

Letter of Explanation to Confirm Life Events

If you get a notice from the Marketplace saying that you need to submit documents to confirm a life event, you can upload or mail the Marketplace certain documents. If you don't have any of these documents, you can submit a "letter of explanation."

To do this, save this file to your computer, fill out the section that's related to your life event, and upload it to your Marketplace 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 "Letter of explanation" from the drop-down menu of document types. Or, you can mail it to the Marketplace with your printed bar code page from your eligibility notice. Here's the mailing address: Health Insurance Marketplace, Attn: Supporting Documentation, 465 Industrial Blvd., London, KY 40750-0001. Visit [HealthCare.gov/help/how-to-upload-documents](https://www.healthcare.gov/help/how-to-upload-documents) for more information.

Your Name _____

Your Application ID _____

(You only need to write your application ID if you're mailing this document. To find your application ID, look at your notice. It's at the top near your mailing address.)

Loss of Coverage

What kind of coverage did you/do you have? _____ _____	When did you/will you lose your coverage? ____ / ____ / ____ MM DD YYYY
Why are you losing your coverage? _____ _____	
Why can't you submit the requested documents? _____ _____	

Move

What's your old address? _____ _____	When did you move? ____ / ____ / ____ MM DD YYYY
What's your new address? _____ _____	
Why can't you submit the requested documents? _____ _____	

Marriage

Who was married? List their names.	When were these people married? ____ / ____ / ____ MM DD YYYY
Is there any other information you'd like to include about this marriage? _____ _____	
Why can't you submit the requested documents? _____ _____	

Denial of Medicaid or CHIP Coverage

Who was denied coverage through Medicaid or CHIP? List names of everyone on your application who was denied.	When were these people denied coverage? ____ / ____ / ____ MM DD YYYY
Why can't you submit the requested documents? _____ _____	

Adoption, Foster Care Placement, or Court Order

Who was adopted, placed in foster care, or became a dependent through a court order? List names of everyone on your application who this applies to.	When did this event happen? ____ / ____ / ____ MM DD YYYY
Is there any other information you'd like to include about the adoption, foster care placement, or court order? _____ _____	
Why can't you submit the requested documents? _____ _____	