Instructions to Help You Complete the Application for Health Coverage & Help Paying Costs

During Open Enrollment (November 1 – January 15) each year (or outside of it, if eligible), you can apply for health coverage through the Health Insurance Marketplace®. The Marketplace helps you find health coverage that fits your budget and meets your needs.

When you apply, you'll find out if you can get savings that you can use right away to help you lower your premium amount for a Marketplace plan. You can also find out if you qualify for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP).

There are different ways to apply. HealthCare.gov is the fastest way to apply. If you apply online, you'll also get your Eligibility Notice right away.

These instructions include additional help for some, but not all, of the items in the paper application.

Before you start, have this information ready:

- Social Security Numbers (SSNs)
- Dates of birth
- Immigration document information for eligible immigrants who want health coverage
- Paystubs, W-2 forms, or other information about your household's income
- Policy/member numbers for any current health coverage
- Information about any health coverage from a job that's available to you or your household

This application has 6 steps.
Use blue or black ink to complete it.

Step 1: Tell us about yourself.

(Page 1)

An adult (18 or older) must enter their contact information. We need this information so we can follow up with you if we have questions about your application and so we can let you know what plans or programs you qualify for.

Step 2: Tell us about your household. (Pages 1–5)

You need to provide information about everyone on your federal income tax return and all household members who live with you, even if they aren't applying for health coverage. Start with yourself.

Your household size and income help determine what programs you qualify for. Read the information at the bottom of page 1 ("Who do you need to include on this application?") carefully to figure out which people to add in Step 2. The application has space for up to 2 people.

If you have more than 2 people in your household, make copies of pages 4–5 and complete them for each additional person.

Use this chart to help determine who you should or shouldn't include in this section.

	INCLUDE these people even if they aren't applying for health coverage themselves.	**DON'T INCLUDE these people if they want to apply for health coverage. They must fill out a separate application.**
For ADULTS who need coverage:	• All people who are on the same federal income tax return, including spouses and dependents • Any spouse who lives with you, even if you aren't on the same tax return • Any children, including stepchildren, who live with you, even if you aren't on the same tax return	Certain people who aren't on your federal income tax return, including: • Any unrelated people who live with you • Any household members who aren't your spouse or children, including parents or adult siblings, even if they live with you • Any household members, like sons or daughters, who don't live with you
For CHILDREN who need coverage:	• All people who are on the same federal income tax return, including parents and siblings • Any parent, including stepparents, who lives with you, even if you're not on the same tax return • Any siblings (including stepsiblings and half siblings) who live with you, even if you're not on the same tax return	Certain people who aren't on the same federal income tax return, including: • Any unrelated people who live with you • Any household members who aren't parents or siblings, like grandparents, even if they live with you • Any household members, including parents, who live separately from you

PERSON 1: (Start with yourself)

(Pages 2–3)

Need health coverage?
Complete the whole page.

Don't need health coverage?
Complete items 1–9.

Item 7

You can still apply for coverage even if you don't plan to file a federal income tax return:

- If you're married and interested in getting the premium tax credit, you'll need to file your federal income tax return jointly with your spouse to get the tax credit.
- If you're claimed as a dependent on someone else's tax return, list the names of the tax filer(s).
- If you're claimed as a dependent, include how you're related to the tax filer. For example, if you're the child of the tax filer, list "child."

Item 10

If you have a physical, mental or emotional health condition that limits activities (like bathing, dressing, daily chores, etc.), a special health care need, or live in a medical facility or nursing home, answering "yes" won't increase your health care costs. If you have a disability or special health care need, you may qualify for free or low-cost coverage.

Item 13

If you aren't a U.S. citizen or U.S. national, choose your immigration status and add your document type and document ID number(s). If you have more than one of these documents, list all of them.

Due to a law change, only people who are Lawful Permanent Residents (Green Card holders), Cuban/Haitian Entrants, or COFA migrants may be eligible for Marketplace coverage with financial help. People with other eligible immigration statuses may still qualify for Marketplace coverage, but not financial help. Get details on pages 6–8 of these instructions.

Items 18–19

Ethnicity and race questions are optional, but this information helps the U.S. Department of Health and Human Services improve service to all people using the Marketplace. We use this information to make sure everyone gets fair access to coverage. Providing this information won't impact eligibility, plan options, or costs.

