



[First Name Last Name of Tax Filer]

[Date of notice]

[Address]

[City, State Zip]

2018 Application ID: [Application ID]

## **ACT NOW: YOU'RE AT RISK OF LOSING FINANCIAL ASSISTANCE STARTING JANUARY 1, 2019.**

**IRS records show that you haven't filed a 2017 tax return with a Form 8962 to reconcile advance payments of the premium tax credit. If you want to continue to receive financial assistance to help pay for Marketplace health coverage in 2019, you must file and reconcile as soon as possible.**

Dear Taxpayer:

### **Why we're sending you this letter**

In 2017, advance payments of the premium tax credit were made to your (or someone in your tax household's) health insurance company to reduce your health insurance premium costs. This financial assistance is also being paid for your 2018 coverage.

You're required to file a federal tax return along with Form 8962, *Premium Tax Credit (PTC)*, to reconcile these advance payments of the premium tax credit. If you don't file and reconcile, you and anyone in your tax household who wants to enroll in health coverage through the Marketplace won't be eligible for financial assistance for 2019 coverage, including advance payments of the premium tax credit and any cost-sharing reductions.

If you have already filed a 2017 tax return with Form 8962, you don't need to take any action and can disregard this notice.

### **What you need to do**

**If you haven't yet filed your 2017 tax return, you need to file your 2017 tax return with Form 8962 as soon as you can, even if you have an extension.** If you have already filed your 2017 tax return, you must file a Form 1040X, Amended U.S. Individual Income Tax Return, with a Form 8962. You should have received a Form 1095-A from the Marketplace for the 2017 coverage year. This form provides the information you will need to complete Form 8962 to reconcile advance payments of the premium tax credit. If you need a copy of your Form 1095-A, log in to your Marketplace account at [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace call center at 1-800-318-2596. For more information on filing a 2017 tax return or an amended 2017 tax return with Form 8962, visit [IRS.gov/aca](https://www.irs.gov/aca) or call 1-866-682-7451, ext. 569.

**After you file a 2017 federal tax return with Form 8962, update your 2019 Marketplace application before December 15, 2018.** Be sure to check the box telling us you filed a tax return and reconciled your past premium tax credits.

**What you should do if the Marketplace ends your financial assistance**

If the Marketplace notifies you or the household contact for your Marketplace account that you or members of your household have been determined ineligible for financial assistance to help pay for Marketplace coverage in 2019 and you disagree with this decision, you can file an appeal with the Marketplace. A separate eligibility notice from the Marketplace will tell you how to file an appeal.

- Visit [www.healthcare.gov/marketplace-appeals/appeal-forms/](http://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.

Sincerely,

The Health Insurance Marketplace

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 2019. 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/](http://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). You can also call to get information from this notice in your language, or in an accessible format, like large print, Braille, or audio.

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](http://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.



**한국어 (Korean)** 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

**Polski (Polish)** To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

**Português (Portuguese)** Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

**Русский (Russian)** В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

**Español (Spanish)** Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

**Tagalog (Tagalog)** Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

**Tiếng Việt (Vietnamese)** Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

