

MARKETPLACE ASSISTER TOOLKIT

*Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces **SOP 11—Exemptions***



Version 5.0 November 2016. This information is intended only for the use of entities and individuals that are 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 and State Partnership Marketplaces. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and Federally-supported State-based Marketplaces.



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SOP 11—Exemptions

A. Introduction

The Affordable Care Act requires applicable individuals to either have minimum essential coverage (MEC) for the entire year, pay a fee when filing a federal income tax return, or obtain an exemption from the requirement to maintain MEC. Refer to Exhibit 1 below to learn more about the various exemptions for which consumers may qualify.

Please remember: It's important to remind consumers that you cannot provide tax advice within your capacity as an assister and that you are not acting as a tax adviser or attorney when providing assistance as an assister. However, you should be able to help consumers generally understand that some exemptions can be claimed through the tax filing process and how to request them.

Exhibit 1—Descriptions of Exemptions

Hardship Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
Consumers can use this exemption if they experience a life situation that keeps them from getting health insurance (e.g. homeless, facing eviction or foreclosure, and experienced domestic violence).	<ul style="list-style-type: none"> Social Security Numbers (SSNs), if they have them Information about people in their tax household Documents that support their claim of hardship (see page 1 of the hardship exemption application), if applying through the Marketplace. 	Application for Exemption from the Shared Responsibility Payment for Individuals who Experience Hardships	<p>In most cases, this exemption will be claimed through the Marketplace.</p> <p>Consumers who are ineligible for Medicaid based on a state's decision not to expand Medicaid may apply for this exemption either through the Marketplace or when filing their federal income tax returns.</p>	https://www.healthcare.gov/health-coverage-exemptions/hardship-exemptions/

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When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>There are multiple types of categories of hardship exemptions. Hardship exemptions usually cover the month before the hardship, the months of the hardship, and the month after the hardship. But in some cases the Marketplace may provide the exemption for additional months, including up to a full calendar year.</p>	<ul style="list-style-type: none"> <i>Note: If consumers can't obtain documents to support hardship, call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325</i> 			

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Membership in a Health-Care Sharing Ministry Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
Consumers can use this exemption if they are/were members of a health care sharing ministry that is recognized by the Marketplace	<ul style="list-style-type: none"> • SSNs, if they have them • Information about people in their tax household • If claiming this exemption through the Marketplace, consumers must provide the name and address of the health care sharing ministry of which they are a member. 	Application for Exemption from the Shared Responsibility Payment for Members of a Health Care Sharing Ministry To claim on their federal tax return, consumers should use Internal Revenue Service (IRS) Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf	Starting September 1, 2016, this exemption may only be obtained by claiming it on an annual federal income tax return through the IRS	https://www.healthcare.gov/exemptions-tool/#/results/2016/details/healthcare-sharing-ministry

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Income Below the Tax-filing Threshold Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers can use this exemption if their annual income is below the amount that requires them to file a federal tax return</p>	<ul style="list-style-type: none"> • Consumer’s household income • SSNs, if they have them • Information about people in their tax household 	<p>IRS Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf</p>	<p>Consumers who don’t have to file a federal income tax return are automatically exempt from the individual shared responsibility payment.</p> <p>However, consumers whose incomes are below the filing threshold but who choose to file a federal income tax return anyway can claim the exemption through the tax filing process.</p>	<p>https://www.healthcare.gov/exemptions-tool/#/results/2016/details/income-below-threshold</p>

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SOP 11—Exemptions

Membership in a Federally-recognized Indian Tribe or Eligibility for Service through an Indian Health Care Provider Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers can use this exemption application if they are either:</p> <ol style="list-style-type: none"> 1. A member of an federally recognized Indian tribe; and/or 2. Eligible for health services through the Indian Health Service, tribes and tribal organizations, or urban Indian organizations. 	<ul style="list-style-type: none"> • SSNs, if they have them • Information about people in their tax household • If claiming this exemption through the Marketplace, consumers must provide documents showing membership in a federally recognized Indian tribe or eligibility for services from the Indian Health Service, a tribal health care provider, or an urban Indian health care provider. 	<p>Application for Exemption for American Indians and Alaska Natives and Other Individuals who are Eligible to Receive Services from an Indian Health Care Provider</p> <p>To claim on federal tax return use Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf</p>	<p>Starting September 1, 2016, this exemption may only be obtained by claiming them on a federal income tax return through the IRS.</p>	<p>https://www.healthcare.gov/exemptions-tool/#/results/2016/details/tribal</p>

