

MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces

SOP 11 – EXEMPTIONS



Version 9.0 November 2022. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations.



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Exemption	Description
Marketplace Affordability	Marketplace coverage is considered unaffordable if the lowest-priced Bronze-level plan available through a Marketplace would cost more than 8.17 percent (2023) of the consumer's projected household income at the beginning of a plan year.
Job-based Affordability	<p>Job-based health insurance is considered unaffordable in different ways depending on how the coverage is offered:</p> <ul style="list-style-type: none"> For an employee: If the annual premium for the lowest-cost self-only plan (a plan that covers only the employee and not members of the employee's family) is more than 8.09 percent (2023) of their annual household income. For the employee's spouse and dependents: If the annual premium for the lowest-cost family plan is more than 8.09 percent (2023) of their annual household income. <p>Notes:</p> <ol style="list-style-type: none"> It's possible that an employee won't be eligible for this exemption because the self-only plan available to them is affordable. But other members of the household could be eligible for this exemption if family coverage offered to them is unaffordable. If the lowest-price self-only plan an employer offers costs more than 9.12 percent (2023) of an employee's total household income, the employee may be eligible for a premium tax credit if they buy a Marketplace insurance plan.

Consumers under age 30 do not need to claim an exemption or obtain an ECN if they wish to purchase Catastrophic coverage; if the consumer is otherwise eligible, Catastrophic health plan options will display when the consumer shops for coverage through the Marketplace. For more information on Catastrophic health plans, visit [HealthCare.gov/choose-a-plan/catastrophic-health-plans](https://www.healthcare.gov/choose-a-plan/catastrophic-health-plans). For more information on hardship and affordability exemptions, visit [HealthCare.gov/health-coverage-exemptions/forms-how-to-apply](https://www.healthcare.gov/health-coverage-exemptions/forms-how-to-apply).

Standard Operating Procedure (SOP) 11 provides guidance on how to assist consumers with applying for hardship and affordability exemptions and purchasing Catastrophic coverage.

B. Procedures

1. Applying for a Hardship Exemption to Purchase Catastrophic Coverage

To assist consumers with applying for a hardship exemption and obtaining an ECN, complete the following steps.

This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform.



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- Step 1. Direct consumers to [HealthCare.gov/exemption-form-instructions](https://www.healthcare.gov/exemption-form-instructions) and instruct them to download and fill out the Marketplace hardship exemption application.
- Step 2. Explain to consumers the different sections of the hardship exemption application.
 - a. In Step 1 of the hardship exemption application, consumers input their name, address, phone number, preferred language, and other personal information, as shown in Exhibit 2.

Exhibit 2 – Hardship Exemption Application: Step 1

STEP 1: Tell us about yourself

The person who files a federal income tax return in your household should be the contact person for this application, and is known as "Person 1". If you're applying for an exemption for a child, an adult who claims the child on his or her federal income tax return should fill out and sign this application, even if the adult doesn't need the exemption.

Use your legal name.

1. First name	Middle name	Last name	Suffix
2. Home address (Leave blank if you don't have one)		3. Apartment or suite number	
4. City	5. State	6. ZIP code	7. County, parish, or township
8. Mailing address <input type="checkbox"/> (Select if same as home address)			9. Apartment or suite number
10. City	11. State	12. ZIP code	13. County, parish, or township

Please provide a phone number so we can contact you if necessary. We won't use your number for anything else.

14. Phone number (###-###-####)	Best time to call:	15. Other phone number (###-###-####)	Best time to call:
<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> Afternoon <input type="checkbox"/> Weekend		<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Afternoon <input type="checkbox"/> Weekend

16. Do you want to get correspondence from the Marketplace?..... Yes No

Email address: _____

17a. What is your preferred spoken language?

17b. What is your preferred written language?

Optional: (Select all that apply)

18. If Hispanic/Latino, ethnicity: Mexican Mexican American Puerto Rican Chicano/a Cuban Other

19. Race: White Black or African American American Indian or Alaskan Native Filipino Japanese Korean Asian Indian Chinese Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Other

- b. In Step 2 of the hardship exemption application, consumers input the required information, including the specific hardship event(s) and information about members of the applicant's tax household (e.g., date of birth, Social Security Number (SSN), demographic information), as shown in Exhibit 3.

