Guide to Confirming Your Income Information

This official government booklet explains:

- How income affects your eligibility for financial assistance through the Marketplace
- How the Marketplace confirms your financial information
- How to submit documents requested by the Marketplace, including the best documents to send

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Table of Contents

How does income affect my eligibility for financial assistance? 2

How do I know if I need to submit documents to verify income? 4

Steps to confirm your household income information 5

Best documents to verify income 8

Estimate income based on last year's job 11

Estimate self-employment income 12

Send a written explanation 13

Worksheet with a self-employment chart 15

Reporting a change 17

The Health Insurance Marketplace uses annual household income and other information to decide if you qualify for help paying for health coverage through the Marketplace, like premium tax credits and plans with lower copayments, coinsurance, and deductibles.

After you apply, you may be asked to submit documents to confirm your income information. This happens when the Marketplace can't immediately verify your information with its trusted data sources. It's important to provide accurate and up-to-date information, so the Marketplace can estimate the right amount of financial assistance for your household and help protect you from owing money back when you file your taxes.

How does income affect my eligibility for financial assistance?

When you apply for financial assistance through the Marketplace, your Marketplace application includes information for each person who will be listed on your federal income tax return (also referred to as your "tax household"). You may also need to enter information about others in your family. If you (and others on your application) are eligible for financial assistance, the amount is based on your family size and any income you tell us that you expect your household members to make during the year you want health coverage.

The Marketplace uses a measure of income called Modified Adjusted Gross Income (MAGI). It's not a line on your tax return. Your total household MAGI amount includes countable income for each person who will be listed on your federal income tax return for the year you're getting help paying for coverage.

Your MAGI is the total of these:

Adjusted Gross Income (AGI) amount from your household's federal income tax return

+ Any foreign income excluded from AGI
+ Nontaxable Social Security benefits, including tier 1 railroad retirement benefits
+ Tax-exempt interest received or accrued during the tax year

MAGI **doesn't** include Supplemental Security Income (SSI), child support payments, gifts, veteran's disability payments, workers' compensation, alimony for divorces or separations finalized on/after January 1, 2019, or proceeds from loans, like student loans.

Do your best to account for any changes that may affect total household income expected in the year you need coverage.

- Consider things like expected raises, new jobs, or other employment changes; changes in income from self-employment; and higher or lower tax deductions.
- Make sure you include income changes for a spouse you file jointly with or anyone you'll list as a dependent on your federal income tax return for the year you want coverage.
- Also account for any expected changes to your household size, like if your adult child will no longer be claimed as a tax dependent on your tax return and will file his or her own tax return for the first time next year.

This document includes worksheets to help you estimate income and send documents to confirm your information, starting on page 11. To learn more, visit HealthCare.gov/income-and-household-information/how-to-report.

How does the Marketplace confirm my annual household income?

When you fill out your Marketplace application, the Marketplace matches the income information you provide with information it gets from trusted data sources like the Internal Revenue Service (IRS), Social Security, and income databases like the one maintained by the private consumer reporting company Equifax.

The Marketplace uses different information, including Social Security Numbers (SSNs), to verify its accounting for all members of your household. Even if someone in your household doesn't need health coverage through the Marketplace, it's important to include their income information and SSN (for those who have one) on your application so the Marketplace can verify your total annual household income.[1] You'll also need to provide their names and birth dates.

The Marketplace will ask you to submit documents to confirm your annual household income if one of these occurs:

