

Instructions to Help You Complete the Application for Health Coverage

Starting October 1, 2013, you can apply for health coverage through the new Health Insurance Marketplace. Coverage begins as soon as January 1, 2014. The Marketplace is designed to help you find health coverage that fits your budget and meets your needs.

For your convenience, there are different ways to apply to the Marketplace. The fastest way is to apply online at HealthCare.gov. If you apply online, you'll also get your eligibility results right away.

Complete this application if you want health coverage for yourself and/or other family members but don't need help paying costs. Filling out this application doesn't mean you have to buy health coverage.

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

Before you begin, it may help to have this information ready:

- Social Security numbers (SSNs)
- Document numbers for eligible immigrants who want health coverage
- Birth dates



There are 5 steps in this application.

Use blue or black ink to complete the application.

STEP 1 Tell us about yourself.

(Page 1)

An adult (18 or older) must complete the 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 how to join a health plan.

Need health coverage?

Complete the whole page.

Don't need health coverage for yourself?

Complete items 1–18.

Item 23

If you're not a U.S. citizen but have eligible immigration status, check “yes,” and provide your document type and document ID number(s) (see pages 4–6). If you have more than one of these documents, list all of them.

Items 24–25

Ethnicity and race questions are optional. This information will help the U.S. Department of Health and Human Services (HHS) better understand and improve the health and health care for all Americans. Providing this information won't impact your eligibility for health coverage, your health plan options, or your costs in any way.

STEP 2 Tell us about anyone who needs health coverage.

(Page 2)

Space is included for up to 3 people. If you want to apply for coverage for more than 3 people, make a copy of page 2, and complete the information for each additional person.

Item 8

If the person isn't a U.S. citizen but has eligible immigration status, check “yes,” and provide their document type and document ID number(s) (see pages 4–6). If the person has more than one of these documents, list all of them. Item 8 doesn't need to be completed if the person isn't applying for health coverage.

Items 9–10

Ethnicity and race questions are optional. This information will help HHS better understand and improve the health and health care for all Americans. Providing this information won't impact the person's eligibility for health coverage, health plan options, or costs in any way.

STEP 3 American Indian or Alaska Native (AI/AN) family member(s)

(Page 3)

If you or anyone in your family is American Indian or Alaska Native, check “yes,” and complete items 2 and 3. There’s special help available for members of federally recognized tribes.

STEP 4 Read & sign this application.

(Page 3)

Read the statement on this page, sign your name, and write today’s date. By signing, you’re agreeing that the information you provided is true and correct. If you or someone applying for health insurance on this application is incarcerated (detained or jailed), check yes and write their name in the space provided. If the person is pending disposition, check the box.

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: Assistance with Completing this Application, and submit it with your application.

STEP 5 Mail completed application.

(Page 4)

Mail your original, signed application (and appendices, if applicable) to:

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

When you mail your application, be sure to use the correct amount of postage. The postage rate will depend on the weight of your application, which will be based on the number of pages you’ve included.

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. If you see your status below, check the box that says “yes.”

- Lawful permanent resident (LPR/Green Card holder)
 - Asylee
 - Refugee
 - Cuban/Haitian entrant
 - Paroled into the U.S.
 - Conditional entrant granted before 1980
 - Battered spouse, child, or parent
 - Victim of trafficking and his or her 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 (Deferred Action for Childhood Arrivals (DACA) isn't an eligible immigration status for applying for health coverage.)
- **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 individuals with employment authorization document:**
 - Registry applicants
 - Order of supervision
 - Applicant for Cancellation of Removal or Suspension of Deportation
 - Applicant for Legalization under IRCA
 - Applicant for Temporary Protected Status (TPS)
 - Legalization under the LIFE Act
- Lawful temporary resident
 - Granted an administrative stay of removal by the Department of Homeland Security (DHS)
 - Member of a federally recognized Indian tribe or American Indian born in Canada
 - Resident of American Samoa

Immigration status and document types:

If you're an eligible non-citizen applying for health coverage, list your immigration document. See the list below for some common document types. If the document you have 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.

| IF YOU HAVE: | LIST THESE FOR THE DOCUMENT ID: |
|---|--|
| Permanent Resident Card, "Green Card" (I-551) | <ul style="list-style-type: none"> • Alien registration number • Card number |
| Reentry Permit (I-327) | <ul style="list-style-type: none"> • Alien registration number |
| Refugee Travel Document (I-571) | <ul style="list-style-type: none"> • Alien registration number |
| Employment Authorization Card (I-766) | <ul style="list-style-type: none"> • Alien registration number • Card number • Expiration date • Category code |
| Machine Readable Immigrant Visa (with temporary I-551 language) | <ul style="list-style-type: none"> • Alien registration number • Passport number |
| Temporary I-551 Stamp (on passport or 1-94/1-94A) | <ul style="list-style-type: none"> • Alien registration 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 registration number or an I-94 number |
| Other | <ul style="list-style-type: none"> • Alien registration 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 Qualified Health Plan (QHP).)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security (DHS)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Cuban/Haitian entrant
- Resident of American Samoa

For people who are self-employed:

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 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 Appendix C

APPENDIX C

Assistance with Completing this Application

- **Certified application counselors, navigators, in-person assistance counselors, and other assisters:** These are professional individuals or organizations that 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 to see 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 alphanumeric 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 Qualified Health Plan (QHP) through the Marketplace. 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. An NPN can be easily located by going to the National Insurance Producer Registry's website at www.nipr.com.

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 09/01/2013)

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;
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).

This statement provides the notice required by the Privacy Act of 1974 (5 U.S.C. § 552a(e)(4)). You can learn more about how we handle your information at [HealthCare.gov/privacy](https://www.healthcare.gov/privacy).