PERSON 1: Current job & income information (Page 3)

We ask about your current income to find out if you qualify for help paying for coverage and how much help you can get. Include how much you make in wages and tips before taxes are deducted. You don't have to include amounts taken out of your check by your employer for child care, health insurance, or retirement plans that are "not taxable" (sometimes called "pre-tax deductions").

If you're self-employed:
Fill in the type of work you do and how much net income you'll get this month. Net income is the amount left over after you've taken out business expenses. The amount can be positive or negative. Go to the list of self-employment income deductions on page 8 of these instructions to find out what you can subtract from your gross income.

Item 31

Deductions:
List any deductions you're able to claim on your Schedule 1 of IRS Form 1040.

PERSON 2 (Pages 4–5)

Need health coverage?
Complete pages 4–5.

Don't need health coverage?
Complete items 1–10.

Item 2

Use these relationships to describe how PERSON 2 is related to you:

- Spouse
- Domestic partner
- Child (including adopted child)
- Stepchild
- Child of domestic partner (including adopted child)
- Sibling (including half & stepsibling)
- Parent (including adoptive parent)
- Stepparent
- Parent's domestic partner
- Grandparent
- Grandchild
- Niece or nephew
- Aunt or uncle
- First cousin
- Mother-in-law or father-in-law
- Daughter-in-law or son-in-law
- Sister-in-law or brother-in-law
- Other relative (by blood or marriage)
- Unrelated (not by blood or marriage)

Item 8

You can still apply for coverage even if PERSON 2 doesn't plan to file a federal income tax return:

- If PERSON 2 is married and interested in getting premium tax credits, PERSON 2 will need to file jointly with their spouse to get the tax credit.
- If PERSON 2 is claimed as a dependent on someone else's tax return, list the names of the tax filer(s).
- If PERSON 2 is claimed as a dependent, include how they're related to the tax filer(s).

For example, if PERSON 2 is the child of the tax filer, list "child."

Item 11

If PERSON 2 has a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), a special health care need, or lives in a medical facility or nursing home, answering "yes" won't increase their health care costs. If PERSON 2 has a disability or special health care need, they may qualify for free or low-cost coverage.

Item 14

If PERSON 2 isn't a U.S. citizen or U.S. national, choose their immigration status and add their document type and document ID number(s). If PERSON 2 has more than one of these documents, list all of them.

Due to a law change, only people who are Lawful Permanent Residents (Green Card holders), Cuban/Haitian Entrants, or COFA migrants may be eligible for Marketplace coverage with financial help. People with other eligible immigration statuses may still qualify for Marketplace coverage, but not financial help. Get details on pages 6–8 of these instructions. Item 14 doesn't need to be completed if PERSON 2 isn't applying for health coverage.

Items 20–21

Ethnicity and race questions are optional, but this information helps the U.S. Department of Health and Human Services improve service to all people using the Marketplace. We use this information to make sure everyone gets fair access to coverage. Providing this information won't impact PERSON 2's eligibility, plan options, or costs.

PERSON 2: Current job & income information (Page 5)

Give information about PERSON 2's current income to find out if they're eligible for help paying for health coverage. Include how much PERSON 2 makes in wages and tips before taxes are deducted. You don't have to include amounts taken out of PERSON 2's check by their employer for child care, health insurance, or retirement plans that are "not taxable" (sometimes called "pre-tax deductions").

If PERSON 2 is self-employed:
Fill in the type of work PERSON 2 does and how much net income they'll get this month. Net income is the amount left over after business expenses have been taken out. The amount can be positive or negative. Go to the list of self-employment income deductions on page 8 of these instructions to find out what can be subtracted from PERSON 2's gross income.

Item 33

Deductions:
List any deductions PERSON 2 is able to claim on PERSON 2's Schedule 1 of IRS Form 1040.

Step 3: American Indian or Alaska Native (AI/AN) household member(s) (Page 6)

If anyone in your household is American Indian or Alaska Native, fill in "yes," complete Appendix B: American Indian or Alaska Native (AI/AN) Household Member(s), and submit it with your application. Members of federally recognized tribes and individuals who are eligible to get care through Indian Health Service providers may be eligible for special protections.

Step 4: Your household's health coverage (Page 6)

Item 1

If your state said anyone in your household didn't qualify for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days, list their names and the date here.

Item 2

If anyone in your household is offered health coverage from a job (whether it's their own job or another person's job):

- Fill in "yes" even if they're offered coverage but aren't currently enrolled.
- Fill in "no" if the only coverage someone in your household is offered is COBRA or retiree insurance.