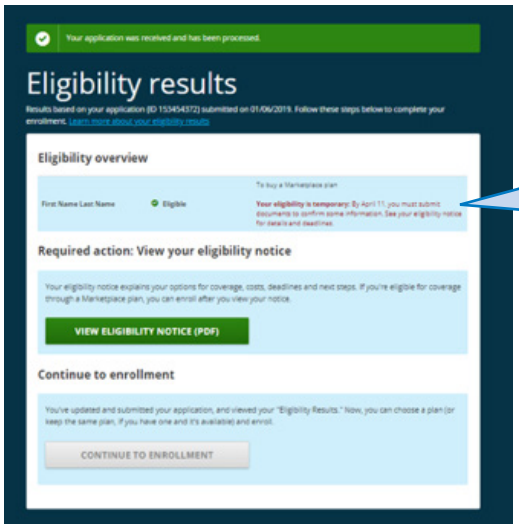
- The Marketplace can't find a record of your income with its data sources.
- The expected income you listed on your application doesn't match the amount shown in Marketplace data sources. You'll need to send more information about your income if:
  - It's lower than the amount shown in these data sources by more than 25% or $6,000. For example, if you estimate an annual household income of $15,000 for the year you want coverage, and Marketplace data sources report an annual income of $25,000 for your household, you may need to send additional confirmation to support your estimate of $15,000.
  - It's higher than the amount shown in these data sources by more than 25% or $6,000, and the amount shown in Marketplace data sources is lower than the income amount that would make you eligible for a premium tax credit. For example, if you estimate an annual household income of $15,000 for the year you want coverage, and Marketplace data sources report an annual income of $8,000 for your household, you may need to send additional confirmation to support your estimate of $15,000.

[1] You don't have to provide SSNs for household members who aren't applying for coverage and who aren't the tax filer for the household, or who don't have an SSN. However, providing SSNs even when not required can help match annual household income information with our data sources and avoid the requirement to send extra documents.

How do I know if I need to submit documents to verify income?

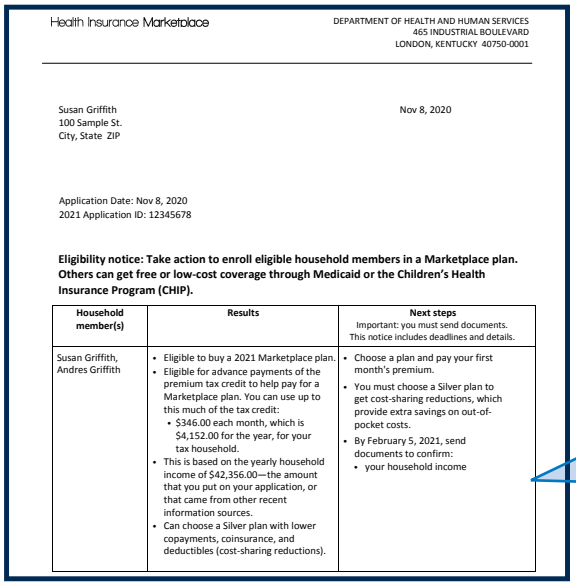
After you apply, the Marketplace will let you know if you need to verify income.

When you submit your application, you'll see an "Eligibility results" screen that shows your next steps, like the example shown here. If you need to submit documents, you'll find instructions here. You can choose a plan first and submit documents later.



Your eligibility is temporary. By [the deadline shown on the screen], you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

Your eligibility notice will provide more information. It will also include a list of documents you can send.



Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

Susan Griffith
100 Sample St.
City, State ZIP

Nov 8, 2020

Application Date: Nov 8, 2020
2021 Application ID: 12345678

Eligibility notice: Take action to enroll eligible household members in a Marketplace plan. Others can get free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP).

Household member(s)	Results	Next steps Important: you must send documents. This notice includes deadlines and details.

Susan Griffith, Andres Griffith	• Eligible to buy a 2021 Marketplace plan.
	• Eligible for advance payments of the premium tax credit to help pay for a Marketplace plan. You can use up to this much of the tax credit:
	  • $346.00 each month, which is $4,152.00 for the year, for your tax household.
	• This is based on the yearly household income of $42,356.00—the amount that you put on your application, or that came from other recent information sources.
	• Can choose a Silver plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions).
		• Choose a plan and pay your first month's premium.
		• You must choose a Silver plan to get cost-sharing reductions, which provide extra savings on out-of-pocket costs.
		• By February 5, 2021, send documents to confirm:
		  • your household income

By [the deadline shown on your notice], send documents to confirm:
- your household income

- Don't send original documents. Keep your original documents and send copies only.
- If you're asked to take these steps, you'll have **90 days from your eligibility decision to send documentation** that matches the income you put on your application. **If the Marketplace can't verify your expected annual household income, you may lose some or all of your financial assistance**.
- The Marketplace will make multiple attempts to reach you through notices, phone calls, emails, and text messages, depending on your communication preferences.

