Submitting Documents Insert

When we send this insert:

When someone applies for or updates their Marketplace application, we check if they're eligible for coverage and cost savings. If the information included in their application doesn't match our records, or if they didn't provide all the information we need, we request documents to confirm their eligibility. Consumers must submit acceptable documents by the deadline outlined in their notice.

The notices we send to request documents include this Submitting Documents Insert. It lists all the acceptable documents consumers can upload or mail so we can make a final determination on their application.

Notices that include the Submitting Documents Insert:

- Eligibility Determination Notices (EDNs)
- SEP verification notices
- Data Matching Issue notices

The insert includes:

- A cover page explaining how consumers can send their documents (online or by mail).
- Specific pages listing the documents consumers can send to confirm information (like annual income, citizenship, or SEP eligibility).

This sample includes a complete listing of all possible situations. Consumers only get the page(s) relevant to their specific situation. For example, if the consumer needs to confirm their annual household income, the insert will include the cover sheet and the listing of documents to confirm income.

More About

Submitting Documents

Why did the Marketplace ask me to submit documents?

We can't confirm all the information on your application, or what you entered on your application doesn't match our records. We need you to submit documents to confirm your income, citizenship, immigration status, life event, or other details. If you don't submit the documents we ask for, you may lose your eligibility for Marketplace coverage or financial help.

How to submit documents

Upload (fastest way):

1. Log into your Marketplace account.
2. Select your current application, then select "Application details."
3. Select "Upload documents" for each item that needs your documentation.
4. For each item, select a document type, then choose the file you want to upload.

Or, Mail:

1. Send copies only (not originals).
2. Include your printed bar code below. If you don't have a bar code, include your printed name and the application ID. Your application ID is near your mailing address at the top of your notice.
3. Mail the document(s) to:

   Health Insurance Marketplace
   Attn: Coverage Processing
   465 Industrial Boulevard
   London, KY 40750-0001

If you applied through a Marketplace certified enrollment partner website:
Log into your account on that site to upload documents.

What documents to submit

Go to the next pages for lists of documents to submit. You can upload more than one document to confirm your information.

What happens after I submit documents?

When we get your documents, we'll:

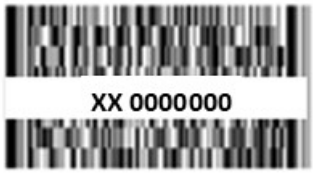
- Match your documents with your application
- Review each document to make sure it confirms what we need
- Contact you if we need more information

If you haven't heard from us in a month, we may still be reviewing your information, or we didn't get your documents. To check if we got your documents, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

If you mail copies of documents to the Marketplace, include this page in the envelope so we can match your documents with your application.

Application ID **# XXXXXXXXX**
Application date: [DATE]

Primary contact
[CONTACT NAME]
[STREET ADDRESS]
[City, State ZIP]



Health Insurance Marketplace

Documents to confirm

Household Income

Submit one or more documents from this list. If you don't submit acceptable documents, your financial help may change or end. The document you submit should show a yearly household income amount that closely matches the amount on your application. If you have a different job than you had last year, send recent pay stubs from your new job instead of last year's tax return or W2.

Documents to confirm yearly income

- **1040 federal or state tax return.** Must contain your first & last name, income amount, & tax year. Starting with 2018 tax returns, if you file Schedule 1, you must submit it with your 1040.
- **Wages & tax statement** (W-2 &/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT). Must contain your first & last name, income amount, year, & employer name (if applicable).
- **Pay stub.** Must contain your first & last name, income amount, pay period, or frequency of pay with the date of payment. If pay stub includes overtime, tell us the average overtime amount per paycheck.
- **Self-employment ledger documentation** (can be a Schedule C, the most recent quarterly or year-to-date profit & loss statement, or a self-employment ledger). Must contain your first & last name, company name, & income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger & net income from profit/loss.
- **Social Security Statements** (Social Security Benefits Letter). Must contain your first & last name, benefit amount, & frequency of pay.
- **Unemployment or Trade Readjustment benefits letter.** Must contain your first & last name, source/agency, benefits amount & duration (start & end date, if applicable).
- **Written explanation.** Submit a letter with your name, birth date, and income for the coverage year. You can explain why:
    - Your annual income is different from our data sources (like if you worked more or worked less, got a raise, lost your job, retired, or started getting unemployment).
    - Your self-employment income is different from what's on the documents you're sending.
    - Documents aren't available because of special circumstances, like a fire or a flood.
    - Your income is $0.