If someone in your household is offered coverage, complete Appendix A: Health Coverage from Jobs, and submit it with your application.

We also ask if the employer offers an individual coverage Health Reimbursement Arrangement (HRA) or a Qualified Small Employer HRA (QSEHRA). These aren't traditional job-based health plans. The employer chooses a dollar amount they'll reimburse for medical expenses instead of offering a health plan.

The employer can't offer you an individual coverage HRA or QSEHRA **and** a traditional job-based plan. If you aren't sure if the employer offers an individual coverage HRA or QSEHRA, ask them. If anyone on your application is offered one of these, the Marketplace will follow up with you for more information.

Item 4

If any of the people applying for health coverage are currently enrolled in a type of health coverage listed on page 6 of the application, check the type of coverage, write the person's name next to the coverage they have, and include other information as requested.

Step 5: Your agreement & signature (Page 7)

Read the statements on this page, sign your name, and write today's date. By signing, you're agreeing that the information you gave is true and correct. If you or someone applying for health insurance on this application is incarcerated (detained or jailed), fill in "yes" and write their name in the space given. If the person is pending disposition of charges, fill in the circle.

If an authorized representative helped you fill out this application:

- They can sign the form for you, but they'll need to complete Appendix C: Help with Completing this Application, and submit it with your application.
- You (PERSON 1 on the application) must sign Appendix C to allow the authorized representative to sign this application, get official information about this application, and act for you on all future matters related to this application.

Step 6: Mail completed application (Page 8)

Make a copy of your application to keep for your records, then mail all original pages to:

Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001

Use the correct amount of postage when you mail your application. It'll depend on the weight of your application, which will be based on the number of pages.

If you don't have all the information or you can't finish all the items, send in your application anyway. We'll follow up with you within 1–2 weeks.

Next steps

You'll get an Eligibility Notice that tells you if you or anyone in your household can enroll in health coverage through the Marketplace. It will also include information on how to enroll in coverage (if you're eligible).

Get help in a language other than English (Pages 8–9)

You have the right to get help and information in your language at no cost to you. To talk to an interpreter, call 1-800-318-2596.

Eligible immigration status list

Use this list to answer questions about eligible immigration status on page 2 (and page 4, if any household members are applying for coverage).

Fill in the **"I'm a Lawful Permanent Resident (Green Card holder), Cuban/Haitian Entrant, or COFA migrant"** circle if you have one of these status types:

- Lawful Permanent Resident (LPR or "Green Card holder")
- Cuban or Haitian Entrant
- Compact of Free Association (COFA) migrant

Fill in the **"I have a different eligible immigration status listed in the instructions"** circle if you don't have one of the statuses listed above but do have one of these status types:

- Asylee
- Refugee
- Paroled into the U.S.
- Granted an employment authorization document (EAD), also called a work permit or I-766, **unless** you're a Deferred Action for Childhood Arrivals (DACA) recipient
- Individual with non-immigrant status (including worker visas and student visas)
- Deferred Action Status, **not** as a Deferred Action for Childhood Arrivals (DACA) recipient
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and their spouse, child, sibling, or parent
- Special Immigrant Visa holders from Iraq or Afghanistan
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Violence Against Women Act (VAWA) Self-Petitioners
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Lawful Temporary Resident
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred action not as a Deferred Action for Childhood Arrivals (DACA) recipient
- Special Immigrant Juvenile (SIJ) classification
- Family unity beneficiary, including those who are under section 1504 of the Lawful Immigration and Family Equity (LIFE) Act Amendments
- Applicant for:
  - Adjustment to lawful permanent resident (LPR) status **with** an approved visa petition
  - Children under age 14 with a pending application for asylum, Withholding of Deportation or Withholding of Removal under the immigration laws or under the Convention Against Torture (CAT)
  - Special Immigrant Juvenile (SIJ) classification **and** a grant of deferred action or pending application for adjustment of status to lawful permanent resident
  - Victim of trafficking visa

If your status is one of these, check HealthCare.gov/immigrants/immigration-status for your eligibility:

