

# Letter of Explanation to Confirm Application Information

If you provide information on your Marketplace application that doesn't match our records, you'll need to submit documents to confirm your information. If you don't have any of these documents, you can submit this "letter of explanation," in some cases.

To do this, save this file to your computer, fill out the section below, and upload it to your account on [HealthCare.gov](https://www.healthcare.gov). If you need more room, you can continue on a blank sheet of paper.

On [HealthCare.gov](https://www.healthcare.gov), select "other" from the drop-down menu of document types. Or, you can mail a copy to the Marketplace. Include the printed bar code page from your Marketplace notice. Here's the mailing address: Health Insurance Marketplace, Attn: Coverage Processing, 465 Industrial Blvd., London, KY 40750-0001. Visit [HealthCare.gov/submit-documents](https://www.healthcare.gov/submit-documents) for more information.

**Your Name** \_\_\_\_\_

**Your Application ID** \_\_\_\_\_  
(You only need to write your application ID if you're mailing this document. Your application ID is at the top of your notice near your mailing address.)

## Confirming You Don't Have Coverage Through Medicare

<input type="checkbox"/> Check this box if you're currently enrolled in Medicare Part B (Medical Insurance), but you're not eligible for premium-free Medicare Part A (Hospital Insurance).	When did your Part B coverage start? ____ / ____ / ____ MM    DD    YYYY
Tell us why you're not eligible for Part A: _____ _____ _____ _____	

**OR**

<input type="checkbox"/> Check this box if you had Part A coverage, but are no longer enrolled.	When did your Part A coverage end? ____ / ____ / ____ MM    DD    YYYY
Tell us about your recent health coverage, including that you no longer have coverage through Medicare Part A: _____ _____ _____ _____	

**OR**

<input type="checkbox"/> Check this box if you had Medicare disability coverage, but are no longer enrolled.	When did your Medicare disability coverage end? ____ / ____ / ____ MM    DD    YYYY
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## Confirming You Don't Have Coverage Through TRICARE

Tell us about your recent health coverage, including when your TRICARE ended:

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Check this box if you were never enrolled in TRICARE.

## Confirming You Don't Have Coverage Through the Peace Corps

Tell us about your recent health coverage, including that you're not eligible for or enrolled in health coverage through the Peace Corps:

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Check this box if you were never eligible for or enrolled in coverage through the Peace Corps.

## Confirming You Don't Have Coverage Through the Department of Veterans Affairs (VA)

Tell us about your recent health coverage, including that you're not enrolled in health coverage through the VA:

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Check this box if you were never eligible for or enrolled in coverage through the VA.

## Confirming You're Not Incarcerated

Tell us why you can't submit the requested documents to confirm you're not incarcerated:

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You have the right to get Marketplace 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/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

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