



Terms and Conditions

I attest that I have answered all questions truthfully and accurately, to the best of my ability. I understand that falsifying personal information may be considered fraudulent or felonious. I affirm under the laws of the United States that the information I have supplied in this application form and any copies of documents that I am sending to support my application are true and correct to the best of my knowledge. I understand that filling out this application does not guarantee enrollment in free health insurance, and that NYWPG is not liable in situations where my ineligibility or my failure to provide accurate and complete information result in a lack of medical coverage or coverage other than the Essential Plan. I acknowledge that by submitting this application, I am agreeing that I do not currently have any health insurance and will not allow any instance of dual insurance. I agree and acknowledge that I am under no pressure or duress to sign this agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this agreement if I so desire. I agree to indemnify and defend NYWPG against all claims, causes of action, damages, judgments, costs of expenses, including attorney fees and other litigation costs, which may in any way arise from my enrollment into the Essential Plan. I will not hold NYWPG for any loss or damages and I take full responsibility for all consequences cause by the accidents. I understand that I may be asked to provide more information before my application is complete. These terms and conditions will supercede any terms and conditions that were previously agreed to. I attest that I have reviewed the terms of service, and by checking this field, accept the terms delineated.