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When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers qualify for the exemption for any month they had any of these statuses for at least 1 day, or for the full year if they had the status all year. If the consumer was granted this exemption they can use it for future years without submitting another application as long as the membership in the federally recognized tribe or eligibility for services from an Indian health care provider remains unchanged.</p>				

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Incarceration Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers can use this exemption application if they were incarcerated (detained or jailed), other than being held pending disposition of charges. Consumers can claim this exemption for any month they were incarcerated for at least 1 day.</p>	<ul style="list-style-type: none"> • SSNs, if they have them • Information about people in their tax household • If claiming this exemption through the Marketplace, consumers must provide documents showing the name and address of the facility where the consumer was incarcerated, and the time periods of incarceration. 	<p>Application for Exemption from the Shared Responsibility Payment for Individuals who are Incarcerated (Detained or Jailed)</p> <p>To claim on federal tax return use Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf</p>	<p>Starting September 1, 2016, this exemption may only be obtained by claiming them on a federal income tax return through the IRS.</p>	<p>https://www.healthcare.gov/exemptions-tool/#/results/2016/details/incarceration</p>

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Coverage Unaffordable Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers can use this exemption application if their required contribution for coverage would exceed 8.13% percent of their 2016 household income (for 2015, the threshold was 8.05%).</p>	<ul style="list-style-type: none"> • SSNs, if they have them • Employer and income information for everyone in their family (for example, from pay stubs, W-2 forms, or wage and tax statements) • Information about any job- related health insurance available to their family • Proof of yearly income for 2015 (examples of documents are found in the exemption application) 	<p>Application for Exemption from the Shared Responsibility Payment for Individuals who are Unable to Afford Coverage and are in a State with a Federally Facilitated Marketplace</p> <p>To claim on their federal tax return, consumers should use IRS Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf</p>	<p>If the consumer needs the exemption for only the months after they sign their exemption application through the end of the tax year, they can submit a Marketplace exemption application or claim it on their tax return. If they need the exemption for the entire tax year or any months before they sign the exemption application, they should claim it on their tax return</p>	<p>https://www.healthcare.gov/exemptions-tool/#/results/2016/details/marketplace-affordability</p>

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Membership in a Recognized Religious Sect whose Members Object to Insurance Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers can use this exemption if they are a member of a religious sect that is recognized by the Social Security Administration as conscientiously opposed to accepting any insurance benefits, including Social Security and Medicare, and has been in existence since December 31, 1950.</p> <p>Consumers who get this exemption won't have to reapply for an exemption unless they turn 21 or leave their religious sect.</p>	<ul style="list-style-type: none"> Name and address of their religious sect SSNs, if they have them Copy of an approved IRS Form 4029 with required signatures (Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits), if they have one 	<p>Application for Exemption from the Shared Responsibility Payment for Members of Recognized Religious Sects or Divisions</p>	<p>Marketplace exemption application</p>	<p>https://www.healthcare.gov/exemptions-tool/#/results/2016/details/religion</p>

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Short Coverage Gap Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
Consumers can use this exemption if anyone in their tax household experienced a gap in health coverage of no more than 2 consecutive months. If a consumer has more than one short coverage gap during a year, the short coverage gap exemption only applies to the first gap.	<ul style="list-style-type: none"> SSNs, if they have them 	IRS Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf	Claim on tax return	https://www.healthcare.gov/exemptions-tool/#/results/2016/details/short-gap

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U.S. Citizens Living Abroad Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers can use this exemption if they're a U.S. citizen who either spent at least 330 full days outside of the U.S. during a 12-month period or was a bona fide resident of a foreign country for a full tax year. Consumers can claim the coverage exemption for any month during their tax year that's included in the 12-month period.</p>	<ul style="list-style-type: none"> SSNs, if they have them 	<p>IRS Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf</p>	<p>Claim on tax return</p>	<p>https://www.healthcare.gov/exemptions-tool/#/results/2016/details/citizen-abroad</p> <p>For more information on the requirements to qualify for this exemption: https://www.irs.gov/individuals/international-taxpayers/foreign-earned-income-exclusion-physical-presence-test</p>

