

# Get ready to apply for or renew your Health Insurance Marketplace coverage



You can apply for or renew your Marketplace coverage by visiting [HealthCare.gov](https://www.healthcare.gov) or by calling the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. To get started, you can visit [HealthCare.gov](https://www.healthcare.gov) to learn more about the Marketplace, sign up for text and email alerts, and plan your budget.

There are a few things you should gather to help make the application process quicker and easier. Gather this information before you go online or call to start your application, or before you meet with an in-person assister (like an agent, broker, or application counselor), if one of these people is helping you. To find an in-person assister in your area, visit [LocalHelp.HealthCare.gov](https://www.healthcare.gov). If you don't take the time to gather these things now, you may need to log back in or call back several times before you can complete your application. You won't need all of these things if you're applying for coverage without financial help.

## What do I need?

## Why do I need this?

## Have it ready!

### Your information

Your Marketplace application will ask you for some basic information, including your name and date of birth.



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### Information about your household

Your Marketplace application will ask you about each person in your household, even those not applying for coverage.

For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes the Marketplace includes people you live with who aren't in your tax household.

You should include yourself on your application. Here's a basic list of the other people you should generally include, if these apply to you:

- Your spouse
- Your children who live with you, even if they make enough money to file a tax return themselves
- Anyone you include on your tax return as a dependent, even if they don't live with you
- Anyone else under 21 who you take care of and who lives with you
- Your unmarried partner, only if one or both of these apply:
  - \* They're your dependent for tax purposes
  - \* They're the parent of your child

If you need more information, visit [HealthCare.gov/income-and-household-information/household-size](https://www.healthcare.gov/income-and-household-information/household-size), or call the Marketplace Call Center at 1-800-318-2596.



### Home and/or mailing addresses for everyone applying for coverage

Where you live can affect what health coverage you're eligible for.

You'll enter your home address to show if you're a resident of the state where you're seeking coverage (you'll select your state at the beginning of the application). You can't list a P.O. box as your home address.

You'll be asked for your mailing address. Often, this will be the same as your home address. If it's not, pick a mailing address in the state you live in, if you can. You can enter a street address or a P.O. box.

If anyone on your application has a different home and/or mailing address, you'll need to have it also.



### Information about everyone applying for coverage

Your Marketplace application will ask you to enter some basic information about everyone applying for coverage, including their relationship to you. Relationships include: spouse, domestic partner, parent, stepparent, parent's domestic partner, son/daughter, stepson/stepdaughter, child of domestic partner, brother/sister, uncle/aunt, and nephew/niece.

Visit [HealthCare.gov/help/relationship-questions](https://www.healthcare.gov/help/relationship-questions) for the complete list of relationships.



### Social Security Numbers (SSNs) for everyone on your application

Your Marketplace application will ask you to enter each person's 9-digit SSN, even those not applying for coverage. The Marketplace will verify the SSNs with Social Security, based on the consent you'll give at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time.

This information will only be used for eligibility for health coverage. For more information, visit [HealthCare.gov/help/do-i-need-to-enter-my-social-security-number-ssn](https://www.healthcare.gov/help/do-i-need-to-enter-my-social-security-number-ssn).



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**Information about the professional helping you apply** (this only applies if you're getting help completing your application)

If a professional is helping you complete your application, you'll need to enter their information. These professionals include: navigators, certified application counselors, in-person assistance personnel, agents, or brokers.

For more information on professional help, visit [HealthCare.gov/help/whos-helping-me-complete-my-application](https://www.healthcare.gov/help/whos-helping-me-complete-my-application).



**Immigration document information** (this only applies to lawfully present immigrants)

If you or anyone else on your application is a lawfully present immigrant, you'll be asked to provide information from your immigration documents.

For more on what information you'll need from your documents, visit [HealthCare.gov/help/immigration-document-types](https://www.healthcare.gov/help/immigration-document-types).



**Information on how you'll file your taxes**

If you file federal income taxes, the Marketplace needs to know:

- If you're married, do you file separately or jointly?
- Who do you claim as a tax dependent?

For more information on how to answer these questions, visit [HealthCare.gov/help/what-do-i-need-to-enter-about-each-person](https://www.healthcare.gov/help/what-do-i-need-to-enter-about-each-person).

If your household files more than one tax return, you'll need to file separate applications. For more information, visit [HealthCare.gov/help/what-if-my-household-files-more-than-one-tax-return](https://www.healthcare.gov/help/what-if-my-household-files-more-than-one-tax-return).



**Employer & income information** for everyone in your household

Your Marketplace application may ask you about the income, expenses, and deductions of everyone in your household, even those not applying for coverage.

The Marketplace accounts for income sources, including:

- Wages and salaries, as reported on your W-2 form and pay stubs
- Tips
- Net income from any self-employment or business
- Unemployment compensation
- Social Security payments, including disability payments (but not Supplemental Security Income (SSI))
- Alimony
- Retirement or pension income, including most IRA or 401k withdrawals
- Investment income, like dividends or interest
- Rental income
- Other taxable income

For more information on income or what income sources to include, visit [HealthCare.gov/income-and-household-information/income](https://www.healthcare.gov/income-and-household-information/income).



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### Your best estimate of your household income

Your Marketplace application may ask you to estimate what your household's income will be in the year you'll be covered.

If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to report this later. For more information, visit [HealthCare.gov/reporting-changes/why-report-changes](https://www.healthcare.gov/reporting-changes/why-report-changes).

To help you make a ballpark estimate of your household income, visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report).



### Health coverage information (this only applies if anyone in your household currently has a health plan)

Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, or coverage through individual insurance or an employer.

If anyone has coverage now, gather their policy numbers. You can find this information on their insurance card or documents they get from their plan.



### Employer information for each person in your household

Your Marketplace application will ask you to enter information about offers of health coverage you may have through your job or through a family member's job. It will also ask you to enter employer contact information for each person in your household who has a job.



### A completed "Employer Coverage Tool" (this is optional and only applies if anyone in your household has or is eligible for coverage through their employer)

You should fill out an "Employer Coverage Tool" for each member of your family who's eligible for a job-based plan, even if that person isn't enrolled in the job based plan or isn't applying for Marketplace coverage. You can get this information from your employer. This optional tool helps you gather information you may need for your application in one spot.

To get a copy of this form, visit [HealthCare.gov/downloads/employer-coverage-tool.pdf](https://www.healthcare.gov/downloads/employer-coverage-tool.pdf). Your employer can help you fill this out.



Now that you've gathered all necessary information, visit [HealthCare.gov](https://www.healthcare.gov), call the Marketplace Call Center at 1-800-318-2596, or meet with the professional helping you to apply for or renew your Marketplace coverage. TTY users should call 1-855-889-4325.

You have the right to get the information in this product in an alternate format. 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.

