

Step 2: PERSON

Use these pages if you have more than 2 people in your household. Fill in the number of the person you're adding (Person 3, Person 4, etc.).



Extra Person
Page 1 of 3

Complete this page for your spouse/partner and children who live with you, and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add household members who live with you. Go to page 1 of your application for more information about who to include.

1. First name		Middle name	Last name	Suffix
<div></div>				
2. Relationship to PERSON 1? Go to instructions.		3. Is this person married? <input type="radio"/> Yes <input type="radio"/> No		4. Date of birth (mm/dd/yyyy) <div></div>
5. Sex <input type="radio"/> Female <input type="radio"/> Male				
6. Social Security Number (SSN) <div></div>		<div>★ We need this if you want health coverage for this person, and this person has an SSN.</div>		
7. Does this person live at the same address as PERSON 1? <input type="radio"/> Yes <input type="radio"/> No If no, list address: <div></div>				
8. Does this person plan to file a federal income tax return NEXT YEAR? You can still apply for coverage even if this person doesn't file a federal income tax return. <input type="radio"/> YES. If yes, answer items a through c. <input type="radio"/> NO. If no, skip to item c. a. Will this person file jointly with a spouse? <input type="radio"/> Yes <input type="radio"/> No If yes, write name of spouse: <div></div> b. Will this person claim any dependents on their tax return? <input type="radio"/> Yes <input type="radio"/> No If yes, list name(s) of dependents: <div></div> c. Will this person be claimed as a dependent on someone's tax return? <input type="radio"/> Yes <input type="radio"/> No If yes, list the name of the tax filer: <div></div> How is this person related to the tax filer? <div></div>				
9. Is this person pregnant? <input type="radio"/> Yes <input type="radio"/> No a. If yes, how many babies are expected during this pregnancy? <div></div>				
10. Does this person need health coverage? Even if this person has coverage, there might be a program with better coverage or lower costs. <input type="radio"/> YES. If yes, answer all the questions below. <div>↓</div> <input type="radio"/> NO. If no, skip to the income questions on pages 2-3. Leave the rest of this page blank. <div>→</div>				
11. Does this person have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), a special health care need, or live in a medical facility or nursing home? <input type="radio"/> Yes <input type="radio"/> No				
12. Is this person a U.S. citizen or U.S. national? <input type="radio"/> Yes <input type="radio"/> No				
13. Is this person a naturalized or derived citizen? (This usually means they were born outside the U.S.) <input type="radio"/> YES. If yes, complete a and b. <input type="radio"/> NO. If no, continue to question 14. a. Alien number <div></div> b. Certificate number <div></div> After you complete a and b, skip to question 15.				
14. If this person isn't a U.S. citizen or U.S. national, do they have eligible immigration status? <input type="radio"/> YES. Enter document type and ID number. Go to instructions. Immigration document type: <div></div> Status type (optional): <div></div> Write this person's name as it appears on their immigration document. <div></div>				
Alien or I-94 number <div></div>		Card number or passport number <div></div>		
SEVIS ID or expiration date (optional) <div></div>		Other (category code or country of issuance) <div></div>		
a. Has this person lived in the U.S. since 1996? <input type="radio"/> Yes <input type="radio"/> No				
b. Is this person, or this person's spouse or parent, a veteran or an active-duty member of the U.S. military? <input type="radio"/> Yes <input type="radio"/> No				
15. Does this person want help paying for medical bills from the last 3 months? <input type="radio"/> Yes <input type="radio"/> No				
16. Does this person live with at least one child under the age of 19, and is this person the main person taking care of this child? (Fill in "yes" if this person or their spouse takes care of this child.) <input type="radio"/> Yes <input type="radio"/> No				
17. List the names and relationships of any children under 19 that live with this person in their household: (These can be the same children listed on page 2.) <div></div>				
Was this person in foster care at age 18 or older? <input type="radio"/> Yes <input type="radio"/> No				
Answer these questions if this person is 22 or younger:				
18. Did this person have insurance through a job and lose it within the past 3 months? <input type="radio"/> Yes <input type="radio"/> No a. If yes, end date: <div></div> b. Reason the insurance ended: <div></div>				
19. Is this person a full-time student? <input type="radio"/> Yes <input type="radio"/> No				



Optional: (Providing this information won't impact eligibility, plan options, or costs.)