Steps to confirm your household income information

Step 1: Read your Marketplace notice(s) and understand your 90-day deadline to send documents

Send copies of your documents right away so the Marketplace can verify your information before the deadline. The deadline is **90 days** from the date of your eligibility notice (usually the date you completed your application), NOT the date your coverage started.

Make sure that the documents you submit support the annual household income that you said you expect on your application. You can find this amount in your eligibility notice. Your most recent application will also show the income amounts you entered for each person. If expected income has changed for anyone in your household, report that change to the Marketplace.

Step 2: See if you need to correct your Marketplace application

If you're asked to send documents, be sure to send copies right away. But if you've had changes, or you think you made a mistake when you entered your household's income, update your application with correct information.

There are two ways to update your application information. See "Reporting a change" (page 17).

Here are a few common application problems:

You didn't put your (or a family member's) SSN on the application. Your annual household income may not have been verified if you didn't provide the SSNs of all members of your household.

> **Solution:** Return to your Marketplace application and make sure you provided the correct name, birth date, and SSN for each member of your household, even if a household member isn't applying for coverage and/or doesn't have income.

You didn't update your annual household income from last year when you submitted your Marketplace application during Open Enrollment. If you underestimate your income, you may have to pay back financial assistance when you file your taxes.

> **Solution:** Return to the Marketplace during Open Enrollment and make sure your application reflects all current income, including sources of income for you and all household members. The Marketplace will check if your annual household income matches the most recent data from our data sources. This will happen even if you didn't update your income.

- You may be asked if you stopped working, worked fewer hours, or changed jobs since last year.
- You may be asked, *"Is there another reason why [applicant's] income is lower than what our electronic data sources show?"* Be sure to provide an explanation.

Your application is missing income information. You may be asked to submit more information if you forgot to include all of the income for someone listed on your federal income tax return.

> **Solution:** Check that all MAGI is reported. Your application needs to show estimated income for **all** household members.

Failure to file taxes. For the Marketplace to match an applicant's annual household income data with IRS data, it's necessary for everyone in your household to have filed taxes, if they were required to do so.

- You won't be eligible to receive any premium tax credit or cost-sharing reductions if the IRS indicates that you previously received premium tax credits and didn't file a tax return for that year.
- You may have gotten a letter from the IRS notifying you that they don't have a tax return on record. You may also get a letter from the Marketplace prior to Open Enrollment saying that you may be at risk for losing your eligibility for this financial help if you haven't yet filed your taxes for a previous year.

> **Solution:** File the required federal tax return as soon as possible, and then let the Marketplace know that you've taken this step. Update your application and answer the question that asks you to attest to reconciling past tax credit.

Step 3: Choose the document(s) that you'll submit

The most common reason why documents won't verify your expected annual household income is because the document doesn't show how much you **usually** make. For example, if you typically get paid $500, don't submit a recent pay stub which only shows you worked part of the week (because of an unexpected situation like illness) and made less than your usual $500. Instead, send another recent pay stub that shows what you make in an average pay period.

- **If you're asked to send documents to confirm your household income, be sure they closely match the total annual household income amount on your application.** For example, if you have a different job than you had last year, send the Marketplace recent pay stubs from the new job instead of last year's tax return or W-2. Don't send documents showing income from a job you retired from. If you only got the income for a limited time, write that on the document copy you send.
- If you're not sure what to send, see "Best documents to verify income" starting on page 8.
- If you can't get the documents you need, you can send the Marketplace a letter explaining why your annual household income is different from the information in our data sources.
- For help submitting acceptable documents or written explanations, see worksheets beginning on page 11.

Step 4: Submit your documents and get a response from the Marketplace

Use one of these ways to send documents. Uploading is fastest.

- **Upload a copy to your Marketplace account.** Log into your Marketplace account on HealthCare.gov, then select your current application. Use the menu on the left side of your screen to select "Application details." On the next screen, you'll see a list of information you need to verify (called "inconsistencies" on the screen). Follow the steps to upload the documents needed to fix each issue. For details, see HealthCare.gov/tips-and-troubleshooting/uploading-documents.
- **Mail a copy to the Marketplace (don't mail original documents).** Make sure to include the printed bar code page that came with your notice. If you don't have a bar code, include your printed name, state, and the application ID from your notice on every page of the documents you send.