- Granted an employment authorization document (EAD), also called a work permit or I-766, **and** you have an approved employment-based immigrant visa petition and are transitioning from an employment-based nonimmigrant status to lawful permanent resident (LPR) status
- Special Immigrant Juvenile (SIJ) classification who only have an approved petition for SIJ (and don't have an application pending for adjustment of status)
- Family Unity beneficiary, including those who are under section 1504 of the Legal Immigration and Family Equity (LIFE) Act Amendments
- Applicant for:
  - Adjustment to lawful permanent resident (LPR) status **without** an approved visa petition
  - Children under age 14 with a pending application for asylum, for Withholding of Deportation or Withholding for Removal under the immigration laws or under the Convention against Torture (CAT), whose application has been pending for **fewer** than 180 days

Immigration status and document types

If you have an eligible immigration status and are applying for health coverage, write the name of your immigration document on page 2 (and page 4, if any household members are applying for coverage). Go to the list below for some common document types. If your document isn't listed, you can still write its name. If you're not sure, or you have an eligible status but no document, call the Marketplace Call Center at **1-800-318-2596** for help. TTY users can call 1-855-889-4325.

If you have:	List these for the document ID:
Permanent Resident Card, "Green Card" (I-551)	• Alien number • Card number
Reentry Permit (I-327)	• Alien number
Refugee Travel Document (I-571)	• Alien number
Employment Authorization Card (I-766)	• Alien number • Card number • Expiration date • Category code
Machine Readable Immigrant Visa (with temporary I-551 language)	• Alien number • Passport number • Country of issuance
Temporary I-551 Stamp (on passport or I-94/I-94A)	• Alien number
Arrival/Departure Record (I-94/I-94A)	• I-94 number
Arrival/Departure Record in foreign passport (I-94)	• I-94 number • Passport number • Expiration date • Country of issuance
Foreign passport	• Passport number • Expiration date • Country of issuance
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	• SEVIS ID
Certificate of Eligibility for Exchange Visitor Status (DS2019)	• SEVIS ID
Notice of Action (I-797)	• Alien number **or** an I-94 number
Other	• Alien number **or** an I-94 number • Description of the type or name of the document

For more eligible immigration documents or statuses, continue to the next page.

You can also list these documents or statuses:

- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada (**Note:** This is considered an eligible immigration status for Medicaid, but not for a Marketplace health plan.)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Cuban/Haitian Entrant
- Battered spouse, child, or parent under the Violence Against Women Act (VAWA)

For people who are self-employed

(continued from page 3)

If you have any of these expenses, you can subtract them from your gross income to get an amount for your net self-employment income:

- Car and truck expenses (for travel during the workday, not commuting)
- Employee wages and fringe benefits
- Interest (including mortgage interest paid to banks, etc.)
- Rent or lease of business property and utilities
- Advertising
- Repairs and maintenance
- Deductible self-employment taxes
- Contributions to a self-employed Simplified Employee Pension (SEP), SIMPLE, or qualified retirement plan
- Property, liability, or business interruption insurance
- Depreciation
- Legal and professional services
- Commissions, taxes, licenses, and fees
- Contract labor
- Certain business travel and meals
- Cost of self-employed health insurance

Instructions to Help You Complete an Appendix

Appendix A: Health Coverage from Jobs

If anyone in your household has an offer of health coverage from a job, including through a parent or spouse, provide information on the offer of coverage, regardless of whether the person is currently enrolled.

Items 15–16:

Fill in the premium amount that you or anyone in your household would have to pay for the lowest cost plan that covers only the employee or the employee and the household.

Complete one page for each employer that offers health coverage. You can use our Employer Coverage Tool (HealthCare.gov/downloads/employer-coverage-tool.pdf) worksheet to help you gather this information.

Appendix B: American Indian or Alaska Native (AI/AN)

If you or a household member are American Indian or Alaska Native, complete Appendix B. You'll be asked about tribe membership, income, and other information.

Appendix C: Help with Completing this Application

- **Certified application counselors, navigators, in-person assistance counselors, and other assisters:** These professional individuals and organizations are trained to help consumers looking for health coverage options through the Marketplace, including help with completing this application. Services are free to consumers. You can ask for certification showing they're authorized to perform this work. They can help you complete this section. The ID number is the navigator's identification number. This is a unique ID (13 letters and numbers) given to each navigator.
- **Agents and brokers:** Agents and brokers can help you apply for help paying for coverage and enroll in a Marketplace plan. They can make specific recommendations about which plan you should enroll in. They're also licensed and regulated by states and typically get payments or commissions from health insurance companies when they enroll consumers. They can help you complete this section.

  List both ID numbers for agents and brokers.

