

Colorado Easy Enrollment Information Form

Colorado taxpayers can now share certain information from their tax return with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Colorado Department of Health Care Policy & Financing to find out if they qualify for free or reduced-cost health coverage (Colorado Law: 39-21-113(25) C.R.S).

By submitting this form (DR 0104EE) and checking the corresponding checkbox with my income tax return (form DR 0104 or DR 0104EZ), I give permission for the Colorado Department of Revenue to share the information included on this form with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Department of Health Care Policy & Financing.

Note: If you agree to share this information, please complete (or verify) this form to the best of your ability and include it with your tax return. If filing by paper, ensure that it is mailed with your return. If filing electronically through your tax preparer or a software program, this form may be completed using the software. If you do not agree to share this information, please do not complete this form and do not include it with your return.

Section A: Household Contact Information

● Last Name		● First Name		● Middle Initial	
● Phone Number		● Email Address			
● Mailing Address (Line 1)					
● Mailing Address (Line 2)					
● City		● State		● ZIP Code	