  Mail to:
  Health Insurance Marketplace
  Attn: Coverage Processing
  465 Industrial Blvd.
  London, KY 40750

  If you're sending copies of your documents via U.S. mail, write your name and application ID number on every page. Mail all copies of household documents together at one time.

The Marketplace will send a notice after it reviews your document(s). If documents verify your income information, the notice will tell you that nothing further is needed. If your document isn't sufficient, or if more information is required, the notice will include details.

Even if a member of your tax household isn't applying for coverage, it's important to submit their information so the Marketplace can verify your total annual household income.

If you made a good faith effort to get the required documents, but need more time beyond the normal 90 days, you may request more time to submit them.

If you can't provide documents because of special circumstances, like a fire or a flood, you may submit a written explanation and ask for your information to be verified without submitting documents. See page 13 to learn more about sending a written explanation.

Best documents to verify income

You'll find a list of acceptable documents in your eligibility notice and on HealthCare.gov. Here are examples of some of the best documents you can send copies of, depending on the type of income you need to verify.

Income source	Changes from previous year	Best documents to submit

Job income	No change. Your **income amount *and* source are the same as last year**. For example, you have the same job with the same pay.	Most recent federal or state tax return that shows:
		– First and last name of everyone covered by the return.
		– Income amounts.
		– Year of return.
		– W-2s and/or 1099s that show:
		  – First and last name of earner.
		  – Income amount.
		  – Year.
		  – Employer name (if applicable).

Job income	The amount changed. Your income **amount is different** from last year, but from the **same source.** For example, you have the same job but got a raise, or you went from working full time to part time.	Recent pay stubs* that show: – First and last name. – Income amount . – Pay date, and length of pay period – write this information on the stub if it's missing.
Job income	The **source of income changed, or the source *and* amount is different** from last year. For example, you got a new job.	Recent pay stubs* that show: – First and last name. – Income amount. – Pay date, and length of pay period – write this information on the stub if it's missing.
Self-employment	No change. Your **income amount *and* source are the same** as last year. For example, you have the same job with the same pay.	1040 Schedule C/F or 1099-MISC (Self-employment) that shows: – First and last name of everyone covered by the return. – Income amounts. – Year of return.

Self-employment	The amount changed. Your income **amount is different** from last year, but from the **same source**. For example, you're working more hours of self-employment.	Self-employment documentation (Self-employment ledger) that shows:
		– First and last name.
		– Company name.
		– Income amount includes:
		  – Dates covered by the ledger.
		  – The net amount from profit/loss. If self-employment income won't be the same as what's shown on the ledger, send a written explanation about estimates for the rest of the year.**

* If the pay stub includes overtime, tips, or a commission, and this amount changes from paycheck to paycheck, submit more than one pay stub.

** See page 13 to learn more about sending a written explanation.

Income source	Changes from previous year	Best documents to submit
Self-employment	The **source of income changed, or the source *and* amount is different** from last year. For example, you didn't have self-employment income last year.	Self-employment documentation (Self-employment ledger) that shows: – First and last name of earner. – Self-employed company name. – Net income amount after profit and loss are calculated. – Start and end dates for the amount in the document.*
Social Security income	No change. Your **income amount *and* source are the same** as last year. For example, you got Social Security benefits all year.	Federal or state 1040 tax return that shows: – First and last name of everyone covered by the return. – Income amounts. – Year of return.
Social Security income	The amount changed. Your income **amount is different** from last year, but from the **same source**. For example, you got Social Security benefits for only part of the year last year, but will get benefits for all of this year.	Social Security statements (benefits letter) that shows: – First and last name of beneficiary – Benefit amount.** 1099-SSA – First and last name of beneficiary. – Benefit amount. – Year.
Social Security income	The **source of income changed, or the source *and* amount is different** from last year. For example, you didn't get Social Security benefits last year.	Social Security Administration statements (Social Security benefits letter) that shows: – First and last name of beneficiary. – Benefit amount.**
Unemployment income	No change. You had unemployment benefits last year.	Federal or state 1040 tax return that shows: – First and last name of everyone covered by the return. – Income amounts. – Year of return. 1099-G that shows: – First and last name of beneficiary. – Benefit amount. – Year.
Unemployment income	The **source of income changed**. You didn't have unemployment benefits last year.	Unemployment benefits letter that shows: – First and last name of beneficiary. – Unemployment source or agency name. – Benefit amount and how often you get the benefit. – Start and end date for the benefit. Write the date you think the benefit may end, if it's not on the letter.