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Exhibit 3 – Hardship Exemption Application: Step 2

STEP 2: Tell us about your tax household and the hardship events you experienced

Who to include on this application:

- The adult who files the federal income tax return for this household – list this person, who will be known as "Person 1", on the first line of the table on the next page.
- A spouse who's filing taxes jointly with you.
- Anybody Person 1 claims as a dependent on the federal income tax return.

You should apply for this exemption based on how you file taxes, with the following exception: If you're 21 or older and included as a dependent on someone else's tax return, submit your own exemption application.

Who NOT to include on your application:

- A spouse who files taxes separately from you. Spouses who file separately must fill out a separate exemption application for themselves and include every person they claim on their tax return.
- Anyone who lives with you but isn't (or won't be) listed on your tax return for the year(s) you want this exemption.

STEP 2: Tell us about your tax household and the hardship events you experienced

The person in line 1 below, who will be known as "Person 1", must be the person who files a federal income tax return for the household, even if the person doesn't need an exemption.

For each person included on the federal income tax return, select their relationship to Person 1, the name, date of birth, SSN, sex, and whether they want an exemption.

You must give your Social Security number (SSN) if you have one. In the table below include the SSN for anyone requesting the exemption who has an SSN. An SSN is not necessary to qualify for the exemption. We use SSNs to match exemptions with the right tax returns and to correctly match to your coverage application. For help getting an SSN, visit socialsecurity.gov or call 1-800-772-1213. (TTY: 1-800-325-0778)

#	Relationship to Person 1 (spouse or dependent)	First name	MI	Last name	Date of birth (mm/dd/yyyy)	Social Security number (###-##-####)	Sex	Want exemption?
1	Self							
2								
3								
4								
5								
6								
7								

Select the type of hardship(s) you're applying for below. Note the date the hardship started, when it will end, or if it's ongoing. Then select each person in your tax household that has experienced that hardship type, if everyone in your household has experienced that hardship type, select all. Each person needs only one exemption for any given time period. You may apply for more than one hardship if the hardship events were at different times during the year.

Type of hardship (Select all that apply)	Tax year for which you need this exemption	Date hardship started (mm/dd/yyyy) (Note: Your hardship can't start on a date in the future)	Date hardship ended or will end? (mm/dd/yyyy)	Check if ongoing
<input type="checkbox"/> 1. Homeless				<input type="checkbox"/>
<input type="checkbox"/> 2. Eviction/foreclosure				<input type="checkbox"/>
<input type="checkbox"/> 3. Shut-off notice				<input type="checkbox"/>
<input type="checkbox"/> 4. Domestic violence				<input type="checkbox"/>

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Type of hardship (Select all that apply)	Tax year for which you need this exemption	Date hardship started (mm/dd/yyyy) (Note: Your hardship can't start on a date in the future)	Date hardship ended or will end? (mm/dd/yyyy)	Check if ongoing
<input type="checkbox"/> 5. Death of family member				<input type="checkbox"/>
<input type="checkbox"/> 6. Disaster				<input type="checkbox"/>
<input type="checkbox"/> 7. Bankruptcy				<input type="checkbox"/>
<input type="checkbox"/> 8. Medical expenses				<input type="checkbox"/>
<input type="checkbox"/> 9. Increase in expenses to care for family member				<input type="checkbox"/>
<input type="checkbox"/> 10. Medical support for child				<input type="checkbox"/>
<input type="checkbox"/> 11. Eligibility appeals decision				<input type="checkbox"/>
<input type="checkbox"/> 12. Ineligible for Medicaid				<input type="checkbox"/>
<input type="checkbox"/> 13. Cancellation of individual coverage				<input type="checkbox"/>
<input type="checkbox"/> 14. You experienced another hardship				<input type="checkbox"/>

- c. In Step 3 of the hardship exemption application, consumers should review the information provided, confirm that the answers they provided are accurate, and sign their application, as shown in Exhibit 4.

Exhibit 4 – Hardship Exemption Application: Step 3

STEP 3: Read, print & sign this application

You won't be able to print and sign your application until you've filled out all required information. We can't process unsigned applications or accept digital signatures.

I agree that:

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).

The person on line 1, known as "Person 1", should sign this application.

