DRAFT FORM — NOT FOR FILING

This draft form has been updated to include the most recent changes effective for Tax Year 2025 Virginia returns. If legislative changes or issues arise, we will post a new version of this draft form.

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

WEB 2025 Virginia Schedule HCI Health Care Information Schedule





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.		
Email	Email address	ang your momanom
Spouse's Email	Email address	
Phone	Daytime number	
Mail Pro	vide address below if different from the information you provided on page one of you	ur Virginia income tax return.
Number and Street		
City, Town, or Post Offic	e State	ZIP Code
Dependents		
First Name	Last Name	Birth Date
		† †
B		\$ \$
i.		0 0 0
i		0 0 0
·		4 4
B		9 9
).		9 9
0.		9 9