During Open Enrollment 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.

For your convenience, there are different ways to apply through the Marketplace. 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 application.

Before you start, it may help to have this information ready:
- Social Security Numbers (SSNs)
- Dates of birth
- Document numbers for eligible immigrants who want health coverage

There are 5 steps in this application. Use blue or black ink to complete the application.

**Step 1: Tell us about yourself.**
(Page 1)

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 24**
If you're not a U.S. citizen but have eligible immigration status, fill in “yes,” and provide your document type and document ID number(s) (see pages 3–5). If you have more than one of these documents, list all of them.

**Items 25–26**
Ethnicity and race questions are optional, but 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. Providing this information won't impact eligibility, plan options, or costs.
Step 2: Tell us about anyone who needs health coverage. (Page 2)

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

Items 8–9
If the person isn’t a U.S. citizen 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) (see pages 3–5). If the person has more than one of these documents, list all of them. You don’t need to complete item 8 if the person isn’t applying for health coverage.

Items 10–11
Ethnicity and race questions are optional, but 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. Providing this information won’t impact eligibility, plan options, or costs.

Step 3: American Indian or Alaska Native (AI/AN) household member(s) (Page 2)

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 3)

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, check the box.

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 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 3)

Mail all original pages to:

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

Be sure to 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 you’ve included.

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. If you see your status below, fill in the box that says “yes.”

- Lawful permanent resident (LPR/Green Card holder)
- Lawful temporary resident
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Resident of American Samoa
- Asylee
- Refugee
- Cuban/Haitian entrant
- Paroled into the U.S.
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and their spouse, child, sibling, or parent
- Granted Withholding of Deportation or Withholding of Removal under the immigration laws or under the Convention against Torture (CAT)
- Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Exception: Deferred Action for Childhood Arrivals (DACA) isn’t an eligible immigration status for applying for health coverage.)
- Administrative order staying removal issued by the Department of Homeland Security

- Applicant for:
  - Special Immigrant Juvenile Status
  - Adjustment to LPR Status with an approved visa petition
  - Victim of trafficking visa
  - Asylum who has either been granted employment authorization, OR is under 14 and has had an application for asylum pending for at least 180 days
  - Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT) who has either been granted employment authorization, OR is under 14 and has had an application for withholding of deportation or withholding of removal under the immigration laws or under the CAT pending for at least 180 days

- Certain individual with employment authorization document:
  - Registry applicant
  - Order of supervision
  - Applicant for Cancellation of Removal or Suspension of Deportation
  - Applicant for Legalization under Immigration Reform and Control Act (IRCA)
  - Applicant for Temporary Protected Status (TPS)
  - Legalization under the LIFE Act
## Immigration status and document types

If you’re an eligible non-citizen applying for health coverage, write the name of your immigration document. See 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: 1-855-889-4325).

<table>
<thead>
<tr>
<th>IF YOU HAVE:</th>
<th>LIST THESE FOR THE DOCUMENT ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Resident Card, “Green Card” (I-551)</td>
<td>• Alien number</td>
</tr>
<tr>
<td></td>
<td>• Card number</td>
</tr>
<tr>
<td>Reentry Permit (I-327)</td>
<td>• Alien number</td>
</tr>
<tr>
<td>Refugee Travel Document (I-571)</td>
<td>• Alien number</td>
</tr>
<tr>
<td>Employment Authorization Card (I-766)</td>
<td>• Alien number</td>
</tr>
<tr>
<td></td>
<td>• Card number</td>
</tr>
<tr>
<td></td>
<td>• Expiration date</td>
</tr>
<tr>
<td></td>
<td>• Category code</td>
</tr>
<tr>
<td>Machine Readable Immigrant Visa (with temporary I-551 language)</td>
<td>• Alien number</td>
</tr>
<tr>
<td></td>
<td>• Passport number</td>
</tr>
<tr>
<td></td>
<td>• Country of issuance</td>
</tr>
<tr>
<td>Temporary I-551 Stamp (on passport or 1-94/1-94A)</td>
<td>• Alien number</td>
</tr>
<tr>
<td>Arrival/Departure Record (I-94/I-94A)</td>
<td>• I-94 number</td>
</tr>
<tr>
<td>Arrival/Departure Record in foreign passport (I-94)</td>
<td>• I-94 number</td>
</tr>
<tr>
<td></td>
<td>• Passport number</td>
</tr>
<tr>
<td></td>
<td>• Expiration date</td>
</tr>
<tr>
<td></td>
<td>• Country of issuance</td>
</tr>
<tr>
<td>Foreign passport</td>
<td>• Passport number</td>
</tr>
<tr>
<td></td>
<td>• Expiration date</td>
</tr>
<tr>
<td></td>
<td>• Country of issuance</td>
</tr>
<tr>
<td>Certificate of Eligibility for Nonimmigrant Student Status (I-20)</td>
<td>• SEVIS ID</td>
</tr>
<tr>
<td>Certificate of Eligibility for Exchange Visitor Status (DS2019)</td>
<td>• SEVIS ID</td>
</tr>
<tr>
<td>Notice of Action (I-797)</td>
<td>• Alien number or an I-94 number</td>
</tr>
<tr>
<td>Other</td>
<td>• Alien number or an I-94 number</td>
</tr>
<tr>
<td></td>
<td>• Description of the type or name of the document</td>
</tr>
</tbody>
</table>

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
- Resident of American Samoa
- Battered spouse, child, or parent under the Violence Against Women Act (VAWA)

For people who are self-employed

If you have any of these expenses, you can subtract them from your gross income to get an amount for your net self-employment income:

- Car and truck expenses (for travel during the workday, not commuting)
- Employee wages and fringe benefits
- Interest (including mortgage interest paid to banks, etc.)
- Rent or lease of business property and utilities
- Advertising
- Repairs and maintenance
- Deductible self-employment taxes
- Contributions to a self-employed Simplified Employee Pension (SEP), SIMPLE, or qualified retirement plan
- Property, liability, or business interruption insurance
- Depreciation
- Legal and professional services
- Commissions, taxes, licenses, and fees
- Contract labor
- Certain business travel and meals
- Cost of self-employed health insurance
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 to see 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.

You can choose an authorized representative.
This is someone who 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.
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.
You have the right to get Marketplace 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/agency-information/aboutwebsite/cmsnondiscriminationnotice, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.