

# Instructions to Help You Complete the Application for Health Coverage

During Open Enrollment (November 1 – January 15) each year (or outside of it, if eligible), you can apply for health coverage through the Health Insurance Marketplace®. The Marketplace helps you find health coverage that fits your budget and meets your needs.

There are different ways to apply. [HealthCare.gov](https://www.healthcare.gov) is the fastest way to apply. If you apply online, you'll also get your Eligibility Notice right away.

Complete this application if you want health coverage for yourself and/or other household members but don't need help paying costs. Filling out this application doesn't mean you have to buy health coverage.

These instructions include additional help for some, but not all, of the items in the paper application.

## Before you start, have this information ready:

- Social Security Numbers (SSNs)
- Dates of birth
- Document numbers for eligible immigrants who want health coverage

**This application has 5 steps.**  
**Use blue or black ink to complete it.**

## Step 1: Tell us about yourself.

(Pages 1–2)

An adult (18 or older) must enter their contact information. We need this information so we can follow up with you if we have questions about your application and so we can let you know how to join a Marketplace plan.

### Need health coverage?

Complete the whole page.

### Don't need health coverage for yourself?

Complete items 1–18.

## Item 20

For anyone enrolling in health coverage, we share your answer for "Sex" with your insurance company. If your current sex is different from your sex assigned at birth, you can select the answer based on the information you want to share. The application also includes optional questions if you want to share more detail on your gender identity. If you're pregnant, be sure to select "Female" so that you can tell us about the pregnancy.

## Item 24

**If you aren't a U.S. citizen or U.S. national but have eligible immigration status**, fill in "yes," and provide your document type and document ID number(s). (Get details on pages 3–5 of these instructions.) If you have more than one of these documents, list all of them.

## Items 25–29

**Ethnicity, race, gender identity, and sexual orientation questions are optional**, but this information helps the U.S. Department of Health and Human Services improve service to all people using the Marketplace. We use this information to make sure everyone gets fair access to coverage. We won't share sexual orientation and gender identity information with your state, your insurance company, or your health care providers, and we must protect the privacy of your information. Your responses are only accessible to certified third-party professionals like assisters, agents or brokers, and certified enrollment partners. Providing this information won't impact eligibility, plan options, or costs. And it can't be used to discriminate or deny health coverage or health care services.

## Step 2: Tell us about anyone who needs health coverage. (Pages 2–3)

Space is included for up to 2 people. To apply for coverage for more than 2 people, make a copy of pages 2–3, and complete the information for each additional person.

### Item 5

For anyone enrolling in health coverage, we share their answer for “Sex” with their insurance company. If PERSON 2’s current sex is different from their sex assigned at birth, select the answer based on the information PERSON 2 wants to share. The application also includes optional questions if PERSON 2 wants to share more detail on their gender identity. If PERSON 2 is pregnant, be sure to select “Female” so we know about the pregnancy.

### Items 8–9

**If PERSON 2 isn’t a U.S. citizen or U.S. national but is a naturalized or derived citizen (item 8), or has eligible immigration status (item 9),** fill in “yes,” and provide their document type and document ID number(s). (Get details on pages 3–5 of these instructions.) If PERSON 2 has more than one of these documents, list all of them. You don’t need to complete item 8 if PERSON 2 isn’t applying for health coverage.

### Items 10–14

**Ethnicity, race, gender identity and sexual orientation questions are optional,** but this information helps the U.S. Department of Health and Human Services improve service to all people using the Marketplace. We use this information to make sure everyone gets fair access to coverage. We can’t share PERSON 2’s individual information without their consent and we must protect the privacy of their information. Responses are only accessible to certified third-party professionals like assisters, agents or brokers, and certified enrollment partners. We won’t share sexual orientation and gender identity information with PERSON 2’s state, insurance company, or health care providers. Providing this information won’t impact PERSON 2’s eligibility, plan options, or costs. And it can’t be used to discriminate or deny health coverage or health care services.

## Step 3: American Indian or Alaska Native (AI/AN) household member(s) (Page 3)

### Item 1

If you or anyone in your household is American Indian or Alaska Native, fill in “yes” and list the person’s name, name of tribe, and state of tribe. There are special protections available for members of federally recognized tribes.

## Step 4: Your agreement & signature (Page 4)

Read the statements on this page, sign your name, and write today’s date. By signing, you’re agreeing that the information you gave is true and correct. If you or someone applying for health insurance on this application is incarcerated (detained or jailed), fill in “yes” and write their name in the space provided. If the person is facing disposition of charges, fill in the circle.

### If an authorized representative helped you fill out this application:

- They can sign the form for you, but they’ll need to complete Appendix C: Help with Completing this Application, and submit it with your application.
- You (PERSON 1 on the application) must sign Appendix C to allow the authorized representative to sign this application, get official information about the application, and act for you on all future matters related to this application.