Documents to confirm self-employment income

- 1040 SE with Schedule C, F, or SE
- Schedule K-1 (Form 1120-S)
- Schedule K-1 (Form 1065)
- Personal tax return (business tax returns are not acceptable)
- Bookkeeping records
- Receipts for ALL allowable expenses
- Signed time sheets & receipt of payroll, if you have employees
- Self-employment ledger
- Most recent quarterly or year-to-date profit & loss statement

Documents to confirm unearned income

- Annuity statement
- Statement of pension distribution from any source
- Prizes, settlements & awards, including court-ordered awards letter
- Proof of strike pay & other benefits from unions
- 1099-MISC, Miscellaneous Income
- Proof of bonus/incentive payments
- Proof of severance pay
- Pay stub indicating sick pay
- Letter, deposit, or other proof of deferred compensation payments
- Pay stub indicating substitute/assistant pay

Health Insurance Marketplace

- Sales receipts or other proof of money received from the sale, exchange, or replacement of things you own
- Interests & dividends income statement
- Pay stub showing vacation pay
- Proof of residuals
- Letter, deposit, or other proof of travel/business reimbursement pay

Health Insurance Marketplace

Documents to confirm

Lack of Job-based Coverage

Submit one or more documents from this list. If you don't submit acceptable documents, your financial help may change or end. You can choose to submit more than one document.

For each employer that offers coverage, send a copy of one of these documents:

- Completed "Employer Coverage Tool:" Download and print this form to gather answers about any employer health coverage that you're eligible for (even if it's from another person's job, like from a parent or spouse): HealthCare.gov/downloads/employer-coverage-tool.pdf
- Letter from an employer or other documentation with this information:
  - SF-50 Notification of Personnel Action or other personnel form
  - Statement that the employer doesn't currently offer coverage to the employee (or the employee's family member)
  - Statement that the employer doesn't provide coverage that meets the minimum value standard
  - Statement showing the cost of the employee's share of the premium for the lowest-cost self-only plan that meets the minimum value standard (factoring in wellness incentives), if offered
- Health insurance letter that shows confirmation of health coverage & expiration dates for coverage outside of the Marketplace

Health Insurance Marketplace

Documents to confirm

U.S. Citizenship

Submit one or more documents from this list**.** If you don't submit acceptable documents, you may lose eligibility for a Marketplace plan. You can choose to submit more than one document.

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued enhanced driver's license (available in Michigan, Minnesota, New York, Vermont, & Washington)
- Document from federally recognized Indian tribe that includes your name & the name of the federally recognized Indian tribe that issued the document & shows your membership, enrollment, or affiliation with the tribe. Documents you can submit include:
  - A Tribal enrollment card
  - A Certificate of Degree of Indian Blood
  - A Tribal census document
  - Documents on Tribal letterhead signed by a Tribal official

What if I don't have any of the documents above?

If you don't have any of the documents above, you can submit 2 documents–one from each list below.

You can submit one of these documents:

- U.S. public birth certificate
- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing your name & U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife, or institution showing a U.S. place of birth
- U.S. life, health, or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing a child's name & U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)
- American Indian Card (I-872) showing a class code of "KIC"

AND one of these documents (that has a photograph or other information, like your name, age, race, height, weight, eye color, or address):

- Driver's license issued by a state or territory or ID card issued by the federal, state, or local government
- School identification card
- U.S. military card or draft record or military dependent's identification card
- U.S. Coast Guard Merchant Mariner card
- Voter registration card
- A clinic, doctor, hospital, or school record, including preschool or day care records (for children under age 19)
- 2 documents containing consistent information that proves your identity, like employer IDs, high school & college diplomas, marriage certificates, divorce decrees, property deeds, or titles

Health Insurance Marketplace

Documents to confirm

Immigration Status

Submit one or more documents from this list.