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Certain Non-U.S. Citizens Exemption

When to Use This Exemption	Information Consumers Need When Applying for This Exemption	Link to Exemption Application	How to Claim This Exemption	For More Information on this Exemption
<p>Consumers can use this exemption if they are a resident alien who is a citizen or national of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause and a bona fide resident of a foreign country for the tax year.</p> <p>Consumers can claim this exemption for the entire year.</p> <p>Consumers who are not lawfully present in the U.S. but who file a tax return can also use this exemption.</p>	<ul style="list-style-type: none"> SSNs, if they have them 	<p>IRS Form 8965: https://www.irs.gov/pub/irs-pdf/f8965.pdf</p>	<p>Claim on tax return</p>	<p>https://www.healthcare.gov/exemptions-tool/#/results/2016/details/citizen-abroad</p> <p>For more information on the requirements to qualify for this exemption: https://www.irs.gov/individuals/international-taxpayers/foreign-earned-income-exclusion-bona-fide-residence-test</p>

Exemptions that must be claimed through the Marketplace can be claimed at any time during the year. Exemptions available through the federal tax filing process must be claimed when applicants file their federal income taxes for the tax year. The exemption for unaffordable coverage processed by the Marketplace is available prospectively ONLY. After the tax year ends, consumers must claim this exemption on their tax return. For more information on exemptions from the IRS, please visit: <https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-exemptions>.

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B. Procedures

1. Hardship Exemptions to Purchase Catastrophic Coverage

Consumers may be eligible for an exemption based on financial or other circumstances that prevented them from obtaining coverage in a qualified health plan (QHP). If consumers qualify for and receive one of these hardship exemptions, they may enroll in a catastrophic plan.

Step 1. Consumers should download and fill out the appropriate application for either an [affordability exemption](#) or a [hardship exemption](#), depending on the consumer's specific situation. Consumers should mail the application to:

Health Insurance MarketplaceSM—Exemption Processing
465 Industrial Blvd.
London, KY 40741

Step 2. The Marketplace will review the exemption application and determine consumers' eligibility for an exemption. The Marketplace may request more information or documentation from consumers as part of this review. The consumer has 90 days from the date the notice is sent to provide additional information if requested by the Marketplace.

Step 3. The Marketplace will mail consumers a notice of the exemption eligibility result. If consumers are granted an exemption, the Marketplace notice will include their unique exemption certificate number (ECN).

Step 4. Consumers should read and understand the notice. Consumers should keep the notice because the ECN will be required when the consumer files their federal income tax return. The notice will direct consumers to view [Catastrophic Plan Information](#) or call the Marketplace Call Center at 1-800-318-2596 for assistance with shopping for a plan, if they're interested in purchasing coverage.

Step 5. Assist consumers with contacting the health insurance company of their choice to enroll, if preferred.

2. Hardship Exemptions to Purchase Catastrophic Coverage for Consumers Who Receive Policy Cancellation Notices

If consumers have been notified that their health plan has been cancelled due to lack of compliance with Affordable Care Act standards, and consumers believe that the QHP options available through the individual market in the Marketplace in the area are unaffordable, consumers may be eligible for a hardship exemption



and may be able to enroll in catastrophic coverage if it is available in their area.¹ Consumers whose coverage was cancelled may enroll using the steps in the section immediately above or they can choose to enroll in a catastrophic plan directly with the insurer of their choice by following the steps outlined below. For information, QHP options, and insurer contact numbers, visit Catastrophic Plan Information or call 1-866-837-0677, a special phone number for people whose plans have been canceled.²

- Step 1.** Consumers should download and fill out the form for a hardship exemption.³ Consumers should be sure to answer that their reason for applying is that the consumer's individual policy was canceled and they feel that available coverage is not affordable.
- Step 2.** Consumers can view a list of catastrophic plans available through HealthCare.gov and should be prepared to submit the following items to an issuer of catastrophic coverage in their area:
- The hardship exemption form.
 - Supporting documentation indicating that the previous policy was cancelled, such as your cancellation letter.
- Step 3.** The health insurance issuer will send the consumer's information to Center for Medicare & Medicaid Services (CMS); and CMS will verify that the consumer is eligible for the hardship exemption. If the consumer does not submit the supporting documentation with the exemption form, CMS may contact the consumer to notify him or her that the application is incomplete and cannot be processed until the supporting documentation is provided.
- Step 4.** The consumer can enroll in a plan. Consumers interested in pursuing this option are advised to contact the call center at 1-866-837-0677.