* If you don't expect your self-employment income to be the same as the amount on the most recent profit and loss statement, then send a written explanation about your estimates for the rest of the year. See page 13 to learn more.

** If you won't get this benefit for the entire year, send a document that includes the date it started. Write it on the statement if needed.

Income source	Changes from previous year	Best documents to submit
Retirement income	No change. You had the same retirement income last year.	Federal or state 1040 tax return that shows: – First and last name of everyone covered by the return. – Income amounts. – Year of return. 1099 for retirement/pension that shows: – First and last name of recipient. – Benefit amount. – Year.
Retirement income	The amount changed. Your income **amount is different** from last year, but from the **same source**. For example, you got this income for part of last year, but got it for all of this year, **or the source of income changed**. You didn't have any retirement income last year.	Retirement/pension documents that show: – First and last name of recipient. – Benefit amount. – Start and end date for the benefit, and how often it's paid, like quarterly or yearly. – First and last name of recipient. – Benefit amount. – Start and end date for the benefit, and how often it's paid, like quarterly or yearly.
Rental income	No change. You had the same rental income last year.	Federal or state tax return that shows: – First and last name of everyone covered by the return. – Income amounts. – Year of return.
Rental income	The **source of income changed**. You didn't have any rental income last year.	Rental agreement or lease that shows: – Name of the owner. – Amount and how often you get it. 1099-MISC that shows: – First and last name. – Income amount. – Year.
Many sources of income	No change. You had the same sources of income last year.	Federal or state 1040 tax return that shows: – First and last name of everyone covered by the return. – Income amounts. – Year of return.
Many sources of income	The **sources of income changed**. You didn't have the same sources last year.	Make sure to submit at least one "best document" for each income source you expect.

Estimate income based on last year's job

Use this worksheet to identify documents to send.

Be sure to include this household information when you submit documents. You don't need to submit this worksheet.

Household contact	Aaron Turner
Other household members	Jane Ross-Turner
Eligibility notice "Application ID"	0123456789
State of application	TX
Phone	555-111-2222
Today's date	MM/DD/YYYY
My household's projected annual income as stated on my application for the year I need coverage is: $31,000	

EXAMPLE

Send detailed income information for each person, and for all jobs.

Collect the documents that you'll submit to verify your annual household income. Then use this table to be sure they reflect your expected total household income. This example is for a household with two sources of income. One person is paid every two weeks. The other is paid weekly. When you multiply the amounts by the corresponding number of pay periods, you can estimate the expected total household income for the whole year.

Name	Income type	Document	Gross* amount	Multiply by how often this person gets the income *Weekly: x52* *Monthly: x12* *Twice a month: x24* *Quarterly: x4* *Every two weeks: x26* *Annually: x1*	Total
Aaron Turner	Job	Best Coffee pay stub	$500	x 26	$13,000
Jane Turner-Ross	Job	West Auto Parts pay stub	$420	x 52	$21,840
				Expected total household income	$34,840

EXAMPLE

In this example, these two documents may successfully verify Aaron's and Jane's household income. However, if the household has other job income for the year, they need to update their application with this information.

***** "Gross" is the number value before taxes or other deductions are taken out.

Ready to upload or mail document copies? See page 7 for instructions.

Estimate self-employment income

Use this worksheet to identify documents to send.

Be sure to include this household information when you submit documents. You don't need to submit this worksheet.

Household contact	Joy Smith
Other household members	There are no other household members on my application.
Eligibility notice "Application ID"	000012355
State of application	FL
Phone	555-124-4567
Today's date	MM/DD/YYYY
My household's projected annual income as stated on my application for the year I need coverage is: $18,300	

EXAMPLE

Send detailed self-employment information for each person.