If you don’t submit acceptable documents, you may lose eligibility for a Marketplace plan and financial help. Your eligibility and/or financial help may also change based on the documents you submit.

Be sure that you send a document that shows the date you gained your most current immigration status.

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on Passport or I-94/I-94A)
- Foreign passport
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS-2019)
- Notice of Action (I-797)
- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health & Human Services (HHS) Office of Refugee Resettlement (ORR)
- Document indicating withholding of removal (or withholding of deportation)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- USCIS Acknowledgement of Receipt

Health Insurance Marketplace

Documents to confirm

Social Security Number

Submit one or more documents from this list. If you don't submit acceptable documents, your financial help may change or end. You can choose to submit more than one document. Documents must include your first name, last name and Social Security Number (SSN).

- Social Security card
- 1040 Tax Return (federal or state acceptable), including Schedule 1 if you file one
- W2 &/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)
- W4 Withholding Allowance Certificate (federal or state acceptable)
- 1095 (includes 1095A, 1095B, 1095C)
- Pay stub documentation
- Social Security documentation (including 4029)
- Military record
- U.S. Military ID card
- Military dependent's ID card
- Unemployment benefits letter
- Court order granting a name change showing your **original** first & last name, **new** first & last name & SSN
- Divorce decree

Health Insurance Marketplace

Documents to confirm

Not Currently Incarcerated

Submit one or more documents from this list**.** If you don't submit acceptable documents, your financial help may change or end. You can choose to submit more than one document.

- Official release papers from the institution or Department of Corrections
- Parole papers
- Letter granting clemency or pardon
- Unexpired state ID, driver's license, work ID, or passport
- Pay stubs
- Federal, state, or local benefit letter
- Clinic, doctor, or hospital records for services provided
- Medical claim explanation of benefits provided
- School record/schedule showing enrollment (like for college students)
- Bank or credit card statement showing transaction history (showing only your name, not a joint account)
- Military records
- Phone, utility, or insurance bill (showing only your name)
- Lease (must be an active lease where you live now)
- Signed notarized statement from the individual with alleged false incarceration inconsistency showing that you're living in the community & includes your name, date of birth & address
- Written statement from someone in the community that shows your name, date of birth, address, phone number, your relationship with the person with alleged false incarceration inconsistency (if it's not you) & that you're present & participating in the community
- Rent receipts (showing only your name)

If you don't have any of these documents, visit HealthCare.gov/downloads/letter-of-explanation-application-info.pdf to submit a "Letter of Explanation" instead.

Health Insurance Marketplace

Documents to confirm

American Indian/Alaska Native Status

Submit one or more documents from this list. If you don't submit acceptable documents, your financial help may change or end. You can choose to submit more than one document.

- Tribal Enrollment/Membership card from a federally recognized tribe
- Document issued by BIA recognizing you as American Indian/Alaska Native
- Authentic document from a federally recognized tribe declaring your membership
- Certificate of Degree of Indian Blood
- Certificate of Indian status card
- I-872 American Indian Card (Texas and Oklahoma Kickapoo American and Mexican members)
- Indian Health Service (IHS) Document showing that you were/are eligible for IHS services as an American Indian/Alaska Native
- U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation
- Marketplace letter granting a tribal exemption based on tribal membership or Alaska Native shareholder status

Health Insurance Marketplace

Documents to confirm

Status of Other Coverage

Submit one or more documents to confirm that you **don't** have health coverage through one of these:

- Medicaid
- Children's Health Insurance Program (CHIP)
- Medicare
- TRICARE
- Veterans Affairs (VA)
- Peace Corps

Find your type of coverage below to get a list of acceptable documents. If you don't submit acceptable documents, your financial help may change or end. You can choose to submit more than one document.