## Step 5: Mail completed application

(Page 4)

Make a copy of your application to keep for your records, then mail all original pages to:

**Health Insurance Marketplace  
Dept. of Health and Human Services  
465 Industrial Blvd.  
London, KY 40750-0001**

Use the correct amount of postage when you mail your application. It'll depend on the weight of your application, which will be based on the number of pages.

If you don't have all the information or you can't finish all the items, send in your application anyway. We'll follow up with you within 1–2 weeks.

## Eligible immigration status list

Use this list to answer questions about eligible immigration status on pages 1 and 2. If you find your status below, fill in the box that says "yes."

- Lawful permanent resident (LPR/Green Card holder)
- Asylee
- Refugee
- Paroled into the U.S.
- Granted an employment authorization document (EAD), also called a work permit or I-766
- Individual with non-immigrant status (including worker visas and student visas)
- Deferred Action Status, including Deferred Action for Childhood Arrivals (DACA)
- Cuban/Haitian entrant
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and their spouse, child, sibling, or parent
- Special Immigrant Visa holders from Iraq or Afghanistan
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Violence Against Women Act (VAWA) Self-Petitioners
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Citizens of the Marshall Islands, Micronesia, and Palau who are living in one of the U.S. states or territories (referred to as Compact of Free Association, or COFA migrants)
- Lawful temporary resident
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Special Immigrant Juvenile classification
- Family Unity beneficiary, including those who are under section 1504 of the Legal Immigration and Family Equity (LIFE) Act Amendments
- Applicant for:
  - Adjustment to lawful permanent resident (LPR/ Green Card holder) status
  - Special Immigrant Juvenile classification
  - Victim of trafficking visa
  - Children under the age of 14 with a pending application for asylum, for Withholding of Deportation or Withholding for Removal under the immigration laws or under the Convention against Torture (CAT)

## Immigration status and document types

If you're an eligible non-citizen applying for health coverage, write the name of your immigration document on page 1 (and page 2, if any household members are applying for coverage). Go to the list below for some common document types. If your document isn't listed, you can still write its name. If you're not sure, or you have an eligible status but no document, call the Marketplace Call Center at **1-800-318-2596** for help. TTY users can call 1-855-889-4325.

If you have:	List these for the document ID:
Permanent Resident Card, "Green Card" (I-551)	<ul style="list-style-type: none"> <li>• Alien number</li> <li>• Card number</li> </ul>
Reentry Permit (I-327)	<ul style="list-style-type: none"> <li>• Alien number</li> </ul>
Refugee Travel Document (I-571)	<ul style="list-style-type: none"> <li>• Alien number</li> </ul>
Employment Authorization Card (I-766)	<ul style="list-style-type: none"> <li>• Alien number</li> <li>• Card number</li> <li>• Expiration date</li> <li>• Category code</li> </ul>
Machine Readable Immigrant Visa (with temporary I-551 language)	<ul style="list-style-type: none"> <li>• Alien number</li> <li>• Passport number</li> <li>• Country of issuance</li> </ul>
Temporary I-551 Stamp (on passport or I-94/I-94A)	<ul style="list-style-type: none"> <li>• Alien number</li> </ul>
Arrival/Departure Record (I-94/I-94A)	<ul style="list-style-type: none"> <li>• I-94 number</li> </ul>
Arrival/Departure Record in foreign passport (I-94)	<ul style="list-style-type: none"> <li>• I-94 number</li> <li>• Passport number</li> <li>• Expiration date</li> <li>• Country of issuance</li> </ul>
Foreign passport	<ul style="list-style-type: none"> <li>• Passport number</li> <li>• Expiration date</li> <li>• Country of issuance</li> </ul>
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	<ul style="list-style-type: none"> <li>• SEVIS ID</li> </ul>
Certificate of Eligibility for Exchange Visitor Status (DS2019)	<ul style="list-style-type: none"> <li>• SEVIS ID</li> </ul>
Notice of Action (I-797)	<ul style="list-style-type: none"> <li>• Alien number <b>or</b> an I-94 number</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Alien number <b>or</b> an I-94 number</li> <li>• Description of the type or name of the document</li> </ul>

For more eligible immigration documents or statuses, continue to the next page.

**You can also list these documents or statuses:**

- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada (**Note:** This is considered an eligible immigration status for Medicaid, but not for a Marketplace health plan.)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Cuban/Haitian entrant
- Battered spouse, child, or parent under the Violence Against Women Act (VAWA)

# Instructions to Help You Complete an Appendix

## Appendix C: Help with Completing this Application

- **Certified application counselors, navigators, in-person assistance counselors, and other assisters:** These professional individuals and organizations are trained to help consumers looking for health coverage options through the Marketplace, including help with completing this application. Services are free to consumers. You can ask for certification showing they're authorized to perform this work. They can help you complete this section. The ID number is the navigator's identification number. This is a unique ID (13 letters and numbers) given to each navigator.
- **Agents and brokers:** Agents and brokers can help you apply for help paying for coverage and enroll in a Marketplace plan. They can make specific recommendations about which plan you should enroll in. They're also licensed and regulated by states and typically get payments or commissions from health insurance companies when they enroll consumers. They can help you complete this section.