Collect the documents that you'll submit to verify self-employment income. Then use this table to be sure they reflect your expected total self-employment income. This example is for a person with two sources of self-employment income. There are 10 months of income from cleaning houses and 12 months of income from child care. When you multiply the amounts by the number of months you get this income, you can estimate the expected self-employment income for the whole year.

Self-employment business name or type of work	Net income each month	Multiply by the number of months each year this person gets the income	Total
Cleaning houses	$1,375	10 months	$13,750
Child care	$150	12 months	$1,800
		Total self-employment income	$15,550

EXAMPLE

In this example, these two documents may successfully verify Joy's self-employment income. However, if she has other self-employment income for the year, she needs to update her application with this information.

To learn more, visit HealthCare.gov/self-employed/income and HealthCare.gov/self-employed.

Ready to upload or mail document copies? See page 7 for instructions.

Send a written explanation

Prepare a letter about changes in income

A written explanation can be an acceptable document to explain why:

- Your annual income is different from our data sources
- Your self-employment income is different from what's on the documents you're sending
- Documents aren't available because of special circumstances, like a fire or a flood
- Your income is $0

Be sure that your letter includes this information:

Household contact	Lydia Green
Other household members	I'm the only one in my household.
Eligibility notice "Application ID"	0000123456
State of application	FL
Phone	555-423-1229
Today's date	MM/DD/YYYY
My household's projected annual income as stated on my application for the year I need coverage is: $16,000	

EXAMPLE

Include detailed income information for each person.

Is your household income as stated on your application close to the documented income provided above? If not, tell why it's different, like if you work more, work less, got a raise, lost your job, retired, started getting unemployment, or lost or added an income-producing member of the tax household. Be sure to describe the source of income. Include the amounts you previously received, the amounts you expect to receive, and the dates of any changes.

Example written explanation

I was employed cleaning houses until (MM/DD/YYYY) and made about $3,500 for the year. I lost my job and I'm now unsure of how much money I will make for the rest of the year.

Ready to upload or mail document copies? See page 7 for instructions.

Cover page for income documents

You're not required to submit this worksheet, unless you're also submitting a self-employment chart (see page 15). However, the Marketplace may be able to verify your income and process your application faster if you include it when you submit your documents.

Use another sheet of paper to add rows. See instructions for completing this worksheet on page 16.

My household information

Household contact	
Other household members	
Eligibility notice "Application ID"	
State of application	
Phone	
Today's date	

My household's expected income during the year I want coverage

1	2	3	4	5	6
Name of household member	**Type of income**	**Document you'll send to verify this income**	**Gross income amount in document**	**Multiply by how often this person gets the income**	**Total**
Add the total amounts for your expected household income					**$**
Household income shown on my Marketplace application					**$**
More information about my income					

Ready to upload or mail document copies? See page 7 for instructions.

Worksheet with a self-employment chart

You can include this when you send documents to verify each income source from self-employment in the year you need coverage. This income should also be counted in "My household's expected income" if you submit the "Cover page for household income documents" shown on page 14.

Use another sheet of paper to add rows. To learn more, visit HealthCare.gov/self-employed/income. See instructions for completing this worksheet on page 16.

My household information

Household contact	
Other household members	
Eligibility notice "Application ID"	
State of application	
Phone	
Today's date	

My household's expected income during the year I want coverage

1	2	3	4	5	6	7
Name of household member	**Self-employment business name/type of work**	**Gross income each month (average)**	**Expenses each month (average)**	**Monthly average net income (average)**	**# of months each year you get this income**	**Total**
Add the total amounts for your household's expected self-employment income						**$**
Household income shown on my Marketplace application						**$**
More information about my income						

Ready to upload or mail document copies? See page 7 for instructions.

Instructions for completing "Cover page for income documents" on page 14

Column 1: List each household member with income. Someone with more than one type of income will be listed more than once.

Column 2: Enter all income that each person will get during the year you need coverage. Visit HealthCare.gov/income-and-household-information/income for a complete list of income types. If anyone has self-employment income, you can also include the self-employment chart on page 15.

Column 3: Write in the type of document you'll submit, like a pay stub, retirement document, or tax return. Be sure you have a document to verify each type of income. You'll see examples listed when you upload documents, read your eligibility notice, or visit HealthCare.gov/verify-information/documents-and-deadlines. Your documents should match the income information on your Marketplace application. If they don't, write in "More information about my income."

