

DRAFT FORM — NOT FOR FILING

This draft form has been updated to include the most recent changes effective for Tax Year 2026 Virginia returns. If legislative changes or issues arise, we will post a new version of this draft form.

Please continue to monitor tax.virginia.gov/early-release-forms for future drafts of this form. Once forms are final, we will post them on our website at tax.virginia.gov/forms.

WEB
2026 Virginia Schedule HCI
Health Care Information Schedule

Your Social Security Number

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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). The information that will be shared with these agencies includes the individual's and spouse's (if filing a joint return) name, address, Social Security number, date of birth, number and type of personal exemptions, tax-filing status, and adjusted gross income, along with the information provided below. These agencies will use the information to conduct outreach to determine if you may be eligible for medical assistance services and/or health coverage through the exchange. If you provided consent on your tax return (Form 760 or 760PY) complete the contact information below 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.

☐ Email	Email address
☐ Spouse's Email	Email address
☐ Phone	Daytime number
☐ 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.			