3. Other Exemptions

Depending on the type of exemption, consumers may apply for an exemption via the Marketplace or claim it when filing their federal tax returns. Use the information and instructions below to help consumers with applying for exemptions.

- Step 1.** If consumers have not yet started an application for an exemption, they should determine the appropriate exemption application, download the application with the link provided, and determine what information is required to complete the application.
- Step 2.** The following guidance may be helpful to consumers completing exemption applications:

¹ Catastrophic plans are not available in all states.

² 9 AM – 7 PM EST Monday – Friday and 9 AM – 5 PM EST Saturday – Sunday

³ <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ARR-2017-Guidance-051016-508.pdf>



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- a. In Step 1 of the application, consumers input their name, address, phone number, preferred language, and other personal information, as shown in Exhibit 2.

Exhibit 2—Step 1 of Exemption Application

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. If you're applying for an exemption for a child, we need an adult who claims the child on his or her federal income tax return to fill out this information 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="radio"/> (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		15. Other phone number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<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 information by email from the Marketplace? <input type="radio"/> Yes <input type="radio"/> No			
Email address: <input type="text"/>			
17A. What's your preferred spoken language?		17B. What's your preferred written language?	

- b. In Step 2 of the application, consumers input the information required for the specific exemption application, such as information about members of the applicant's tax household (e.g., Social Security number, demographic information, financial information), as shown in Exhibit 3. Be sure to complete a Step 2 page for every person in the consumer's tax household.



Exhibit 3—Step 2 of Exemption Application

STEP 2: Tell us about your tax household

Who to include in your application

You'll need to complete Step 2 for all the following people. **If any of these people doesn't want an exemption**, just answer questions 1-7 of Step 2 for them.

- "Person 1": Must be the adult who files a federal income tax return for this household. Make them Person 1 even if they don't need a hardship exemption.
- A spouse who's **filing taxes jointly** with Person 1
- Anyone who Person 1 claims as a dependent on Person 1's tax return.

Note: If you don't plan to file a federal income tax return, you don't need to fill out this application because you won't have to make the Shared Responsibility Payment.

Who NOT to include in your application

- A spouse who **files taxes separately**. They should fill out their own exemption application and include on their own application anyone the spouse claims as a dependent on their federal income tax return.
- Anyone who lives with you but isn't a dependent on your tax return.

STEP 2: Person 1

Person 1 must be the person who files the federal tax return for your household even if they don't need this exemption.

1. First name	Middle name	Last name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Relationship to you	3. Date of birth (mm/dd/yyyy)	4. Sex	
<input type="text" value="SELF"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	
5. Social Security Number (SSN) <input type="text"/> - <input type="text"/> - <input type="text"/>			
<p>If you're applying for an exemption for yourself and you have an SSN, you must provide it. If you don't have an SSN, you can still qualify for an exemption. If you're not applying for an exemption for yourself, providing your SSN can speed up the process. We use SSNs to match exemptions with the right tax returns. To get an SSN, visit socialsecurity.gov or call 1-800-772-1213 (TTY: 1-800-325-0778).</p>			
6. Do you plan to file a federal income tax return?			<input type="radio"/> Yes <input type="radio"/> No
a. Will you file jointly with a spouse?			<input type="radio"/> Yes <input type="radio"/> No
Full name of Spouse (unless No is selected for Question 6A <input type="text"/>			
b. How many dependents will you claim on your tax return (Don't count a spouse as a dependent)?			<input type="text"/>
Name(s) of dependents <input type="text"/>			
7. Do you want this exemption? <input type="radio"/> YES. Answer all questions below. <input type="radio"/> NO. Skip to question 9.			
8. 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. You need 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. If you're applying for more than one hardship, you must submit documentation for EACH hardship.			