The person who signs must be an adult over the age of 18 who files the federal income tax return for the household. If you're an Authorized Representative, you may sign here as long as Person 1 fills out and signs the "Help with this application" form on page 6 of this application.

→ Print out application and have Person 1 sign.	Date signed (mm/dd/yyyy)

- d. In Step 4 of the hardship exemption application, consumers should review the instructions for mailing their completed application and supporting documents, if any. Instructions for appealing an exemption decision and information about Catastrophic coverage are also included. Refer to Exhibit 5 below.

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Exhibit 5 – Hardship Exemption Application: Step 4

STEP 4: Mail completed application and documents

Note: A page that lists the documents you need to submit will print at the end of this application.



Mail your **signed** application and **copies (do not send originals)** of the documents listed on the page that will print at the end of this application to:

Health Insurance Marketplace
Attn: Exemption Processing
465 Industrial Blvd.
London, KY 40741

**What happens next?**

We'll call you if we need more information. If we don't reach you by phone, we'll send a letter. You'll get a letter in the mail after we've processed your application.

- If your application is approved, we'll send an Exemption Certificate Number (ECN) for each approved member of your tax household to use on your federal income tax return for the year members of your tax household didn't have coverage. You'll provide the ECN when you file your return for the year your exemption has been approved.
- If you or other members of your tax household don't qualify for the exemption, the letter will explain why.
- If you don't hear from us within 30 days, contact the Marketplace at 1-800-318-2596. (TTY: 1-855-889-4325)

What if I think the results of my exemption application are wrong?

You can appeal. Important information about an appeal:

- The Health Insurance Marketplace must receive your appeal request within 90 days of the date of the application results notice.
- You may have a relative, friend, legal counsel, or another spokesperson, including an Authorized Representative, help you appeal or participate in your appeal. This is optional.
- The outcome of an appeal could change the eligibility of other members of your tax household.

To appeal your exemption application results, visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals). Or call the Marketplace Call Center at 1-800-318-2596. (TTY: 1-855-889-4325)

If you qualify for a hardship exemption, you can buy a "catastrophic" health plan

A "catastrophic" health plan offers lower-priced coverage that mainly protects you from high medical costs if you get seriously hurt or injured. If you get a hardship exemption, you can buy a catastrophic plan. You're not required to buy a catastrophic plan, it's just an option so you can get low-priced health coverage if you want to.

- If your hardship exemption application is approved, the letter you get will include information on catastrophic health plans. For more information, visit [Healthcare.gov/choose-a-plan/plans-categories/#catastrophic](https://www.healthcare.gov/choose-a-plan/plans-categories/#catastrophic) or call 1-800-318-2596. (TTY: 1-855-889-4325)

Step 3. Instruct consumers to mail their Marketplace hardship exemption applications and any supporting documents to:

Health Insurance Marketplace®^{iv}
Attn: Exemption Processing
465 Industrial Blvd.
London, KY 40741

Step 4. Explain to consumers the next steps in the exemption application process:

- a. The Marketplace will review the exemption application and determine consumers' eligibility for an exemption. If the Marketplace cannot verify the consumer's eligibility for a hardship exemption, the Marketplace will notify the consumer of the inconsistency. The consumer will be given 90 days from the date the notice is sent to provide additional information supporting their eligibility for a hardship exemption.
- b. The Marketplace will mail consumers a notice of the exemption eligibility result. If consumers are granted an exemption, the Marketplace notice will include a unique ECN for each member of their tax household who was granted an exemption.

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- Step 5.** Explain to consumers that they should read and understand the notice and keep the notice in a safe place because they will be required to enter their ECN on their Marketplace application to view Catastrophic health plans. Catastrophic health plans will not display in Plan Compare until these consumers enter a valid ECN. Consumers can also call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for assistance with shopping for a plan if they're interested in purchasing coverage.

2. Applying for an FFM Affordability Exemption to Purchase Catastrophic Coverage

To assist consumers with applying for a Federally-facilitated Marketplace (FFM) affordability exemption and obtaining an ECN, complete the following steps. Note that this affordability exemption application is for states that use an FFM and for states with State-based Exchanges on the Federal Platform; states that use a State-based Marketplace (SBM) using its own platform use a different affordability exemption application available at [HealthCare.gov/exemption-form-instructions](https://www.healthcare.gov/exemption-form-instructions).

