

## 60-Day Warning Notice

**When we send this notice:** 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.

When the consumer submits documents, we review them and, if they're acceptable, determine if the consumer can get a Marketplace plan or financial help towards their plan costs. If the documents submitted aren't acceptable, like the type of document or it's missing information we need for the review, we make additional requests for acceptable documents. Consumers have additional time to submit the documents to us.

During the time period to submit documents, the consumer can also select a plan. Consumers get this notice if they haven't submitted acceptable documents within 60 days of their extended due date.

**What this notice tells the consumer:** They need to act quickly by submitting documents right away, or they may lose their financial help and/or health coverage. It also tells the consumer:

- What they need to confirm
- Update their application if it's incorrect
- Deadline to submit documents
- Whether financial help or coverage will end for each person that needs to submit documents
- Acceptable documents to submit
- How to submit documents

**This example is for a consumer who:**

- Didn't enter a valid Social Security Number on their application
- Needs to confirm income, U.S. citizenship, and immigration status for household members

We request documents for items that don't match our records, like reported income, citizenship, immigration status, having other health coverage, and more. The list of acceptable documents included in the notice are specific to the item the consumer reported on their application. For a complete listing of acceptable documents, review "XX."

Visit [HealthCare.gov/verify-information/documents-and-deadlines](https://www.healthcare.gov/verify-information/documents-and-deadlines) for more details.

# Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
465 INDUSTRIAL BOULEVARD  
LONDON, KENTUCKY 40750-0001

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[Date]

[Name]  
[Address]  
[City, State ZIP]

**Warning: Submit documents to not lose your coverage and/or financial help**

Application date: XX/XX/XXXX  
Application ID: #####

Dear [Name]:

Submit one or more documents right away to confirm information on your Marketplace application. If you don't submit the document(s), you may lose your Marketplace health coverage and/or the financial help you're getting to pay for your Marketplace coverage.

## What do I need to confirm?

You didn't enter a valid Social Security Number on your Marketplace application. There's also other information we need you to confirm. Submit documents for the following household member(s):

Household member name(s):	Submit documents to confirm:	Submit document(s) by:	If you don't submit acceptable documents:
[Name]	U.S. Citizenship	XX/XX/XXXX	Marketplace coverage will end
[Name]	Immigration Status	XX/XX/XXXX	Marketplace coverage will end
All people in the [Name] household	Annual Household Income	XX/XX/XXXX	The amount of financial help you're getting will be less or end

## What do I do next?

Review the following pages to find a list of acceptable documents and get steps on how to submit them.

If the information on your application isn't correct, update your application instead of submitting documents. You can log into your Marketplace account, work with your agent or broker (if you used one) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

Important: Enter your household income estimate on your Marketplace application. If the income you enter on your application is less than the income you report on your taxes at the end of the year, you may have to pay back all or some of your premium tax credit when you file your taxes. If your estimated income changes during the year, update your Marketplace application with this information right away.

If you don't have any of the listed documents to confirm your household income, you can submit a "Letter of Explanation" form to help us confirm your income. We've included the form with this letter, or you can get a copy at [HealthCare.gov/downloads/annual-income-letter-explanation.pdf](https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf).

## 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.
- Make an appointment with someone in your area who can help you. Information is available at [HealthCare.gov/find-local-help](https://www.healthcare.gov/find-local-help).
- 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, KY 40750-0001

*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 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/civil-rights/filing-a-complaint/complaint-process](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process), 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.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.

# 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 documents to the Marketplace, include this page in the envelope so we can match your documents with your application.**

Application ID # [XXXXXXXXXX]

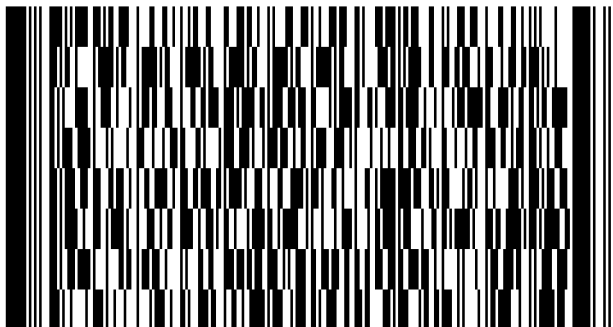
Application date: [Date]

Primary contact

**[Name 1]**

[Address]

[City, State ZIP]