  - **FFM User ID:** A unique ID that the agent or broker creates when registering with the Marketplace.
  - **National Producer Number (NPN):** A unique number (up to 10 digits) that's assigned to each licensed agent or broker. You can find a licensed agent or broker's NPN by visiting the National Insurance Producer Registry's website at nipr.com.
- **You can choose an authorized representative.** This is someone you choose to act on your behalf with the Marketplace, like a household member or other trusted person. Some authorized representatives may have legal authority to act on your behalf.

Appendix D: Questions about life changes

A change in your life can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your household size (like if you marry, divorce, or have a baby). For a full list of life events, visit HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period.

Privacy Act Statement

Permission for information submitted

By submitting this application, you represent that you have permission from all of the people whose information is on the application to both submit their information to the Marketplace, and receive any communications about their eligibility and enrollment.

Privacy Act Statement – effective 10/1/2013

We are authorized to collect the information on this form and any supporting documentation, including social security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act.

We need the information provided about you and the other individuals listed on this form to determine eligibility for: (1) enrollment in a qualified health plan through the Federal Health Insurance Marketplace®, (2) insurance affordability programs (such as Medicaid, CHIP, advance payment of the premium tax credits, and cost sharing reductions), and (3) certifications of exemption from the individual responsibility requirement. As part of that process, we will verify the information provided on the form, communicate with you or your authorized representative, and eventually provide the information to the health plan you select so that they can enroll any eligible individuals in a qualified health plan or insurance affordability program. We will also use the information provided as part of the ongoing operation of the Marketplace, including activities such as verifying continued eligibility for all programs, processing appeals, reporting on and managing the insurance affordability programs for eligible individuals, performing oversight and quality control activities, combatting fraud, and responding to any concerns about the security or confidentiality of the information.

While providing the requested information (including social security numbers) is voluntary, failing to provide it may delay or prevent your ability to obtain health coverage through the Marketplace, advance payment of the premium tax credits, cost sharing reductions, or an exemption from the shared responsibility payment. If you don't have an exemption from the shared responsibility payment and you don't maintain qualifying health coverage for three months or longer during the year, you may be subject to a penalty. If you don't provide correct information on this form or knowingly and willfully provide false or fraudulent information, you may be subject to a penalty and other law enforcement action.

In order to verify and process applications, determine eligibility, and operate the Marketplace, we will need to share selected information that we receive outside of CMS, including to:

1. Other federal agencies, (such as the Internal Revenue Service, Social Security Administration and Department of Homeland Security), state agencies (such as Medicaid or CHIP) or local government agencies. We may use the information you provide in computer matching programs with any of these groups to make eligibility determinations, to verify continued eligibility for enrollment in a qualified health plan or Federal benefit programs, or to process appeals of eligibility determinations. Information provided by applicants won't be used for immigration enforcement purposes;
2. Other verification sources including consumer reporting agencies;
3. Employers identified on applications for eligibility determinations;
4. Applicants/enrollees, and authorized representatives of applicants/enrollees;
5. Agents, Brokers, and issuers of Qualified Health Plans, as applicable, who are certified by CMS who assist applicants/enrollees;
6. CMS contractors engaged to perform a function for the Marketplace; and
7. Anyone else as required by law or allowed under the Privacy Act System of Records Notice associated with this collection (CMS Health Insurance Exchanges System (HIX), CMS System No. 09-70-0560, as amended, 78 Federal Register, 8538, March 6, 2013, and 78 Federal Register, 32256, May 29, 2013).

Identity Verification

To protect your privacy, you will need to complete Identity Verification successfully before requesting higher account privileges. You are providing consent to Experian, an external identity verification provider, to access your personal information to conduct ID Verification on behalf of CMS. Below are a few items to keep in mind.

Ensure that you have entered your legal name, current home address, primary phone number, date of birth, and email address correctly. We will collect personal information only to verify your identity with Experian.

Identity Verification involves Experian using information from your consumer report profile to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian consumer report. Soft inquiries are visible only to you, will never be presented to third parties, and do not affect your credit score. The soft inquiry will be titled "CMS Proofing Services" and will be removed from your Experian consumer report after 25 months.

You may need to have access to your personal and consumer report information, as the Experian application will pose questions to you, based on data in their files.

This statement provides the notice required by the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)). You can learn more about how we handle your information at: **HealthCare.gov/how-we-use-your-data**.

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 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**.

Health Insurance Marketplace

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