- Step 1.** Direct consumers to [HealthCare.gov/exemption-form-instructions](https://www.healthcare.gov/exemption-form-instructions) and instruct them to download and fill out the FFM affordability exemption application.
- Step 2.** Explain to consumers the different sections of the FFM affordability exemption application
- In Step 1 of the FFM affordability exemption application, consumers input their name, address, phone number, preferred language, and other personal information, as shown in Exhibit 6.



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Exhibit 6 – FFM Affordability Exemption Application: Step 1

STEP 1: Tell us about yourself

The person who files a federal income tax return in your household should be the contact person for this application, and is known as "Person 1". If you're applying for an exemption for a child, an adult who claims the child on his or her federal income tax return should fill out and sign this application, even if the adult doesn't need the exemption.

Do you live in Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, or Wyoming?

- YES. Fill out this application.
- NO. Download the [SBM-Affordability exemption application](#) if you live in a state not listed above.

You need to submit a different application if you live in California, Colorado, Idaho, Kentucky, Maine, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, Vermont, or Washington.

Use your legal name

1. First name		Middle name		Last name		Suffix	
2. Home address (Leave blank if you don't have one)				3. Apartment or suite number			
4. City		5. State		6. ZIP code		7. County, parish, or township	
8. Mailing address <input type="checkbox"/> (Select if same as home address)						9. Apartment or suite number	
10. City		11. State		12. ZIP code		13. County, parish, or township	

Please provide a phone number so we can contact you if necessary. We won't use your number for anything else.

14. Phone number (###-###-####)		Best time to call:		15. Other phone number (###-###-####)		Best time to call:	
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend				<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend			

16. Do you want to get correspondence from the Marketplace?..... Yes No

Email address:

17a. What is your preferred spoken language?	17b. What is your preferred written language?
<input type="text"/>	<input type="text"/>

Optional: (Select all that apply)

18. If Hispanic/Latino, ethnicity: Mexican Mexican American Puerto Rican Chicano/a Cuban Other

19. Race: White Black or African American American Indian or Alaskan Native Filipino Japanese Korean Asian Indian Chinese Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Other

- b. In Step 2 of the FFM affordability exemption application, consumers input information about their tax household, health coverage, and employment as well as their projected income and deductions, as shown in Exhibit 7.

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Exhibit 7 – FFM Affordability Exemption Application: Step 2

STEP 2: Tell us about your tax household and your projected income

Who to include on this application:

- The adult who files the federal income tax return for this household – list this person, who will be known as "Person 1", on the first line of the table on the next page.
 - A spouse who's filing taxes jointly with you.
 - Anybody Person 1 claims as a dependent on the federal income tax return.
- You should apply for this exemption based on how you file taxes, with the following exception: If you're 21 or older and included as a dependent on someone else's tax return, submit your own exemption application.

Who NOT to include on your application:

- A spouse who files taxes separately from you. Spouses who file separately must fill out a separate exemption application for themselves and include every person they claim on their tax return.
- Anyone who lives with you but isn't (or won't be) listed on your tax return for the year(s) you want this exemption.

STEP 2: Tell us about any health coverage and your projected income

The person in line 1 below, who will be known as "Person 1", must be the person who files a federal income tax return for the household, even if the person doesn't need an exemption.

For each person included on the federal income tax return, select their relationship to Person 1, the name, date of birth, SSN, sex, and whether they want an exemption.

You must give your Social Security number (SSN) if you have one. In the table below include the SSN for anyone requesting the exemption who has an SSN. An SSN is not necessary to qualify for the exemption. We use SSNs to match exemptions with the right tax returns and to correctly match to your coverage application. For help getting an SSN, visit socialsecurity.gov or call 1-800-772-1213. (TTY: 1-800-325-0778)

#	Relationship to Person 1	First name	MI	Last name	Date of birth (mm/dd/yyyy)	Social Security number (###-##-####)	Sex	Want exemption?
1	Self							
2								
3								
4								
5								
6								
7								

2. For what year and months do you or members of your tax household need this exemption?

Year	Months											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	January	February	March	April	May	June	July	August	September	October	November	December

Answer the following questions for the below person.