[XXXXXXXXXX]

# 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

# 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

# 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 and/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

## 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 and/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

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Annuity statement</li><li>• Statement of pension distribution from any source</li><li>• Prizes, settlements &amp; awards, including court-ordered awards letter</li><li>• Proof of strike pay &amp; other benefits from unions</li><li>• Sales receipts or other proof of money received from the sale, exchange, or replacement of things you own</li><li>• Interests &amp; dividends income statement</li></ul> | <ul style="list-style-type: none"><li>• 1099-MISC, Miscellaneous Income</li><li>• Proof of bonus/incentive payments</li><li>• Proof of severance pay</li><li>• Pay stub indicating sick pay</li><li>• Letter, deposit, or other proof of deferred compensation payments</li><li>• Pay stub indicating substitute/assistant pay</li><li>• Pay stub showing vacation pay</li><li>• Proof of residuals</li><li>• Letter, deposit, or other proof of travel/business reimbursement pay</li></ul> |
|---|--|



# Annual Income Letter of Explanation

## Who can use this form?

You can use this form if you applied to Marketplace coverage and got a letter from the Marketplace saying you need to submit documents to confirm your annual income, but you don't have any of the other acceptable documents listed. Visit [HealthCare.gov/verify-information/documents-and-deadlines](https://www.healthcare.gov/verify-information/documents-and-deadlines) to see a list of documents you can submit.

## What happens next?

- Print this form, or download it to your computer.
- Fill it out using the combined income for your household.
- Upload or mail you completed form. Uploading is faster.

### How to upload:

- Log into your Marketplace account.
- Select your current application.
- Select "Application details," then "Upload documents."
- Choose "Letter of explanation" from the list of document types, and follow the instructions.

### How to mail:

- Send a copy only (not the original).
- Include the printed bar code page that came with your letter. If you don't have a bar code, include your printed name and the application ID on each page of your form. Your application ID is near your mailing address at the top of your letter.
- Mail the form to:

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

## Get help with this form

- Online: Visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report) or [HealthCare.gov/income-calculator](https://www.healthcare.gov/income-calculator) to help estimate your expected annual income.
- Phone: Call 1-844-477-7500. TTY users can call 1-855-889-4325.
- In-person: There may be counselors in your area who can help. Visit [healthcare.gov/find-local-help](https://www.healthcare.gov/find-local-help), or call the Marketplace Call Center at 1-800-318-2596.
- En Espanol: Llame a nuestro centro de ayude gratis al 1-800-318-2596.
- Other languages: If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you.

# Letter of explanation

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1. Today's date: (mm/dd/yyyy)

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2. Name of primary applicant: (This is the person listed first on your Marketplace application.)

First name	Middle name	Last name	Suffix
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3. Primary applicant's date of birth: (mm/dd/yyyy)

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4. Application ID number: (Find this number at the top of the letter you got from the Marketplace, or in your Marketplace account.)

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5. My household expects to get \$ 

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 during the year 

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Annual income (yyyy)

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## Notes

- The annual income you enter must match the income you reported on your Marketplace or other health insurance application. If it doesn't, update your Marketplace application.
- Visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report) or [HealthCare.gov/income-calculator](https://www.healthcare.gov/income-calculator) if you need help estimating your expected annual income.

Remember: It's important to enter an accurate income estimate on your Marketplace application. If the income you entered on your application is less than the income you report on your taxes at the end of the year, you may have to pay back some or all of your premium tax credit when you file your taxes. If your estimated income changes during the year, update your Marketplace application with this information right away.

**This Notice has Important Information.** This notice has important information about your application or coverage through the Health Insurance Marketplace®. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

**عربية (Arabic)** يحوي هذا الإشعار على معلومات مهمة. يحوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو تغطيتك عبر سوق التأمين الصحي (Health Insurance Marketplace®). إبحث عن التواريخ المهمة في هذا الإشعار. قد تحتاج إلى إتخاذ إجراء بحلول تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة بخصوص التكاليف. يحق لك الحصول على هذه المعلومات و على المساعدة بلغتك من دون أي تكلفة. إتصل بالرقم 1-800-318-2596 وانتظر حتى تنتهي الإفتتاحية. انكر اللغة التي تحتاجها عندما يرد عليك العميل و سيتم وصلك بمترجم فوري.

