

# Letter of Explanation: No Other Health Coverage

## Who can use this form?

Use this form if you applied for Marketplace coverage and got a letter saying you need to submit documents to confirm you aren't enrolled in or eligible for other health coverage, but you don't have any of the acceptable documents listed. Visit [HealthCare.gov/verify-information/documents-and-deadlines](https://www.healthcare.gov/verify-information/documents-and-deadlines) to get a list of documents you can submit. Send in a separate form for each household member asked to submit documents.

## What happens next?

- Print this form or download it to your computer.
- Fill out the section about other health coverage.
- Upload or mail your completed form. Uploading is faster.

### How to upload:

- Log into your Marketplace account at [HealthCare.gov/login](https://www.healthcare.gov/login).
- Select your current application.
- Select "Application details," then "Upload documents."
- Choose "Letter of explanation" from the list of document types, and follow the instructions.

### How to mail:

- Send a copy only (**not the original**).
- Include the printed bar code page that came with your letter. If you don't have a bar code, include your printed name and the application ID on each page of your form. Your application ID is near your mailing address at the top of your letter.
- Mail the form to:  
Health Insurance Marketplace  
Attn: Coverage Processing  
465 Industrial Blvd.  
London, KY 40750

## Get help with this form

- **Online:** Visit [HealthCare.gov/tips-and-troubleshooting/uploading-documents](https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents) for more information.
- **Phone:** Call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.
- **In-person:** There may be counselors in your area who can help. Visit [HealthCare.gov/find-local-help](https://www.healthcare.gov/find-local-help) for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al 1-800-318-2596.
- **Other languages:** If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you.

# Letter of Explanation: No Other Health Coverage

1. Today's date: (mm/dd/yyyy)

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2. Name of primary applicant: (This is the person listed first on your Marketplace application.)

First name

Middle name

Last name

Suffix

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3. Primary applicant's date of birth: (mm/dd/yyyy)

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4. State:

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5. Application ID number: (Find this number at the top of the letter you got from the Marketplace, or in your Marketplace account at [HealthCare.gov/login](https://www.healthcare.gov/login).)

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6. Check the box if you're eligible for or enrolled in any of these health coverage programs:

Medicaid/CHIP

Medicare

Peace Corps

TRICARE

Veteran's Affairs

None of these

7. If you're eligible for or enrolled in other coverage, list the program name here:

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8. Select the reason you don't have or lost other coverage (if applicable):

Denied coverage

No longer pregnant

Aged out of CHIP/TRICARE

Moved to another state

Ineligible because of immigration status

9. Tell us why you couldn't send other documents to confirm you aren't eligible for or enrolled in other coverage. You can also give us more information about your situation.

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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/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice),

or call 1-800-318-2596. TTY users can call 1-855-889-4325.

## Health Insurance Marketplace

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