First name MI Last name

3. Are you pregnant?..... Yes No
 a. If yes, how many babies are expected during this pregnancy?

4. Are you, your spouse, or another person in your household the main caretaker of a child under the age of 19?..... Yes No

5. Within the past 6 months, have you used tobacco regularly (4 or more times per week on average, excluding religious or ceremonial uses)?..... Yes No

6. Are you a U.S. citizen or U.S. national?
 YES. If yes, skip to question 9. NO. If no, continue to question 7.

7. Are you a naturalized or derived citizen? (This usually means you were born outside the United States)
 YES. If yes, skip to question 9. NO. If no, continue to question 8.

8. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status? YES. Enter the document type in the space below.
 Immigration document type Status type (optional) Write your name as it appears on your immigration document.

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STEP 2: PERSON 1 Tell us about any health coverage and your projected income

Other health coverage:

9. Are you offered health coverage from a job?
Select "yes" even if the coverage is from someone else's job, such as a parent or spouse.
Also select "yes" if you are offered the coverage but have not signed up for it.

- YES. If yes, you'll need to complete and include **Health Coverage from a Job**.
- NO.

10. Are you enrolled in any of these kinds of health coverage?

COBRA, Medicaid, CHIP, Medicare, TRICARE, VA health care program, Peace Corps, other..... Yes No

Current job & income information

Tell us about any income you have made or expects to make from a job, self-employment, unemployment, retirement, pensions, rental properties, fishing/farming, alimony, and Social Security (if taxable) **during the year you want the exemption**. You must submit a support document for each type of income listed.

11. Do you expect any income during the year you want this exemption?

- YES. If yes, answer the income questions below.
- NO. If no, skip to next person or Step 4, Signature Page.

Job 1

12a. Are you self-employed?..... Yes No

13a. Employer name (as listed on pay stub or W-2):

14a. Amount (wages, tips, commissions, bonuses, or overtime before taxes):

How often do you get this amount?

\$

15a. When did you start this job? (mm/dd/yyyy)

16a. When did/will this job end? (mm/dd/yyyy)

Select if this job doesn't have an end date

17a. If you don't expect to get this income every month, fill in the months that you expect to get income from this job:

Year	Months you expect to get job income											
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	January	February	March	April	May	June	July	August	September	October	November	December

Add Job

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STEP 2: PERSON 1: Tell us about your projected income

Other Income: Tell us about other income you report on a federal income tax return. List the income type, amount (before taxes) and how often you get it. Some common types of income are listed below. If you have additional income you report on a federal tax return, include it under "Other".

NOTE: You don't need to tell us about income that's not reported on a tax return, like child support, veteran's payments, food stamps, Social Security benefits, old age benefits that aren't taxable, or Supplementary Security Income (SSI) benefits.

18. Do you expect to get taxable income from a source other than a job or self-employment?

- YES. If yes, fill in the table below.
- NO. If no, skip to question 19.

Type of income	Amount	How often (Weekly, Every 2 weeks, Twice a month, Monthly, Quarterly, Semi-annually, Yearly)	Date started (mm/dd/yyyy)	Date ended / will end (mm/dd/yyyy)	Fill in if no expected end date	Number of months you expect to get this income per year
<input type="checkbox"/> Unemployment					<input type="checkbox"/>	
<input type="checkbox"/> Retirement account withdrawals (taxable amounts ONLY)					<input type="checkbox"/>	
<input type="checkbox"/> Pensions					<input type="checkbox"/>	
<input type="checkbox"/> Farming/fishing (net)					<input type="checkbox"/>	
<input type="checkbox"/> Rental/royalty (net)					<input type="checkbox"/>	
<input type="checkbox"/> Alimony received					<input type="checkbox"/>	
<input type="checkbox"/> Social Security (taxable amount ONLY)					<input type="checkbox"/>	
<input type="checkbox"/> Other (indicate type)					<input type="checkbox"/>	

Deductions: If you pay for certain things that can be deducted on a federal income tax return (see IRS Form 1040, lines 23-35 or IRS Form 1040A, lines 16-19), fill in information about which deductions you plan to take.

19. Do you expect to take any deductions for the year you're requesting this exemption?

- YES. If yes, fill in the table below.
- NO. If no, skip to next person or Step 4, signature page.