**中文 (Chinese)** 本通知含有重要的訊息。本通知含有關於通過健康保險市場 (Health Insurance Marketplace®) 申請或獲得承保的重要訊息。請在本通知中查看重要的日期。您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢。您有權利免費以您的母語得到幫助和訊息。請致電 1-800-318-2596 並等待接聽。告訴服務代表要用的語言後，便會接通口譯員。

**Français (French)** Cet avis contient des informations importantes. Cet avis comporte des informations importantes relatives à votre demande ou à votre couverture par le marché de l'assurance maladie (Health Insurance Marketplace®). Prêtez attention aux dates importantes figurant dans cet avis. Il se peut que vous deviez prendre des mesures avant certaines dates limites pour conserver votre couverture médicale ou bénéficier d'une aide financière. Vous êtes en droit d'obtenir ces informations et cette aide dans votre langue, et ce gratuitement. Appelez le 1-800-318-2596 et patientez. Dès qu'un agent décroche, indiquez la langue dont vous avez besoin et vous serez mis en rapport avec un interprète.

**Kreyòl (French Creole)** Avi sa a gen enfòmasyon enpòtan. Avi sa a gen enfòmasyon enpòtan konsènan aplikasyon w lan ak pwoteksyon ou an atravè Health Insurance Marketplace®. Chèche dat kle yo nan avi sa a. Li posib pou pran desizyon avan sèten dat limit pou konsève pwoteksyon medikal ou oswa pou ede ak pri yo. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-800-318-2596 epi tann sou liy nan. Lè yon ajan reponn, di lang ou bezwen an epi y ap mete w an koneksyon avèk yon entèprèt.

**Deutsch (German)** Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihrer Versicherung über den Health Insurance Marketplace®. Achten Sie auf die Eckdaten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen Maßnahmen ergreifen, um Ihren Krankenversicherungsschutz zu behalten oder sich an den Kosten zu beteiligen. Sie haben das Recht, die Informationen und Hilfen kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die Nummer 1-800-318-2596 an und warten Sie, bis das Gespräch angenommen wird. Wenn sich ein Mitarbeiter meldet, geben Sie die Sprache an, die Sie benötigen, und Sie werden mit einem Dolmetscher verbunden.

**ગુજરાતી (Gujarati)** આ સૂચનામાં અગત્યની માહિતી છે. આ સૂચનામાં તમારી આરોગ્ય વીમા બજાર (Health Insurance Marketplace®) દ્વારા કરવામાં આવેલ અરજી અથવા તેના દ્વારા આવરી લીધેલ જોખમ વિશે અગત્યની માહિતી છે. આ સૂચનામાં મુખ્ય તારીખો જુઓ. તમારા વીમા દ્વારા આવરી લીધેલ આરોગ્ય જોખમ અથવા ખર્ચમાં મદદને જાળવી રાખવા માટે તમારે ચોક્કસ સમયમર્યાદામાં પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈપણ ખર્ચ વિના તમારી ભાષામાં આ માહિતી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 પર કૉલ કરો અને શરૂઆતમાં રાહ જુઓ. જ્યારે કોઈ પ્રતિનિધિ જવાબ આપે, ત્યારે તમને જોઈતી ભાષા જણાવો અને તમને અનુવાદક સાથે જોડવામાં આવશે.

**Italiano (Italian)** Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni sulla tua richiesta o copertura assicurativa attraverso il mercato delle assicurazioni sanitarie (Health Insurance Marketplace®). Questo avviso include date importanti. Potrebbe essere necessario un tuo intervento entro certe scadenze per mantenere l'assicurazione sanitaria o assistenza con i costi. Hai diritto ad ottenere queste informazioni e assistenza nella tua lingua a titolo gratuito. Chiama il 1-800-318-2596 e attendi la fine dell'introduzione. Quando un agente risponde, indica la linua di cui hai bisogno e sarai collegato a un interprete.

**日本語(Japanese)** この通知には重要な情報が含まれています。この通知には、健康保険マーケットプレイス(Health Insurance Marketplace®)経由のアプリケーションまたは補償範囲に関する重要な情報が含まれています。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェンต์につながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



**한국어 (Korean) 본 통지는 중요한 정보를 담고 있습니다.** 본 통지는 건강보험 마켓플레이스(Health Insurance Marketplace®)를 이용한 신청 또는 보장에 대한 중요한 정보를 담고 있습니다. 본 통지에서 주요 날짜를 확인하십시오. 건강보험을 유지하거나 비용에 도움을 받기 위해 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하에게는 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1-800-318-2596으로 전화하여 연결을 기다리십시오. 담당자가 연결될 때, 원하시는 언어를 알려주시면 통역자에게 연결됩니다.