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Type of hardship (Select all that apply.)	Tax year for which you need this exemption (YYYY)	Date hardship started (Note: If your hardship started before 01/01/2014, list the first date you didn't have required health coverage.)	Date hardship ended	Check if ongoing
<input type="checkbox"/> 1. Homeless	2 0			<input type="checkbox"/>
<input type="checkbox"/> 2. Eviction/foreclosure	2 0			<input type="checkbox"/>
<input type="checkbox"/> 3. Shut-off notice	2 0			<input type="checkbox"/>
<input type="checkbox"/> 4. Domestic violence	2 0			<input type="checkbox"/>
<input type="checkbox"/> 5. Death of family member	2 0			<input type="checkbox"/>
<input type="checkbox"/> 6. Disaster	2 0			<input type="checkbox"/>
<input type="checkbox"/> 7. Bankruptcy	2 0			<input type="checkbox"/>
<input type="checkbox"/> 8. Medical Expenses	2 0			<input type="checkbox"/>
<input type="checkbox"/> 9. Increase in expenses to care for family member	2 0			<input type="checkbox"/>
<input type="checkbox"/> 10. Medical support for child	2 0			<input type="checkbox"/>
<input type="checkbox"/> 11. Eligibility appeals decision	2 0			<input type="checkbox"/>
<input type="checkbox"/> 12. Ineligible for Medicaid	2 0			<input type="checkbox"/>
<input type="checkbox"/> 13. Cancellation of individual coverage	2 0			<input type="checkbox"/>
<input type="checkbox"/> 14. You experienced another hardship	2 0			<input type="checkbox"/>
Please explain how this hardship prevented you from getting health insurance:				

- c. In Step 3 of the 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—Step 3 of Exemption Application

STEP 3: Read, print & sign this application

- 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.

Person 1 should sign this application.

The person who signs this application must be an adult over the age of 18 who files the federal income tax return for your household. If you're an Authorized Representative, you may sign here as long as Person 1 signed Appendix C.

➔ **Print out application and sign** **Date signed (mm/dd/yyyy)**

	/ /
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- d. In Step 4 of the application, consumers should review the instructions for mailing their completed application and copies of any supporting documentation. Documentation is required for most exemptions.

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Exhibit 5—Step 4 of Exemption Application

STEP 4: Mail completed application and documents



Note: A page listing the documents to send with your application appears at the end of this application.



Mail your completed application with **copies (not originals)** of the documents listed on the document information page at the end of this application to:

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



What happens next?

We'll follow up in about 2 weeks. We may call or send you a letter if we need more information. You'll get a letter in the mail after we've processed your application.

- If your application is approved, we'll send you an Exemption Certificate Number (ECN). You'll use it to complete your federal income tax return for the year you didn't have coverage.
- If you 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).

If you think the decision about your exemption is wrong

If you believe you qualify for a hardship exemption but your application was denied, you can appeal the decision. The letter you get from the Marketplace will explain the appeal process and your rights.

The Health Insurance Marketplace must receive your appeal request with 90 days of the date of the notice of application results.

- You may have a relative, friend, legal counsel, or another spokesperson, including an Authorized Representative, help you file or participate in your appeal request. 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 and learn more about appeals, visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals). Or contact the Marketplace Call Center at **1-800-318-2596** (TTY: 1-855-889-4325).

- e. Depending on the type of exemption application, consumers may need assistance completing additional steps, inputting information in the appendices of the application, or gathering any required supporting documentation. You can provide consumer assistance as needed with applications for exemptions granted through the Marketplace. You can provide general information on exemptions claimed through the tax filing process, and can help consumers access IRS resources on this topic, but should not help consumers claim exemptions on their tax returns or fill out IRS forms.

Step 3. Consumers should mail Marketplace exemption applications and any supporting documentation to:

Health Insurance MarketplaceSM – Exemption Processing
465 Industrial Blvd.
London, KY 40741

C. Next Steps

1. After consumers submit an exemption application to the Marketplace, the Marketplace will notify them about any additional supporting documentation needed and the status of their exemption application.