Type of deductions	Estimated yearly amount	Did you take this deduction last year?
<input type="checkbox"/> Alimony paid		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> IRA deduction		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Student loan interest deduction		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Other (select type from list)		<input type="radio"/> Yes <input type="radio"/> No

Thanks! This is all we need to know about you.

- c. In Step 3 of the FFM affordability exemption application, consumers must provide proof of their yearly income, as shown in Exhibit 8. The application provides a list of acceptable documents to prove different income types.

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Exhibit 8 – FFM Affordability Exemption Application: Step 3

STEP 3: Proof of yearly income

You **MUST** submit proof for each type of income you have listed for each person on this application. **We can't approve this exemption without proof of income.** The table below lists possible documents for each type of income. You may submit other documents, not on the list, if they're included in the income amount you listed on your application.

If you expect your income to increase or decrease during the year for which you're requesting this exemption, you can provide other documents, like a document that states when contract work will end. If any of your income comes from freelance work, you can fill out an accurate, detailed record of your expected income and expenses for the year.

Income Type	Documents
All Income types	<ul style="list-style-type: none"> A copy of your most recent federal income tax return, Form 1040, if your income and deductions listed on this application are similar to your last tax return.
Job	<ul style="list-style-type: none"> One or more pay stubs that show the typical pay and hours you work at the job. The pay stubs should show the gross amount and any tips, commissions, bonuses, or overtime pay. Wages and tax statement (W-2) from the most recent year. 1099-MISC (Non-employee compensations).
Net self-employment	<ul style="list-style-type: none"> Records of self-employment income and expenses. Schedule C. Form 1120S. Other recent tax documents showing self-employment. Copy of a check or other evidence of income for the services you provide.
Other Income	Documents
Unemployment	<ul style="list-style-type: none"> Letter from government agency for unemployment benefits. If the document doesn't list the start and end dates, include on the document your best estimate of when the benefits will end.
Retirement (taxable amounts ONLY)	<ul style="list-style-type: none"> 1099 or relevant tax document that list any withdrawal amounts. Document showing taxable amount from account withdrawals.
Pension	<ul style="list-style-type: none"> Pension letter. 1099 or relevant tax document.
Rental/royalties (net)	<ul style="list-style-type: none"> Lease agreement for land or property you own with lease amount/frequency. Document showing royalty income. 1099-MISC (royalty/rental income fields).
Alimony paid/received	<ul style="list-style-type: none"> Court order or legal documents showing the monthly alimony amount and the start and end dates (if applicable).
Farming/fishing (net)	<ul style="list-style-type: none"> Schedule C, F. 1099-G.
Social Security (taxable amounts ONLY)	<ul style="list-style-type: none"> Copy of most recent Form 1040 that shows the taxable amount in line 20b. Don't send copies of your benefit or COLA letter UNLESS the taxable amount is listed on it.

- d. In Step 4 of the FFM affordability exemption application, consumers should review the statements provided, answer the question on any incarcerated household members, and sign their application, as shown in Exhibit 9.

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Exhibit 9 – FFM Affordability Exemption Application: Step 4

STEP 4: Read, print & sign this application

You won't be able to print and sign your application until you've filled out all required information. We can't process unsigned applications or accept digital signatures.

I agree that:

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).

1. Is anyone applying for an exemption on this application incarcerated (detained or jailed)?..... Yes No

If yes, tell us the person's name. The name of the incarcerated person is:

<input type="text"/>	<input type="checkbox"/> Fill in here if this person is facing disposition of charges.
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We need this information to check your eligibility for an exemption. We'll check your answers using information in our electronic databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match we may ask you to send us proof.

The person on line 1, known as "Person 1", should sign this application.

The person who signs must be an adult over the age of 18 who files the federal income tax return for the household. If you're an Authorized Representative, you may sign here as long as Person 1 fills out and signs the "Help with this application" form on page 7 of this application.

→ Print out application and have Person 1 sign.	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

- e. In Step 5 of the FFM affordability exemption application, consumers should review the instructions for mailing their completed application and next steps. Instructions for appealing an exemption decision and information about Catastrophic coverage are also included. Refer to Exhibit 10 below.