**Polski (Polish) Niniejsze zawiadomienie zawiera ważne informacje.** Niniejsze zawiadomienie zawiera ważne informacje na temat Twojego wniosku lub zakresu ubezpieczenia za pośrednictwem rynku ubezpieczeń zdrowotnych (Health Insurance Marketplace®). Szukaj kluczowych dat w tym ogłoszeniu. Być może będziesz musiał/a podjąć działania w określonych terminach, aby utrzymać ubezpieczenie zdrowotne lub pomóc w pokryciu kosztów. Masz prawo do uzyskania tych informacji i pomocy w swoim języku bez żadnych kosztów. Zadzwoń pod numer 1-800-318-2596 i czekaj, aż skończy się wstępna informacja. Gdy włączy się agent, podaj język, który jest Ci potrzebny, a zostaniesz połączony z tłumaczem.

**Português (Portuguese) Este aviso tem informações importantes.** Este aviso tem informações importantes sobre sua solicitação ou cobertura por meio do mercado de seguros de saúde (Health Insurance Marketplace®). Procure as datas importantes neste aviso. Você pode precisar agir dentro de certos prazos para manter sua cobertura de saúde ou obter ajuda com os custos. Você tem o direito de obter essas informações e ajuda gratuitamente no seu idioma. Ligue para 1-800-318-2596 e espere o fim da gravação de abertura. Quando o agente responder, diga o idioma que você precisa e você será conectado(a) a um intérprete.

**Русский (Russian) В этом уведомлении содержится важная информация.** В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии на портале Рынка медицинского страхования Marketplace (Health Insurance Marketplace®). Это уведомление содержит ключевые даты. Возможно, вам потребуется принять меры к определенным срокам, чтобы сохранить свою медицинскую страховку или помочь в покрытии расходов. У вас есть право получить эту информацию и помощь на вашем языке бесплатно. Позвоните по телефону 1-800-318-2596 и переждите вступительное сообщение. Когда агент ответит, укажите нужный вам язык, и вас соединят с переводчиком.

**Español (Spanish) Este Aviso contiene Información Importante.** Este aviso contiene información importante sobre su solicitud o su cobertura del Mercado de Seguros Médicos (Health Insurance Marketplace®). Preste atención a las fechas claves en este aviso. Usted podría tener que actuar dentro de ciertos plazos para mantener su cobertura médica u obtener ayuda con los costos. Tiene derecho a recibir esta información y ayuda en su idioma sin costo. Llame al 1-800-318-2596 y espere hasta el fin del mensaje inicial. Cuando un agente contesta, indique el idioma que usted necesita y será conectado con un intérprete.

**Tagalog (Tagalog) Ang Paunawang ito ay mayroong mahalagang impormasyon.** Ang paunawang ito ay mayroong mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Pamilihan ng Segurong Pangkalusugan (Health Insurance Marketplace®). Tingnan ang mga pangunahing petsa sa paunawang ito. Maaaring kailangan mong gumawa ng aksyon sa tiyak na mga huling araw upang mapanatili mo ang sakop sa kalusugan o makatulong sa mga gastos. Mayroon kang karapatan na makakuha ng ganitong impormasyon at ng tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay hanggang magbukas. Kapag sumagot ang isang ahente, sabihin mo ang wika na kailangan mo at iuugnay ka sa isang tagasalin ng wika.

**Tiếng Việt (Vietnamese) Thông báo này có Thông tin Quan trọng.** Thông báo này có thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị thông qua Thị trường Bảo hiểm Sức khỏe (Health Insurance Marketplace®). Tìm xem các ngày quan trọng trong thông báo này. Quý vị có thể cần phải hành động theo một số thời hạn nhất định để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ về phần chi phí. Quý vị có quyền nhận thông tin này và được giúp đỡ bằng ngôn ngữ của quý vị miễn phí. Hãy gọi 1-800-318-2596 và đợi đến khi mở cửa. Khi người đại diện trả lời, hãy nói với họ ngôn ngữ mà quý vị cần sử dụng và quý vị sẽ được kết nối với một thông dịch viên.

