

Instructions to Help You Complete the Application for Health Coverage & Help Paying Costs (Short Form)

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 complete this application, we'll let you know what health coverage choices you qualify for and if you can get savings. We'll ask you about your income and other information to make sure you get the most savings possible.

There are different ways to apply. [HealthCare.gov](https://www.healthcare.gov) is the fastest way to apply. If you apply online, you'll 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 Number (SSN)
- Document number (if you're an eligible immigrant who wants health coverage)
- Paystubs, W-2 forms, or other information about your income
- Policy/member numbers for any current health coverage

**This application has 5 steps.
Use blue or black ink to complete it.**

Step 1: Tell us about yourself.

(Pages 1–2)

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.

Item 19

For anyone enrolling in health coverage, we share your answer for "Sex" with your insurance company. If your current sex is different from your sex assigned at birth, you can select the answer based on the information you want to share. The application also includes optional questions if you want to share more detail on your gender identity. If you're pregnant, be sure to select "Female" so that you can tell us about the pregnancy.

Item 23

If you aren't a U.S. citizen but have eligible immigration status, fill in "yes," and add your document type and document ID number. (Get details on pages 3–5 of these instructions.) If you have more than one of these documents, list all of them.

Item 25

If you have a special health care need or a physical or mental health condition that limits activities (like working, attending school, dressing, bathing, etc.), 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.

Items 26–30

Ethnicity, race, gender identity and sexual orientation 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. We won't share sexual orientation and gender identity information with your state, your insurance company, or your health care providers, and we must protect the privacy of your information. Your responses are only accessible to certified third-party professionals like assisters, agents or brokers, and certified enrollment partners. Providing this information won't impact eligibility, plan options, or costs. And it can't be used to discriminate or deny health coverage or health care services.

Step 2: Current job & income information

(Pages 2–3)

Give information about your current income to find out if you're eligible for help paying for health coverage. Include how much you make in wages and tips before taxes are deducted.

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 page 5 of these instructions to find out what you can subtract from your gross income.

Step 3: Your health coverage

(Page 3)

If you're currently enrolled in a type of health coverage listed on the page, fill in "yes" and the type of coverage. Also include other information as requested.

Step 4: Your agreement & signature

(Page 4)

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 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 Completing this Application, and submit it with your application.

Step 5: Mail completed application

(Page 4)

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.

Eligible immigration status list

Use this list to answer questions about eligible immigration status on page 1. If you find your status below, fill in the box that says “yes.”

- Lawful permanent resident (LPR/Green Card holder)
- Lawful temporary resident
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Asylee
- Refugee
- Cuban/Haitian entrant
- Paroled into the U.S.
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and their spouse, child, sibling, or parent
- Granted Withholding of Deportation or Withholding of Removal under the immigration laws or under the Convention against Torture (CAT)
- Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Exception: **Deferred Action for Childhood Arrivals (DACA)** isn't an eligible immigration status for applying for health coverage.)
- Administrative order staying removal issued by the Department of Homeland Security
- Applicant for:
 - Special Immigrant Juvenile Status
 - Adjustment to LPR Status with an approved visa petition
 - Victim of trafficking visa
 - Asylum who has either been granted employment authorization, OR is under 14 and has had an application for asylum pending for at least 180 days
 - Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT) who has either been granted employment authorization OR is under 14 and has had an application for withholding of deportation or withholding of removal under the immigration laws or under the CAT pending for at least 180 days
- Certain individual with employment authorization document:
 - Registry applicant
 - Order of supervision
 - Applicant for Cancellation of Removal or Suspension of Deportation
 - Applicant for Legalization under Immigration Reform and Control Act (IRCA)
 - Applicant for Temporary Protected Status (TPS)
 - Legalization under the LIFE Act

Immigration status and document types

If you're an eligible non-citizen applying for health coverage, write the name of your immigration document on page 1. 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)	<ul style="list-style-type: none"> • Alien number • Card number
Reentry Permit (I-327)	<ul style="list-style-type: none"> • Alien number
Refugee Travel Document (I-571)	<ul style="list-style-type: none"> • Alien number
Employment Authorization Card (I-766)	<ul style="list-style-type: none"> • Alien number • Card number • Expiration date • Category code
Machine Readable Immigrant Visa (with temporary I-551 language)	<ul style="list-style-type: none"> • Alien number • Passport number • Country of issuance
Temporary I-551 Stamp (on passport or 1-94/1-94A)	<ul style="list-style-type: none"> • Alien number
Arrival/Departure Record (I-94/I-94A)	<ul style="list-style-type: none"> • I-94 number
Arrival/Departure Record in foreign passport (I-94)	<ul style="list-style-type: none"> • I-94 number • Passport number • Expiration date • Country of issuance
Foreign passport	<ul style="list-style-type: none"> • Passport number • Expiration date • Country of issuance
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	<ul style="list-style-type: none"> • SEVIS ID
Certificate of Eligibility for Exchange Visitor Status (DS2019)	<ul style="list-style-type: none"> • SEVIS ID
Notice of Action (I-797)	<ul style="list-style-type: none"> • Alien number or an I-94 number
Other	<ul style="list-style-type: none"> • 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 2)

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 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](https://www.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, advanced 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, advanced 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 (including sexual orientation and gender identity), 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/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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