Column 4: Write the amount of income before taxes and deductions are taken out.

Column 5: Note how often during the year this person gets this income amount, like weekly ($ x 52 times each year), twice a month ($ x 24), every 2 weeks ($ x 26), monthly ($ x 12), quarterly ($ x 4), yearly or 1 time only ($ x 1).

Column 6: Multiply the gross income in column 4 by how often this person gets the income during the year as entered in column 5.

Household income shown on my Marketplace application: To find this number, log into your Marketplace account, select your application for the year you need coverage, and check your application summary. Your eligibility notice may also display this amount.

Instructions for completing "Worksheet with a self-employment chart" on page 15

Submit a separate chart for each household member who's self-employed.

Column 1: List the household member who gets self-employment income. Someone with self-employment income from more than one source will be listed more than once.

Column 2: Write the name of the business or type of work providing self-employment income.

Column 3: Report this person's gross self-employment income for each month (on average).

Column 4: Report this person's self-employment-related expenses for each month (on average).

Column 5: Report this person's average net self-employment income for each month. This is the amount of income left after you subtract any business expenses or losses from this person's gross (total) income.

Column 6: Note the number of months each year this person gets this income.

Column 7: Multiply the monthly average net income in column 5 by the number of months in column 6 and enter the amount.

Reporting a change

Update your Marketplace application as soon as possible if you're enrolled in coverage and your expected income changes, like if you get a job, have a baby, marry or divorce, or get a new offer of health coverage. Income changes during the year may affect your eligibility for Marketplace or Medicaid coverage, financial help for Marketplace coverage, and your federal income tax. It's important to report changes in your expected annual household income or family size within 30 days of the change.

- If your household income **increases**, or if the number of people in your household is **fewer** than originally reported, your premium tax credits or help with cost sharing might change. If you don't report the changes, you may have to pay money back when you file your federal income tax return for the year.
- If your household income **decreases**, or the number of people in your tax household is **more** than originally reported, you could qualify for more financial assistance than you're getting now. This could lower the amount you pay in monthly premiums, or your cost sharing when you receive covered services. You could also qualify for Medicaid or Children's Health Insurance Program (CHIP) coverage.

How to report changes through HealthCare.gov

- Log into your Marketplace account.
- Select your current application.
- Select "Report a life change" from the menu on the left.
- View each page of your application. You'll see the income information you previously entered.
- Update your application if you have changes, like different household income, changes to the number of family members, and other application information (like new health coverage offers). To learn more, visit HealthCare.gov/reporting-changes/which-changes-to-report.
- You'll get new "Eligibility results." Finish all the steps required to complete your update or complete a new enrollment if you qualify to change plans.

How to report changes by phone or get help confirming your income

Call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

To report changes in person, visit LocalHelp.HealthCare.gov to locate people and organizations in your community who can help you report changes or update your information.

CMS Accessible Communications

To help ensure people with disabilities have an equal opportunity to participate in our services, activities, programs, and other benefits, we provide communications in accessible formats. The Centers for Medicare & Medicaid Services (CMS) provides free auxiliary aids and services, including information in accessible formats like Braille, large print, data/audio files, relay services and TTY communications. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. **Call us:**
   For Medicare: 1-800-MEDICARE (1-800-633-4227).
   TTY: 1-877-486-2048
2. **Email us: altformatrequest@cms.hhs.gov**
3. Send us a fax: 1-844-530-3676
4. **Send us a letter:**
   Centers for Medicare & Medicaid Services
   Offices of Hearings and Inquiries (OHI)
   7500 Security Boulevard, Mail Stop S1-13-25
   Baltimore, MD 21244-1850
   Attn: Customer Accessibility Resource Staff

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare Prescription Drug Plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare Prescription Drug Plan, State or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. **Online:**
   hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html
2. **By phone:**
   Call 1-800-368-1019.
   TTY users can call 1-800-537-7697.
3. **In writing:**
   Send information about your complaint to:
   Office for Civil Rights
   U.S. Department of Health and Human Services
   200 Independence Avenue, SW
   Room 509F, HHH Building
   Washington, D.C. 20201

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