

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.).



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
<input type="text"/>			

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) <input type="text"/>	5. Sex <input type="radio"/> Female <input type="radio"/> Male
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6. Social Security Number (SSN) - -

★ We need this if you want health coverage for this person, and this person has an SSN.

7. Does this person live at the same address as PERSON 1? Yes No
If no, list address:

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.)

YES. If yes, answer items a through c. **NO. If no**, skip to item c.

a. Will this person file jointly with a spouse? Yes No
If yes, write name of spouse:

b. Will this person claim any dependents on their tax return?..... Yes No
If yes, list name(s) of dependents:

c. Will this person be claimed as a dependent on someone's tax return?..... Yes No
If yes, list the name of the tax filer: How is this person related to the tax filer?

9. Is this person pregnant?..... Yes No a. **If yes**, how many babies are expected during this pregnancy?

10. **Does this person need health coverage?** (Even if this person has coverage, there might be a program with better coverage or lower costs.)
 YES. If yes, answer all the questions below. **↓** **NO. If no**, skip to the income questions on pages 2-3. Leave the rest of this page blank. **→**

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? Yes No

12. Is this person a **U.S. citizen** or **U.S. national**? Yes No

13. Is this person a **naturalized** or **derived citizen**? (This usually means they were born outside the U.S.)
 YES. If yes, complete a and b. **NO. If no**, continue to question 14.

a. Alien number <input type="text"/>	b. Certificate number <input type="text"/>	After you complete a and b, skip to question 15.
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14. **If this person isn't a U.S. citizen or U.S. national**, do they have eligible immigration status? **YES**. Enter document type and ID number. Go to instructions.

Immigration document type: <input type="text"/>	Status type (optional): <input type="text"/>	Write this person's name as it appears on their immigration document. <input type="text"/>
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Alien or I-94 number <input type="text"/>	Card number or passport number <input type="text"/>
SEVIS ID or expiration date (optional) <input type="text"/>	Other (category code or country of issuance) <input type="text"/>

a. Has this person lived in the U.S. since 1996? Yes No
b. Is this person, or this person's spouse or parent, a veteran or an active-duty member of the U.S. military?..... Yes No

15. Does this person want help paying for medical bills from the last 3 months? Yes 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.)..... Yes No

17. Tell us 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.)

Was this person in foster care at age 18 or older? Yes 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?..... Yes No
a. **If yes**, end date: / / b. Reason the insurance ended:

19. Is this person a full-time student? Yes 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 _____

Choose one response.

22. Sex assigned at birth (may be found on this person's birth certificate):

- Female
- Male
- Other: _____
- Don't know
- Prefer not to answer

23. Current gender:

- Female
- Male
- Transgender female
- Transgender male
- A different term: _____
- Don't know
- Prefer not to answer

24. Sexual orientation:

- Bisexual
- Lesbian or gay
- Straight (not lesbian or gay)
- A different term: _____
- Don't know
- Prefer not to answer

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 25.

Not employed: Skip to item 35.

Self-employed: Skip to item 34.

Current job 1:

25. Employer name

a. Employer address (optional)

b. City <input style="width: 95%;" type="text"/>	c. State <input style="width: 95%;" type="text"/>	d. ZIP code <input style="width: 95%;" type="text"/>	26. Employer phone number (<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>) <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
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27. Wages/tips (before taxes) Hourly Weekly Every 2 weeks
 Twice a month Monthly Yearly

\$

28. Average hours worked each week

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

29. Employer name

a. Employer address (optional)

b. City <input style="width: 95%;" type="text"/>	c. State <input style="width: 95%;" type="text"/>	d. ZIP code <input style="width: 95%;" type="text"/>	30. Employer phone number (<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>) <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
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31. Wages/tips (before taxes) Hourly Weekly Every 2 weeks
 Twice a month Monthly Yearly

\$

32. Average hours worked each week

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

34. 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



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

36. **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 34b).

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

37. **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 \$ _____	This person's total income next year \$ _____	<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.