taxpayers have the option to indicate on their individual tax return that they and/or their dependents agree to the sharing of certain tax return information with the Department of Medical Assistance Services (DMAS), the Department of Social Services (VDSS), and the Virginia Health Benefit Exchange (VHBE). If you provided consent on your tax return, and would like to be contacted, choose which of the following state agencies you would like to have your information sent to, and tell us how to best get in contact with you below.

- Department of Medical Assistance Services (DMAS) and the Department of Social Services (VDSS), to determine eligibility for medical assistance services.
- Virginia Health Benefit Exchange (VHBE) to determine eligibility for health coverage through Virginia's Insurance Marketplace.

Complete the required information for you, your spouse if married filing jointly, and your dependents. Enclose this schedule with your individual return.

Indicate your preferred method of contact by filling in the appropriate oval below and providing your information.

<input type="radio"/> Email	Email address
<input type="radio"/> Spouse's Email	Email address
<input type="radio"/> Phone	Daytime number
<input type="radio"/> Mail	Provide address below if different from the information you provided on page one of your Virginia income tax return.
Number and Street	
City, Town, or Post Office	State ZIP Code

Dependents

	First Name	Last Name	Birth Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			