Example: Anne Lee applied to enroll in a qualified health plan (QHP) through the Marketplace. The Marketplace couldn’t verify Anne’s citizenship status. The Marketplace asks Anne to submit documentation to prove her citizenship status, and determines Anne is temporarily eligible to enroll in a Marketplace plan. Anne enrolls in a Marketplace plan, but the document(s) she submits to prove her U.S. citizenship are damaged or unreadable. This notice lets Anne know that she needs to submit a readable version of the requested documents to prove her status or she will lose her coverage through the Marketplace at the end of her inconsistency period.
Dear Anne:

This notice affects: Anne Lee

Important: The Health Insurance Marketplace needs more information to verify your citizenship status, or you could lose your coverage.

You’re getting this notice because you recently submitted one or more documents in response to our request for additional documents in your eligibility notice to prove that the individual listed above is either a U.S. citizen or a U.S. national. However, we can’t use the document to verify citizenship status because it is damaged or unreadable.

To verify citizenship status, we need you to submit a readable version of one of the following documents:

- 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, New York, Vermont, and Washington)
- Document from a federally recognized Indian tribe that includes your name and the name of the federally recognized Indian tribe that issued the document, and shows your membership, enrollment, or affiliation with the tribe. Documents you can provide 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

If you don’t have any of the documents above, you can provide two readable documents – one from each list below.

You can provide 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 the person’s name and 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 the child’s name and U.S. place of birth
• Federal or State census record showing U.S. citizenship or U.S. place of birth
• Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

Also provide one of these documents (that has a photograph or other information, like the individual’s 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 with photograph
• 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 18 years old)

Don't lose your Marketplace health coverage
If you don’t submit these documents, you won’t be able to keep your Marketplace health coverage, along with any financial help that you may be getting. Upload the needed document(s) to your account at HealthCare.gov or send a copy to the Marketplace.

There are two ways to send documents to the Marketplace:

1. The fastest option is to upload documents online. Log in to your Marketplace account on HealthCare.gov by clicking on "Log in" at the top of the page. Once you're logged in, select your current application and then use the menu on the left side of your screen to click on Application Details. On the next screen, you'll see a list of any data matching issues (called "inconsistencies" on the screen) in your application. Follow the steps for each inconsistency (data matching issue) to upload the documents needed to fix the issue. If your application has more than one inconsistency or more than one person has inconsistencies, work through the steps to upload documents for each one. Note: Please don't use the following characters in the name of the file that you upload: / \ : * ? " < > |.
OR

2. **Mail a copy** of the documents to the address below as proof that the individual listed above is either a U.S. citizen or a U.S. national. Please write your name and application ID on all your documents. You should keep the original documents.

**Where to send your documents**
Send a copy of the documents to:

Health Insurance Marketplace  
**Attn: Supporting Documentation**  
465 Industrial Blvd.  
London, KY 40750

**If you need help**

If you have questions or need to find someone who can help you in person, we are here to help. Call the Marketplace Call Center at **1-800-318-2596** and tell them you received a data matching warning notice. TTY users should call 1-855-889-4325.

Sincerely,

Health Insurance Marketplace  
Department of Health and Human Services  
465 Industrial Boulevard  
London, Kentucky  40750-0001

---

*Privacy Disclosure:* The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see https://www.healthcare.gov/privacy/). This notice was generated by the Marketplace based on 45 CFR 155.230. The PII used to create this notice was collected on the application you filled out and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and insurance affordability programs. For more information about the privacy and security of your PII, visit HealthCare.gov.

You have the right to get the information in this notice in an alternate format. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit https://www.cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.
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.

Chinese (Chinese) 本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以保持或有助于节省某些费用。您有权免费获取此信息以及您所使用语种的帮助。请致电1-800-318-2596并听完全部录音。如有代表接通时，请说明您所需的语种，届时将有译员与您联系。

French (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.


German (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Anfrage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

Gujarati (Gujarati) આ સુસંચારિત માધ્યમો માટે સમર્થક તમે અમારી સુસંચારિત માધ્યમોને બનાવીશે અને સુસંચારિત સ્વાસ્થ્ય સેવાઓ સાથે સંદર્ભમાં સંબંધિત સામગ્રીને ફકરીથી તમારી માત્ર સહજતાએ સુસંચારિત માધ્યમોને બનાવીશે. તમે સુસંચારિત માધ્યમોને સાથે સંબંધિત સ્વાસ્થ્ય સેવાઓ સાથે સંબંધિત હોય તો તમારી સેવા સાથે સુસંચારિત માધ્યમોને બનાવીશે. 1-800-318-2596 અને સુસંચારિત માધ્યમોને બનાવીશે. તેથી તમે સુસંચારિત માધ્યમોને બનાવીશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all’1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

Japanese (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、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。これらの情報は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。エージェント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。