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Exhibit 10 – FFM Affordability Exemption Application: Step 5

STEP 5: Mail completed application

Note: A page that lists the documents you need to submit will print at the end of this application.



Mail your **signed** application and **copies (do not send originals)** of the documents listed on the page that will print at the end of this application to:

Health Insurance Marketplace
Attn: Exemption Processing
465 Industrial Blvd.
London, KY 40741

**What happens next?**

We'll call you if we need more information. If we don't reach you by phone, we'll send a letter. You'll get a letter in the mail after we've processed your application.

- If your application is approved, we'll send an Exemption Certificate Number (ECN) for each approved member of your tax household to use on your federal income tax return for the year members of your tax household didn't have coverage. You'll provide the ECN when you file your return for the year your exemption has been approved.
- If you or other members of your tax household don't qualify for the exemption, the letter will explain why.
- If you don't hear from us within 30 days, contact the Marketplace at 1-800-318-2596. (TTY: 1-855-889-4325)

What if I think the results of my exemption application are wrong?

You can appeal. Important information about an appeal:

- The Health Insurance Marketplace must receive your appeal request within 90 days of the date of the application results notice.
- You may have a relative, friend, legal counsel, or another spokesperson, including an Authorized Representative, help you appeal or participate in your appeal. This is optional.
- The outcome of an appeal could change the eligibility of other members of your tax household.

To appeal your exemption application results, visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals). Or call the Marketplace Call Center at 1-800-318-2596. TTY: 1-855-889-4325

If you qualify for a hardship exemption, you can buy a "catastrophic" health plan

A "catastrophic" health plan offers lower-priced coverage that mainly protects you from high medical costs if you get seriously hurt or injured. If you get a hardship exemption, you can buy a catastrophic plan. You're not required to buy a catastrophic plan, it's just an option so you can get low-priced health coverage if you want to.

- If your hardship exemption application is approved, the letter you get will include information on catastrophic health plans. For more information, visit [Healthcare.gov/choose-a-plan/plans-categories/#catastrophic](https://www.healthcare.gov/choose-a-plan/plans-categories/#catastrophic) or call 1-800-318-2596. (TTY: 1-855-889-4325)

Step 3. Instruct consumers to mail their FFM affordability exemption application and any supporting documents to:

Health Insurance Marketplace®
Attn: Exemption Processing
465 Industrial Blvd.
London, KY 40741

Step 4. Explain to consumers the next steps in the exemption application process:

- a. The Marketplace will review the exemption application and determine consumers' eligibility for an exemption. If the Marketplace cannot verify the consumer's eligibility for an affordability exemption, the Marketplace will notify the consumer of the inconsistency. The consumer will be given 90 days from the date the notice is sent to provide additional information supporting their eligibility for an affordability exemption.
- b. The Marketplace will mail consumers a notice of the exemption eligibility result. If consumers are granted an exemption, the Marketplace notice will include a unique ECN for each member of their tax household who was granted an exemption.

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**SOP 11—Exemptions**

- Step 5.** Explain to consumers that they should read and understand the notice and keep the notice in a safe place because the ECN will be required on their Marketplace application to view Catastrophic health plans. Catastrophic health plans will not display in Plan Compare until these consumers enter a valid ECN. Consumers can also call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for assistance with shopping for a plan if they're interested in purchasing coverage.

C. Assister Tips

1. To help consumers with selecting and enrolling in a Marketplace plan, proceed to [SOP 8 – Compare, Save, & Select Health Plans](#).
2. If consumers do not receive an exemption and want help applying for health coverage, proceed to [SOP 5 – Apply for Health Coverage](#).
3. For more help answering consumers' specific questions, refer to [Appendix A: Frequently Asked Questions \(FAQs\)](#) related to SOP 11 – Exemptions.

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Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions about consumer exemptions through the Individual Marketplace.

FAQ 1. What is a Catastrophic health plan?

- Answer: Catastrophic health plans have low monthly premiums and very high deductibles. They may be an affordable way to protect yourself from worst-case scenarios, like getting seriously sick or injured. But you pay most routine medical expenses yourself.

FAQ 2. Can I purchase and enroll in a Catastrophic health plan?