### List both ID numbers for agents and brokers.

- **FFM User ID:** A unique ID that the agent or broker creates when registering with the Marketplace.
  - **National Producer Number (NPN):** A unique number (up to 10 digits) that's assigned to each licensed agent or broker. You can find a licensed agent or broker's NPN by visiting the National Insurance Producer Registry's website at [nipr.com](https://nipr.com).
- **You can choose an authorized representative.** This is someone you choose to act on your behalf with the Marketplace, like a household member or other trusted person. Some authorized representatives may have legal authority to act on your behalf.

## Appendix D: Questions about life changes

A change in your life can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your household size (like if you marry, divorce, or have a baby). For a full list of life events, visit [HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period](https://HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period).

# Privacy Act Statement

## Permission for information submitted

By submitting this application, you represent that you have permission from all of the people whose information is on the application to both submit their information to the Marketplace, and receive any communications about their eligibility and enrollment.

## Privacy Act Statement – effective 10/1/2013

We are authorized to collect the information on this form and any supporting documentation, including social security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act.

We need the information provided about you and the other individuals listed on this form to determine eligibility for: (1) enrollment in a qualified health plan through the Federal Health Insurance Marketplace®, (2) insurance affordability programs (such as Medicaid, CHIP, advance payment of the premium tax credits, and cost sharing reductions), and (3) certifications of exemption from the individual responsibility requirement. As part of that process, we will verify the information provided on the form, communicate with you or your authorized representative, and eventually provide the information to the health plan you select so that they can enroll any eligible individuals in a qualified health plan or insurance affordability program. We will also use the information provided as part of the ongoing operation of the Marketplace, including activities such as verifying continued eligibility for all programs, processing appeals, reporting on and managing the insurance affordability programs for eligible individuals, performing oversight and quality control activities, combatting fraud, and responding to any concerns about the security or confidentiality of the information.

While providing the requested information (including social security numbers) is voluntary, failing to provide it may delay or prevent your ability to obtain health coverage through the Marketplace, advance payment of the premium tax credits, cost sharing reductions, or an exemption from the shared responsibility payment. If you don't have an exemption from the shared responsibility payment and you don't maintain qualifying health coverage for three months or longer during the year, you may be subject to a penalty. If you don't provide correct information on this form or knowingly and willfully provide false or fraudulent information, you may be subject to a penalty and other law enforcement action.

In order to verify and process applications, determine eligibility, and operate the Marketplace, we will need to share selected information that we receive outside of CMS, including to:

1. Other federal agencies, (such as the Internal Revenue Service, Social Security Administration and Department of Homeland Security), state agencies (such as Medicaid or CHIP) or local government agencies. We may use the information you provide in computer matching programs with any of these groups to make eligibility determinations, to verify continued eligibility for enrollment in a qualified health plan or Federal

benefit programs, or to process appeals of eligibility determinations. Information provided by applicants won't be used for immigration enforcement purposes;

2. Other verification sources including consumer reporting agencies;
3. Employers identified on applications for eligibility determinations;
4. Applicants/enrollees, and authorized representatives of applicants/enrollees;
5. Agents, Brokers, and issuers of Qualified Health Plans, as applicable, who are certified by CMS who assist applicants/enrollees;
6. CMS contractors engaged to perform a function for the Marketplace; and
7. Anyone else as required by law or allowed under the Privacy Act System of Records Notice associated with this collection (CMS Health Insurance Exchanges System (HIX), CMS System No. 09-70-0560, as amended, 78 Federal Register, 8538, March 6, 2013, and 78 Federal Register, 32256, May 29, 2013).

## Identity Verification

To protect your privacy, you will need to complete Identity Verification successfully before requesting higher account privileges. You are providing consent to Experian, an external identity verification provider, to access your personal information to conduct ID Verification on behalf of CMS. Below are a few items to keep in mind.

Ensure that you have entered your legal name, current home address, primary phone number, date of birth, and email address correctly. We will collect personal information only to verify your identity with Experian.

Identity Verification involves Experian using information from your consumer report profile to help confirm your identity. As a result, you may see an entry called a "soft inquiry" on your Experian consumer report. Soft inquiries are visible only to you, will never be presented to third parties, and do not affect your credit score. The soft inquiry will be titled "CMS Proofing Services" and will be removed from your Experian consumer report after 25 months.

You may need to have access to your personal and consumer report information, as the Experian application will pose questions to you, based on data in their files.

This statement provides the notice required by the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)). You can learn more about how we handle your information at:

[HealthCare.gov/how-we-use-your-data](http://HealthCare.gov/how-we-use-your-data).

CMS doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (including sexual orientation and gender identity), or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You have the right to get your information in an accessible format, like large print, braille, or audio.  
You also have the right to file a complaint if you feel you've been discriminated against.

Visit [CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice](https://www.cms.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice)  
or call **1-800-318-2596**. TTY users can call **1-855-889-4325**.

## Health Insurance Marketplace

CMS Product No. 11727  
September 2024

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