Health Insurance
Marketplace

My Marketplace Application Checklist

Gather What You Need to Apply

When you visit **HealthCare.gov** to apply for or re-enroll in Marketplace coverage, you'll need to give some basic information about yourself and your household. You can apply online at **HealthCare.gov** or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Having this information ready before you start will help you complete your application faster.

What do I need?	Why do I need this?	Is it ready?
Your information	Your Marketplace application will ask for basic information, including your name and date of birth.	☐

Information about your household	Your Marketplace application will ask about each person in your household, even those not applying for coverage.
	
	For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes it includes people you live with who aren't in your tax household.
	
	Include yourself on your application. As you fill out your application, you may have to answer questions about the following people:
	
	■ Your spouse
	■ Your children who live with you, even if they make enough money to file a tax return themselves
	■ Anyone you include on your tax return as a dependent, even if they don't live with you
	■ Anyone else under 21 who you take care of and lives with you
	■ Your unmarried partner, only if one or both of these apply:
	  ▪ They're your dependent for tax purposes
	  ▪ They're the parent of your child
	
	For more information, visit **HealthCare.gov/income-and-household-information/household-size**, or call the Marketplace Call Center.
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Home and/or mailing addresses for everyone applying for coverage	Where you live can affect what health coverage you're eligible for. You'll select your state at the beginning of the application. You'll enter your home address to show if you're a resident of the state where you're looking for coverage. You'll enter your mailing address. This is usually the same as your home address. If it isn't, give a mailing address in the state you live in. If anyone on your application has a different home or mailing address, you'll need to have it also.	☐

What do I need?	Why do I need this?	Is it ready?
Information about everyone applying for coverage	Your Marketplace application will ask for basic information about everyone applying for coverage, including their name, birthday, and relationship to you.	☐
A Social Security Number (SSN) for each person	Your Marketplace application will ask for each person's 9-digit SSN, even those not applying for coverage. The Marketplace will confirm the SSNs with Social Security after you give permission at the start of your application. If you don't enter an SSN, you may need to give more information at a later time.	☐
Information about the professional helping you apply, if any	If a professional is helping you with your application, you'll enter their information. These professionals include navigators, certified application counselors, in-person assistance personnel, agents, and brokers.	☐
Current citizenship and immigration information	If your application includes someone who isn't a U.S. citizen or a U.S. national who needs coverage, you'll be asked to give information from their immigration documents.	☐
Information on how you'll file your taxes	If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.	☐
Current job, income, and expenses information for everyone in your household	Your Marketplace application will ask about the income and expenses of everyone in your household, even those not applying for coverage. The Marketplace counts these as income: ■ Wages and salaries, as reported on each person's W-2 form and pay stubs ■ Tips ■ Net income from any self-employment or business ■ Unemployment compensation ■ Social Security payments, including disability payments (but not Supplemental Security Income (SSI)) ■ Alimony for divorces and separations finalized before January 1, 2019 ■ Retirement or pension income, including most IRA or 401k withdrawals ■ Investment income, like dividends or interest ■ Rental income ■ Other taxable income For more information on income or what income sources to include, visit **HealthCare.gov/income-and-household-information/income**.	☐
Your best estimate of your household income	Your Marketplace application asks you to estimate your household income for the year you're applying for coverage. If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit **HealthCare.gov/reporting-changes/why-report-changes**. Visit **HealthCare.gov/income-calculator** to get help calculating your household income.	☐

What do I need?	Why do I need this?	Is it ready?
Current health coverage information	Your Marketplace application will ask if anyone in your household currently has health coverage, including Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, COBRA, retiree insurance, or coverage through individual insurance (including Marketplace coverage) or an employer. If anyone has coverage now, you will need to enter their policy numbers. You can find this information on their insurance card or documents they get from their plan.	☐
Job-based health coverage information	Your Marketplace application will ask for information about any job-based plan you or anyone in your household is eligible for. It will ask for employer contact information for each person in your household who has a job. Use the Employer Coverage Tool at **HealthCare.gov/downloads/employer-coverage-tool.pdf** to help collect this information. Fill out this worksheet for each family member who's eligible for traditional health coverage through a job, even if they aren't enrolled in the job-based plan or applying for Marketplace coverage.	☐
Health Reimbursement Arrangement (HRA) notice (if anyone's offered an HRA through their employer)	If someone works for a business that offers help paying for a health plan or health care expenses through an individual coverage HRA or qualified small employer HRA, use the notice from the employer to complete your Marketplace application. Visit **HealthCare.gov/job-based-help** to learn more.	☐

Protect your personal information

Never share your information with anyone offering cash, gifts, or other perks. **HealthCare.gov** is the official place to get Marketplace insurance.

Visit **HealthCare.gov/protect-from-fraud-and-scams** for more tips on protecting yourself from fraud and what to do if you suspect something suspicious.

Apply online or contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for help with your application, choices, and enrollment.

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You have the right to get your information in an accessible format, like large print, braille, or audio.
You also have the right to file a complaint if you feel you've been discriminated against.
Visit **CMS.gov/accessibility-nondiscrimination**, or call 1-800-318-2596. TTY users can call 1-855-889-4325.

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