Documents to confirm you don't have Medicaid or CHIP coverage

- Letter or statement from a Medicaid or CHIP agency stating that you or your family members are:
  - Not enrolled in Medicaid or CHIP.
  - Not eligible for Medicaid or CHIP.

- Letter or statement from a Medicaid agency showing that you or your family members are enrolled in a Medicaid program that's not considered qualifying coverage. To learn more, visit HealthCare.gov/medicaid-limited-benefits. The letter can show you're enrolled in a program like one of these:
  - Medicaid coverage only for pregnancy-related services.
  - Medicaid coverage only for family planning services.
  - Medicaid coverage only for tuberculosis coverage.
  - Medicaid coverage only for emergency treatment.
  - Medicaid Demonstration Projects that cover a limited range of benefits.
  - Medicaid coverage for "medically needy" individuals whose income is too high for traditional Medicaid and cover a limited range of benefits. These programs are sometimes known as "Share of Cost" or "Spend Down" programs.

- Letter written by you or a family member describing the Medicaid/CHIP enrollment status for each person included above, stating:
  - The reason your coverage ended or the reason you're **not eligible** for Medicaid or CHIP. For example, your household income is too high.
  - The name of the Medicaid/CHIP program with limited benefits you're enrolled in, like one of the programs listed above.

Documents to confirm you don't have Medicare coverage

- Letter or statement from Medicare or the Social Security Administration stating that you or your family members are:
  - Not eligible for or enrolled in premium-free Medicare Part A.
  - Eligible for (but not enrolled in) Part A coverage that requires premium payments. Important: A Social Security document that shows you don't have "Medical Insurance" refers to Part B. It's not acceptable for verifying eligibility for Part A.
  - No longer eligible for Social Security Disability Insurance (SSDI) benefits, and your coverage has ended or will end in the next 90 days.
- A letter written by you or a family member explaining why you're not eligible for Medicare Part A without a premium. This could be because:
  - You're not eligible for Social Security retirement benefits because you haven't worked enough

quarters or because of your immigration status or other reasons.
    - You're eligible for Part A, but only if you pay a premium **and** you're not enrolled.
    - You're no longer eligible for SSDI, and your coverage has ended or will end in the next 90 days.

Documents to confirm you don't have TRICARE coverage

- Letter or statement from TRICARE stating that you're:
    - Not eligible for TRICARE
    - Not enrolled in TRICARE
    - Enrolled in one of these TRICARE programs that provides limited benefits:
        - TRICARE Plus
        - Direct care
        - Line-of-duty care
        - Transitional care for service-related conditions
        - TRICARE coverage limited to space-available care in a facility of the uniformed services for individuals excluded from TRICARE coverage for care from private sector providers
- Statement that shows you're no longer in the military, like a DD214
- Letter, statement, or other document indicating a life change event (like divorce) that would make you or a family member ineligible for TRICARE
- Letter written by you or a family member describing the TRICARE enrollment status for you or your family members, including:
    - The reason you're not eligible for TRICARE. For example, you're no longer in the military, were never in the military, are divorced or separated from a service member, or another reason.
    - The reason documents about your enrollment status aren't available to send with the letter.
    - The name of any TRICARE program with limited benefits you're enrolled in, like the programs listed above.

Documents to confirm you don't have Department of Veterans Affairs (VA) coverage

- Letter from the VA that shows you are not eligible for or enrolled in the VA healthcare program
- Letter from the VA indicating that you're entitled to treatment only for service-connected disabilities and you have a disability rating of less than 50%.
- A letter explaining your recent health coverage including:
    - Your enrollment status in health coverage through the VA,
    - The name of the VA program you're enrolled in (if applicable), or
    - That you're enrolled in a service connect disability only coverage and you have a disability rating of less than 50 percent.

