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.

Email	preferred method of contact	or sy mining in the appropr	iate ovai below and pro	Trianig your information.
Spouse's Email	Email address			
Phone	Daytime number			
Mail Pr	ovide address below if differen	nt from the information you	provided on page one of	your Virginia income tax return
Number and Street				
City, Town, or Post Offi	ce		State	ZIP Code
Dependents				
First Name		Last Name		Birth Date
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