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SOP 11—Exemptions

- The consumer has 90 days from the date the notice is sent to provide additional information if requested by the Marketplace.
2. If consumers receive an exemption, they will be assigned an ECN for exemptions granted by the Marketplace. Consumers will need their ECN:
 - If they qualify for a hardship exemption and plan to enroll in a catastrophic health plan in the Marketplace.
 - If they plan to file a federal income tax return, so the IRS knows that they have an exemption. The federal income tax return will include instructions for where consumers should provide their ECN in their federal income tax return forms.
 - Starting with the 2016 tax year, the following exemption types will not be issued an ECN because they will only be available through the tax filing process: Health Care Sharing Ministry, members of Indian tribes and individuals eligible for services from an Indian health care provider and individuals who were incarcerated.
 3. If consumers do not receive an exemption, you can assist them with applying for health coverage by referring to SOP-3 Create an Account.
 4. For more help answering consumers' specific questions, see Appendix A for Frequently Asked Questions (FAQs) related to SOP-11 Exemptions.



Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on consumer exemptions through the Individual Marketplace. For more information on this topic, see SOP-11 Exemptions.

FAQ 1. How do I file for an exemption?

- Answer: Depending on the reason for the exemption, you may apply for an exemption via the Marketplace or claim it when filing your federal tax returns.

FAQ 2. How long will it take to know if my exemption application to the Marketplace was approved?

- Answer: The time required to process your exemption application will vary based on the type of exemption for which you apply. You should receive a notice from the Marketplace after your application is accepted. Otherwise, you may contact the Marketplace Call Center to find out if your application was accepted.

FAQ 3. When does my exemption end?

- Answer: When the Marketplace grants you an exemption, the exemption period may vary in length. The Marketplace grants exemptions on a month-to-month basis, for a calendar year, or on a continuing basis until an individual reports a change related to the eligibility standards.

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.

FAQ 4. My household income is so low that I am not required to file a federal tax return. Do I qualify for an exemption?

- Answer: Consumers who are not required to submit federal income tax returns because they do not meet the filing threshold are automatically exempt from the shared responsibility payment for not maintaining MEC and do not need to do anything else to get an exemption. This is true even if the consumer files a tax return to get a refund. In that case, the consumer can claim the exemption through the tax filing process. Consumers whose incomes are below the filing threshold but who choose to file a federal income tax return can claim the exemption through the tax filing process. Note, however, that consumers whose incomes are below the filing threshold but who file a federal income tax return for another reason must apply for an exemption if they do not have MEC.



Appendix B: Acronyms & Definitions

The proceeding sections describe the commonly used acronyms and terms that appear throughout the Manual.

Frequently Used Acronyms

Exhibit 6—Frequently Used Acronyms

Acronyms	Descriptions
APTC	Advance payments of the premium tax credit
CAP	Consumer Assistance Program
CCIO	Center for Consumer Information & Insurance Oversight
COBRA	Consolidated Omnibus Budget Reconciliation Act
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
DHS	Department of Homeland Security
DMI	Data-matching Issue
EHB	Essential Health Benefits
FAQ	Frequently Asked Questions
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
HDHP	High Deductible Health Plan
HHS	Department of Health & Human Services
HMO	Health Maintenance Organization
HSA	Health Savings Account
ID	Identification
IHS	Indian Health Service
IRS	Internal Revenue Service
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
PII	Personally Identifiable Information
QHP	Qualified Health Plan
SBC	Summary of Benefits and Coverage
SEP	Special Enrollment Period
SHIP	State Health Insurance Assistance Program
SHOP	Small Business Health Options Program

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Acronyms	Descriptions
SOP	Standard Operating Procedure
SSI	Supplemental Security Income
SSN	Social Security Number
VA	Veterans Affairs
VHA	Veterans Health Administration

Definitions

The following is a list of terms from HealthCare.gov, CCIIO, and the Affordable Care Act explained in plain language that you may reference to assist consumers.

List of Vocabulary in SOP:

Affordable Care Act: The comprehensive health care reform law enacted in March 2010. Congress passed the law in two parts. The President signed the Patient Protection and Affordable Care Act into law on March 23, 2010, which was amended by the Health Care and Education Reconciliation Act of 2010 on March 30, 2010. The name “Affordable Care Act” refers to the amended version of the law. (Reference: <https://HealthCare.gov/glossary/affordable-care-act>)

Agent: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in QHPs through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to agents to sell insurance in their respective jurisdictions. They may receive compensation from insurance companies with whom they have a contractual relationship to enroll consumers in a QHP or non-QHP. (Reference: Affordable Care Act §1312(e) and 45 CFR §155.20)