Fill in all that apply.

20. If Hispanic/Latino, ethnicity:

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other _____

21. Race:

☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Filipino ☐ Japanese ☐ Korean ☐ Asian Indian ☐ Chinese

☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other _____

Step 2: PERSON — Tell us about any income this person gets. Complete this page even if this person doesn't need health coverage.

Current job & income information

☐ **Employed:** If **this person** is currently employed, tell us about their income. Start with item 22.

☐ **Not employed:** Skip to item 32.

☐ **Self-employed:** Skip to item 31.

Current job 1:

22. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

23. Employer phone number

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24. Wages/tips (before taxes)

\$

☐ Hourly

☐ Weekly

☐ Every 2 weeks

☐ Twice a month

☐ Monthly

☐ Yearly

25. Average hours worked each week

Current job 2: (If this person has more jobs, attach another sheet of paper.)

26. Employer name

a. Employer address (optional)

b. City

c. State

d. ZIP code

27. Employer phone number

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28. Wages/tips (before taxes)

\$

☐ Hourly

☐ Weekly

☐ Every 2 weeks

☐ Twice a month

☐ Monthly

☐ Yearly

29. Average hours worked each week

30. In the past year, did this person: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

31. If this person is self-employed, complete a and b:

a. Type of work:

b. How much net income (profits once business expenses are paid) will this person get from this self-employment this month? Go to instructions.

\$

continued on the next page





32. **Other income this person gets this month:** Fill in all that apply, and give the amount and how often this person gets it. Fill in here if none. ☐

Note: You **don't** need to tell us about this person's income from child support, veteran's payments, or Supplemental Security Income (SSI).

<input type="radio"/> Unemployment \$ <input type="text"/> How often? <input type="text"/>	<input type="radio"/> Alimony received (Note: Only for divorces finalized before 1/1/2019.) \$ <input type="text"/> How often? <input type="text"/>
<input type="radio"/> Pension \$ <input type="text"/> How often? <input type="text"/>	<input type="radio"/> Net farming/fishing \$ <input type="text"/> How often? <input type="text"/>
<input type="radio"/> Social Security \$ <input type="text"/> How often? <input type="text"/>	<input type="radio"/> Net rental/royalty \$ <input type="text"/> How often? <input type="text"/>
<input type="radio"/> Retirement accounts \$ <input type="text"/> How often? <input type="text"/>	<input type="radio"/> Other income, type: <input type="text"/> \$ <input type="text"/> How often? <input type="text"/>

33. **Deductions:** Fill in all that apply, and give the amount and how often this person gets it. If this person pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

Don't include child support that this person pays, or a cost already considered in the answer to net self-employment (question 31b).

<input type="radio"/> Alimony paid (Note: Only for divorces finalized before 1/1/2019.) \$ <input type="text"/> How often? <input type="text"/>	<input type="radio"/> Other deductions, type: <input type="text"/> \$ <input type="text"/> How often? <input type="text"/>
<input type="radio"/> Student loan interest \$ <input type="text"/> How often? <input type="text"/>	

34. **Complete only if this person's income changes during the year,** like if this person only works at a job for part of the year or gets a benefit for certain months. If you don't expect changes to this person's monthly income, skip to the next person. ➡

This person's total income this year \$ <input type="text"/>	This person's total income next year \$ <input type="text"/>	<input type="radio"/> Fill in if you think this person's income will be hard to predict.
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Thanks! This is all we need to know about this person.