

[hh_contact_first_name] [hh_contact_last_name]
[todays_date]
[hh_contact_street_name_1]
[special_address_2_line]
[hh_contact_city_name], [hh_contact_state_code] [hh_contact_zip_plus_4_code]

Application date: [application_submission_date]
Application ID: [application_identifier]

Dear [hh_contact_first_name]:

WARNING: People in your household may be at risk of losing financial help for their Marketplace coverage.

You're getting this notice because you're currently enrolled in [2020] Marketplace health coverage with financial help, such as advance payments of the premium tax credit (APTC) and cost-sharing reductions. The Marketplace must make sure you filed a [2018] federal income tax return and reconciled the APTC paid for the [2018] Marketplace coverage of all members of your household.

URGENT: If you haven't filed your [2018] tax return yet, you should do so immediately, even if you don't usually have to file a tax return.

What happens if you haven't filed and reconciled for [2018]

It's extremely important for you to file your [2018] income tax return and reconcile the APTC paid for the [2018] Marketplace coverage of all members of your household. The Marketplace will compare records with the Internal Revenue Service (IRS) soon. If we can't confirm the tax filer or tax filers in your household filed a [2018] tax return for your family with "IRS Form 8962, Premium Tax Credit," **everyone in your household may lose all help with costs they're currently getting for Marketplace coverage, including APTC or cost-sharing reductions.** This means you may be responsible for the full cost of your monthly health insurance premiums and the full amount of any deductibles, copayments, or coinsurance.

If we confirm with IRS that you have filed your [2018] federal income tax return and reconciled your [2018] APTC and you otherwise remain eligible to receive financial help, your [2020] Marketplace coverage with financial help will continue.

What you need to do

Make sure you filed your [2018] tax return and attached Form 8962 reporting the APTC paid on behalf of all members of your household for [2018].

If you already filed your [2018] tax return but did not include a Form 8962 with the return, you may need to file a Form 1040X, Amended U.S. Individual Income Tax Return, with a Form 8962.

In early 2019, you should have received a Form 1095-A from the Marketplace for the [2018] coverage year. This form provides information you'll need to complete Form 8962. To get a copy of your Form 1095-A for [2018], log into your Marketplace account at HealthCare.gov, , and select your [2018] application. Then select "Tax Forms" from the menu on the left. You can also call the Marketplace Call Center at 1-800-318-2596. For more information on filing or amending a [2018] tax return with Form 8962, visit IRS.gov/aca or call 1-866-682-7451, ext. 569.

The Marketplace WON'T send another notice to warn you to file or amend your [2018] tax return and reconcile APTC.

If we cannot confirm you filed and reconciled, the Marketplace will send you a new eligibility determination notice stating that you aren't eligible for APTC and the Marketplace will stop paying APTC to your health insurer. You will remain enrolled in your Marketplace plan and your health insurer will start billing you for the full cost of your monthly premiums.

What you should do if the Marketplace ends your financial assistance

If the Marketplace notifies you that you or members of your household have been determined ineligible for financial assistance to help pay for Marketplace coverage in [2020], and you disagree with this decision, you can file an appeal with the Marketplace. A separate eligibility notice from the Marketplace will tell you how to file an appeal.

- Visit [Healthcare.gov/marketplace-appeals/appeal-forms/](https://www.healthcare.gov/marketplace-appeals/appeal-forms/) to get the Appeal Request form for your state and follow the directions provided.
- You can ask to keep your eligibility during your appeal. If you were previously eligible for Marketplace coverage or financial assistance and no longer are, you can appeal this change. In this case, you can keep your previous eligibility during your appeal.
- You will have 90 days from the date of the separate eligibility notice to appeal the determination that you or members of your household aren't eligible for financial assistance.

For more help

- Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get help in a language other than English. Information about how to access these services is included with this notice, and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

This letter is not a final eligibility determination. The Marketplace will make a final determination of eligibility for you or your family member(s) with respect to financial assistance for [2018]. The information in this letter is based on 45 CFR §155.305(f)(4). The Marketplace's final eligibility determination will be based on the eligibility standards in 45 CFR part 155, subpart D, including 45 CFR §155.305(f)(4).

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

Nondiscrimination: The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/Washington, D.C. 20201.