Documents to confirm you don't have Peace Corps coverage

- Letter from the Peace Corps showing that you never were or are no longer enrolled in coverage through the Peace Corps
- A letter that describes your recent health coverage including one of these:
    - You're no longer eligible for or enrolled in health coverage through the Peace Corps
    - You were never eligible for or enrolled in coverage through the Peace Corps

Visit HealthCare.gov/downloads/letter-of-explanation-application-info.pdf to submit a "Letter of Explanation" if you don't have any of these documents.

Health Insurance Marketplace

Documents to confirm

Loss of Coverage

Submit **one or more** documents from the first list below. Each document must include your name and the last day you had (or will have) coverage under your previous plan. When you lose other health coverage, you must apply for Marketplace coverage and pick a plan:

- No earlier than 60 days before your last day of coverage.
- No later than 60 days after your last day of coverage (90 days if you lost Medicaid or CHIP).

After we review your documents and confirm your information, you can start using your Marketplace coverage. You can choose to submit more than one document from this list.
(Send copies, not originals.)

- A letter from an insurance company, on official letterhead or stationery, including:
  - A letter or premium bill from your former insurance company that shows you or your dependent's health coverage ended or was cancelled.
  - A letter from your insurance company stating when coverage will no longer be offered.
- A letter from an employer, on official letterhead or stationery, that confirms one of these about you or your spouse or dependent family member:
  - Your employer dropped or will drop your coverage or benefits.
  - Your employer stopped or will stop contributing to your cost of coverage.
  - Your employer changed or will change coverage or benefits & your coverage will no longer be considered qualifying health coverage.
- A letter about COBRA coverage, like a letter from an employer or health insurance company that confirms:
  - Your employer's offer of COBRA coverage & the date this coverage would start.
  - Your COBRA coverage ended or will end, or your employer stopped or will stop contributing to the cost of coverage & when.
- A health care program document, on official letterhead or stationery, including:
  - A letter from a government health program, like TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end.
  - A letter from your state Medicaid or CHIP agency showing that your eligibility for Medicaid or CHIP was denied & when it was denied or that your Medicaid or CHIP coverage ended or will end.
  - A dated copy of your military discharge document (DD214).
- If you lost student health coverage, a letter on official stationery showing when coverage ended or will end.

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You can also send copies of documents from the following list. These documents might only include some of the information we need to confirm your loss of coverage, so you'll probably need to submit more than one.

- Pay stubs, if you lost employer-sponsored coverage. You can submit:
    - 2 pay stubs from the past 1-3 months, one that shows a deduction for health coverage & another which shows that the deduction ended in the past 60 days.
    - If a reduction in work hours caused you to lose coverage, you can submit one previous pay stub that shows you worked 30 or more hours & a deduction for health coverage & a pay stub from the past 60 days that shows you worked less than 30 hours & no deduction for health coverage.
- Document showing you lost coverage because of divorce, legal separation, custody agreements, or annulment within 60 days of submitting your application (90 days if you lost Medicaid or CHIP), including:
    - Divorce or annulment papers that show the date responsibility ends for providing health coverage or proof that you stopped getting health coverage because of your relationship to your former spouse.
    - Legal separation papers that show the date responsibility ends for providing health coverage.
    - Other confirmation that you lost or will lose coverage because of divorce, legal separation, or annulment that shows the date that health coverage ends.
- Document showing you lost coverage due to death of a family member, including:
    - A death certificate or public notice of death & proof that you were getting health coverage because of your relationship to the deceased person, like a letter from an insurance company or employer that shows the names of the people on the health plan.
- Other confirmation that shows you lost or will lose coverage because of the death of a spouse or other family member.
- If you're losing or lost coverage from a non-calendar year plan, you can submit a dated & signed copy of written verification from an insurance agent, or a dated letter from your insurance plan stating when the coverage year ends.

Visit HealthCare.gov/downloads/letter-of-explanation.pdf to submit a "Letter of Explanation" if you don't have any documents from either list above.