Applicant: With respect to a Marketplace for the individual market, an applicant is an individual seeking eligibility for him or herself through an application submitted to the Marketplace (or transmitted to the Marketplace by the state Medicaid or CHIP agency) except individuals seeking eligibility for an exemption from the individual shared responsibility payment. Applicants must be seeking eligibility for at least one of the following: enrollment in a QHP through the Marketplace (with or without advance payments of the premium tax credit and/or cost-sharing reductions) and enrollment in Medicaid or CHIP. (Reference: 45 CFR §155.20 and 42 CFR §435.4)

Benefits: The health care items or services covered under a health plan. The health plan's coverage documents define the covered benefits and excluded services. In Medicaid or CHIP, the state program rules define covered benefits and excluded services. (Reference: <https://HealthCare.gov/glossary/benefits>)

Broker: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in a QHP through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to brokers to sell insurance in their respective jurisdictions. They may receive compensation from an insurance company with whom they have a

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contractual relationship to enroll consumers into a QHP or non-QHP. (Reference: Affordable Care Act § 1312(e) and 45 CFR §155.20)

Catastrophic Health Plan: Health plans that meet all of the requirements applicable to other QHPs but that don't cover any benefits other than three primary care visits per year before the plan's deductible is met, and complies with the requirement to cover certain preventive services without cost sharing obligations. The premium amount consumers pay each month for health care is generally lower than for other QHPs but the amounts for deductibles, copayments, and coinsurance are generally higher. To qualify for a catastrophic plan, consumers must be under 30 years old at the time of enrollment OR get an exemption because the Marketplace determined that they're unable to afford health coverage or have certain other hardships. (Reference: <https://HealthCare.gov/glossary/catastrophic-health-plan>)

Center for Consumer Information & Insurance Oversight (CCIIO): A part of the Department of Health & Human Services that helps to implement many provisions of the Affordable Care Act, the historic health reform bill that became law in March 2010. CCIIO oversees the implementation of the provisions related to private health insurance. (Reference: CMS.gov/CCIIO)

Centers for Medicare & Medicaid Services (CMS): The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, as well as the Federally-facilitated Marketplaces. For more information, visit CMS.gov. (Reference: <https://HealthCare.gov/glossary/centers-for-medicare-and-medicaid-services>)

Certified Application Counselor (CAC): In an FFM, an individual (affiliated with an organization designated by CMS, as operator of the FFMs) who is trained and able to help consumers as they look for health coverage options through the Marketplace, including helping them complete eligibility and enrollment forms. Their services are free to consumers. (Reference: <https://HealthCare.gov/glossary/certified-applicant-counselor>)

Certified Application Counselor Designated Organization (CDO): In an FFM, an organization designated by CMS, as operator of the FFMs, to certify staff members or volunteers to act as certified application counselors. (Reference: 45 CFR §155.225)

Claim: A request for payment that a consumer, his or her authorized representative, or his or her health care provider submits to the consumer's health insurer when the consumer gets items or services he or she thinks are covered. (Reference: <https://HealthCare.gov/glossary/claim>)

Coinsurance: The consumer's share of the costs of a covered health care service calculated as a percent (for example, 20%) of the allowed amount for the service. Consumers pay coinsurance plus any deductibles they owe. For example, if the health insurance or plan's maximum allowed amount for a covered office visit is \$100 and the consumer has met the plan's deductible, the consumer's coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount. (Reference: <https://HealthCare.gov/glossary/co-insurance>)

Health Coverage: Consumers' legal entitlement to payment or reimbursement for their health care costs for covered services or items generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicare, Medicaid, or CHIP. (Reference: <https://HealthCare.gov/glossary/health-coverage>)

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Health Insurance: A contract that requires a consumer's health insurer to pay some or all of the consumer's health care costs in exchange for a premium. (Reference: <https://HealthCare.gov/glossary/health-insurance>)

Health Insurance Issuer (Issuer): An insurance company, insurance service, or insurance organization that must have a license to engage in the business of insurance in a state and that is subject to state laws that regulate insurance. (Reference: 45 CFR §144.103)

