

[First Name Last Name of Tax Filer]

[Date of notice]

[Address]

[City, State Zip]

Application Date: [application_submission_date]

Application ID: [application_identifier]

Dear [tax_filer_first_name]:

ACT NOW: People in your household will lose financial help for their Marketplace coverage if you do not take action immediately.

You or someone in your household attested on your [2020] Marketplace application that you filed a [2018] tax return with IRS Form 8962, but the Marketplace is not able to confirm this in IRS records.

Why we're sending you this letter

You're getting this notice because you're currently enrolled in Marketplace coverage with advance payments of the premium tax credit (APTC), and you haven't filed and/or reconciled APTC previously paid on your behalf for 2016 according to IRS records. You must file a federal tax return for [2018] along with IRS Form 8962, *Premium Tax Credit (PTC)* for [2018]. If you already filed your [2018] tax return, you need to file an amended return with Form 8962.

NOTE: If you have filed your [2018] tax return with Form 8962, you don't need to do anything else.

What you need to do

File or amend your [2018] tax return with Form 8962 as soon as you can, even if you don't usually have to file taxes. If you already filed your [2018] tax return, you must 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 in to your Marketplace account at HealthCare.gov, select "Go to my applications & coverage," and open 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](https://www.irs.gov/aca) or call 1-866-682-7451, ext. 569.

What happens if you don't file and reconcile for [2018]

The Marketplace will compare records with the IRS soon. If we can't confirm you filed a [2018] tax return for your family with Form 8962, **everyone in your household will lose the help with costs they're currently getting for [2020] Marketplace coverage, including APTC or any cost-sharing reductions (CSRs).** The Marketplace will send you a new eligibility notice stating that you aren't eligible for APTC or CSRs. You'll remain enrolled in your Marketplace plan, but you will 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 that you filed your [2018] federal income tax return and reconciled your APTC, and you're still eligible, your [2020] Marketplace coverage with financial help will continue.

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 include complete information about how to file an appeal. Here is a basic summary:

- 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.healthcare.gov/localhelp).
- Get language assistance. If you need help in a language other than English, you have the right to get information in your language at no cost. Information about how to access these services is included with this notice. You can also call the Marketplace Call Center to get this information.
- Call the Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are provided 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.