Create a Marketplace Account

Need health insurance?
You can enroll in or change plans if you have certain life changes, or qualify for Medicaid or CHIP.

SEE IF I CAN ENROLL  SEE IF I CAN CHANGE

Want a quick overview first?

NEED TO SUBMIT DOCUMENTS?

SEE NOW  FIND EXEMPTIONS  GET TIPS

1095 & TAX INFO  GET 2016 EXEMPTIONS  USE YOUR COVERAGE

CONTACT US
Question 1

• How often do consumers come to you for help in creating a Marketplace account?
After creating their account, consumers will have to verify their identity. Although the Marketplace does not require a consumer to submit documentation to verify their identity, it is often helpful for the consumer to have documents with them to help them respond to the identity verification questions.

• What documents do you recommend that consumers bring with them to the appointment to make this process faster and easier to complete?
Select a State

Select the Get Coverage tab

Need health insurance?

You can enroll if you have life changes like losing coverage or having a baby, or if you qualify for Medicaid or CHIP

Choose a state from the drop down menu

Have a baby or adopt in the last 60 days? See if you can get coverage starting the day of the event.
Account Creation

1. Consumers’ email addresses are their usernames
2. Real-time verification of email typos
3. Green checkmarks that dynamically pop up as consumers successfully complete each section and meet password criteria
Account Creation (continued)

- Notification includes a direct link to major email providers

- Some email addresses won’t include a direct link
Verify Your Email

Welcome! Please verify your email for your HealthCare.gov account.
From: marketplace@healthcare.gov
Date: 2017-09-26 15:48

Thank you for taking the first step toward getting health coverage!
To finish creating your HealthCare.gov account, click the link below.

Verify my email address

Need help? Contact the Marketplace Call Center at 1-800-310-2596 (TTY: 1-855-855-4325).
Your account has been created!

Your account is ready

You successfully verified your email address. Next, log in to start your application.

CONTINUE TO LOGIN
Question 3

• When helping consumers create an account for the first time, what are some of the most common problems you face?
Consumers log in with the email address and password that they created.
Roslyn, where would you like to go?

INDIVIDUALS & FAMILIES

START A NEW APPLICATION OR UPDATE AN EXISTING ONE »

Choose this option if you’re looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.

FOR EMPLOYERS

VISIT EMPLOYER MARKETPLACE »

If you’re a small business employer, choose this option to provide health coverage to you and your employees. You can also view and make changes to your current coverage offering. Learn more about coverage options for small businesses.

FOR EMPLOYEES

VISIT EMPLOYEE MARKETPLACE »

If you’re a small business employee and you’ve received a SHOP employee code from your employer, choose this to view your health coverage options. You can also view and make changes to your coverage. Click on the link to find out what you can do to get ready now and learn more about coverage options for employees of small businesses. Learn more about coverage options for employees of small businesses.
Need coverage for 2018?

You'll need to:
1. Complete a 2018 application.
2. View your "Eligibility Results."
3. Enroll in a plan by December 15, so your coverage can start on January 1. This is the last day to enroll in coverage for 2018.

START MY APPLICATION

Want to learn more before you get started?
FIND OUT WHAT THINGS YOU'LL NEED TO APPLY

Need coverage for 2017?
Select "Get 2017 Coverage," then select 2017 and your state from the drop-down list.
GET 2017 COVERAGE

Need to do something else?
Click the button below to go to "My Applications & Coverage," where you can take actions like continuing or updating a different application, or picking up an application from your state or the Marketplace Call Center.
GO TO MY APPLICATIONS & COVERAGE
Enter Your Contact Information

Verify your identity & contact information
Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver’s license or Social Security card). Why do I need to verify my identity? 😃

Roslyn
Middle
Lott-Byther
Suffix

Phone number
Home
MM/DD/YYYY

Street address
Apt./Ste. #

City
Delaware
ZIP code

Social Security Number (SSN) 🌐
XXX-XX-XXXX

CONTINUE
Answer Identity Verification Questions

• Next consumers will answer questions to verify their identity and help protect their personally identifiable information.

• Exact questions will depend on their particular situations. Questions may ask about things their address history, a current or previous employer, or a previous phone number among other questions.

• Consumers should be reminded in some cases, none of the information that appears on the screen will be accurate. In those cases, consumers should select “none of the above” to continue the identity verification process.

• Once they’re finished answering the questions, consumers should select the “Verify My Identity” button. If they pass the identity proofing process, the next page will appear.
Identity is Verified/
Privacy & Use of Your Information

Your identity has been verified
You can now fill out your application for health coverage through the Marketplace.

Important Marketplace emails
If the Marketplace has your email address, we'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Privacy & the use of your information
We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof. We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

Learn more about your data, or view the Privacy Act Statement.

- I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

- I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a Special Enrollment Period. If I qualify, if I don't, I may face penalties, including the risk of losing my eligibility for coverage.

TAKE ME TO THE APPLICATION
Question 4

• What is one best practice tip that you use to help make creating an account faster and easier for consumers?
• **Marketplace tips to get started:** [https://www.healthcare.gov/quick-guide/](https://www.healthcare.gov/quick-guide/)


• **ID Proofing explanation:** [https://www.healthcare.gov/help/verifying-your-identity/](https://www.healthcare.gov/help/verifying-your-identity/)