- Answer: If you're under 30, you can enroll in a Catastrophic health plan whether you have an exemption or not. If you're 30 or older, you can enroll in a Catastrophic health plan only if you qualify for a hardship or affordability exemption. You must submit a hardship or affordability exemption application and get an Exemption Certificate Number. You'll find out the Catastrophic health plans available to you when you apply online at [HealthCare.gov](https://www.healthcare.gov) or with the help of a Marketplace Call Center representative when you call 1-800-318-2596 (TTY: 1-855-889-4325).

FAQ 3. What type of exemption do I need to purchase Catastrophic coverage?

- Answer: You must apply for a hardship or affordability exemption through the Marketplace and receive an Exemption Certificate Number. Note that the affordability exemption application is for states that use an FFM and states that use State-based Marketplaces on the Federal Platform (SBM-FP). States that use a State-based Marketplace (SBM) using its own platform use a different affordability exemption application available at [HealthCare.gov/exemption-form-instructions](https://www.healthcare.gov/exemption-form-instructions).

FAQ 4. When will I know if the Marketplace approved my exemption application?

- Answer: For exemptions processed by a Marketplace on the Federal platform, the Marketplace will mail you a notice with your exemption eligibility result. The Marketplace response time depends on several things, including how complicated your request is, how complete your application is, and whether you need to submit documents after you apply. To speed up the process, submit any required documents with your exemption application. Check that you've answered all questions and provided all information before you put it in the mail. If you receive a letter or a phone call asking for more information, provide it as soon as possible.

FAQ 5. Can I appeal an exemption decision?

- Answer: Yes. If you don't agree with an exemption decision, you can file a Marketplace appeal. For more information on filing a Marketplace appeal, visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals).

FAQ 6. When does my exemption end?

- Answer: Consumers may reference their exemption notice for further information. Consumers should note that most exemptions will end at the end of the plan year; thus, consumers will need to re-apply for an exemption each year in most cases.

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Appendix B: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 11 provides a list of external resources.

Exhibit 11 – External Resources

Resources	Contact Information	What does this resource do?	How should consumers use this resource?
Marketplace Call Center	1-800-318-2596 TTY: 1-855-889-4325 (all languages available)	The Marketplace Call Center provides assistance to consumers who need information or want to enroll in health coverage through an FFM or SBM-FP.	<ul style="list-style-type: none"> To get answers to questions while applying for health coverage using the online or paper application. To apply for health coverage over the phone.
HealthCare.gov	HealthCare.gov	This website allows consumers to access information about the Affordable Care Act (ACA) and to enroll in health coverage through an FFM.	<ul style="list-style-type: none"> To find out about health coverage options available through an FFM or SBM-FP. To apply for health coverage online. To get real-time answers to questions using the online chat function.
Internal Revenue Service (IRS)	IRS.gov	This federal agency collects taxes from individuals and businesses in the U.S.	<ul style="list-style-type: none"> To learn more about the effects of the ACA on consumers' tax returns.
Medicaid	Medicaid.gov	This state-administered health insurance program is for low-income families and children, pregnant women, the elderly, people with disabilities, and in many states, other adults. The Federal Government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state and may have a different name in each state.	<ul style="list-style-type: none"> To find answers to questions about health coverage through Medicaid and CHIP. To get further information about their state's Medicaid program and agency contact information.

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SOP 11—Exemptions

Resources	Contact Information	What does this resource do?	How should consumers use this resource?
Medicare	Medicare.gov	This federal program is run by CMS and provides health coverage to qualified individuals who are age 65 or older and/or have a disability.	<ul style="list-style-type: none">• To learn more about eligibility for Medicare or to apply for Medicare online.• To learn more about or make changes to existing Medicare benefits.
Social Security Administration (SSA)	SSA.gov	This independent federal agency administers Social Security, a system that distributes financial benefits to retired or disabled people, their spouses, and their dependent children based on their reported earnings.	<ul style="list-style-type: none">• To learn more about available Social Security benefits for which consumers might be eligible.• To apply for a Social Security Number, which is necessary to apply for health coverage through the Marketplace (except for legal immigrants, who can provide a document number).

ⁱ [45 CFR § 155.305\(h\)](#)

ⁱⁱ [26 USC 5000A\(e\)\(5\)](#)

ⁱⁱⁱ [26 USC 5000A\(e\)\(1\)](#)

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