Individual Shared Responsibility Payment (also referred to as a "Fee"): Starting January 1, 2014, if applicable individuals do not maintain health coverage that qualifies as MEC or obtain an exemption, they may have to pay a fee, known as the individual shared responsibility payment, that increases every year from 1% of household income (or \$95 per adult, whichever is higher) in 2014, 2.0% of household income (or \$325 per adult) in 2015, to 2.5% of household income (or \$695 per adult) in 2016, up to a maximum of \$2,085. The fee for children is half the adult amount. If applicable, consumers will pay this fee on their annual tax return. People with very low incomes and others may be eligible for exemptions. (Reference: <https://HealthCare.gov/glossary/fee>)

Marketplace: A marketplace for health insurance, also known as an "Exchange," operated by a governmental agency or non-profit entity that meets applicable government standards. A Marketplace makes QHPs available to qualified individuals and/or qualified employers. Generally, in CMS documents, this term is often used to refer both to Marketplaces serving the individual market for qualified individuals and to Small Business Health Options Program (SHOP) Marketplaces serving the small group market for qualified employers, and is often used regardless of whether a Marketplace is established and operated by a State or by HHS. However, in this document, the term Marketplace generally is used to refer only to the Federally-facilitated Marketplaces (FFMs), and frequently is used to refer only to the FFMs for the individual market. (Reference: 45 CFR §155.20)

Medicaid: A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some 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 programs, in which Medicaid can vary state by state and may have a different name in your state. (Reference: <https://HealthCare.gov/glossary/medicaid>)

Medicare: A federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). (Reference: <https://HealthCare.gov/glossary/medicare>)

Minimum Essential Coverage (MEC): The type of health coverage individuals need to have to avoid having to make the individual shared responsibility payment (unless they qualify for an exemption) when they file a federal income tax return. Many types of coverage qualify as MEC, including qualified health plans offered through the Marketplace, job-based coverage, Medicare, Medicaid, CHIP, and TRICARE. (Reference: Section 5000A(f) of the Internal Revenue Code)

Navigator: An individual or organization that receives a grant from the Marketplace and that is trained and able to help consumers, including small employers and their employees, as they look for health coverage options through the Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. (Reference: <https://HealthCare.gov/glossary/navigator>)

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Non-Navigator Assistance Personnel: Individuals or organizations that are trained and able to provide help to consumers, including small employers and their employees, as they look for health coverage options through a Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. Also referred to as “in-person assisters.” (Reference: <https://HealthCare.gov/glossary/in-person-assistance-personnel-program>)

Open Enrollment Period: The period of time during which individuals who are eligible to enroll in a QHP can enroll in a plan through the Marketplace. For coverage starting in 2017, the individual market Open Enrollment period is November 1, 2016 – January 31, 2017. Individuals may also qualify for special enrollment periods if they experience certain qualifying events. Consumers can apply for Medicaid or CHIP at any time of the year. (Reference: <https://HealthCare.gov/glossary/open-enrollment-period>)

Plan Year: A consecutive twelve-month period during which a health plan provides coverage for health benefits. A plan year may be a calendar year. (Reference: 45 CFR §155.20)

Qualified Health Plan (QHP): Under the Affordable Care Act, an insurance plan that is certified by a Health Insurance MarketplaceSM, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. Each QHP is certified by the Marketplace through which the plan is offered. (Reference: <https://HealthCare.gov/glossary/qualified-health-plan>)



Appendix C: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 7 provides a list of external resources.

Exhibit 7—External Resources

Resource	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.	<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	http://www.HealthCare.gov	This website allows consumers to access information about the Affordable Care Act 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.• To apply for health coverage online.• To get real-time answers to questions using the online chat function.
Internal Revenue Service (IRS)	http://www.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 Affordable Care Act on consumers' tax returns.

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SOP 11—Exemptions

Resource	Contact Information	What does this resource do?	How should consumers use this resource?
Medicaid	http://www.Medicaid.XE "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 your state.	<ul style="list-style-type: none">• To find answers to questions about health coverage through Medicaid or CHIP.• To get further information about their state's Medicaid program and agency contact information.
Medicare	http://www.Medicare.XE "Medicare\".gov	This federal program is run by CMS and provides health coverage to qualified individuals who are 65 years of age or older and/or have a disability.	<ul style="list-style-type: none">• To learn more about eligibility for Medicare or apply for Medicare online.• To learn more about or make changes to existing Medicare benefits.
Social Security Administration (SSA)	http://www.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).

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