Get ready to apply for or re-enroll in your Health Insurance Marketplace coverage

To apply for or re-enroll in your Marketplace coverage, visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

To help make the application process faster and easier, gather this information before you start your application. You won't need all of this information if you're applying for coverage without savings.

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.	
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. Include yourself on your application. Here's a basic list of the other people you should generally include, if these people are in your household: 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 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 For more information, visit HealthCare.gov/income-and-household-information/household-size, or call the Marketplace Call Center. 	

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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'll be asked for your mailing address. Often, this will be the same as your home address. If it's not, provide a mailing address in the state you live in. If anyone on your application has a different home 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.	
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 confirm 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.	
Information about the professional helping you apply, if any	If a professional is helping you complete your application, you'll enter their information. These professionals include: navigators, certified application counselors, in-person assistance personnel, agents, and brokers.	
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.	
Information on how you'll file your taxes	lf you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.	
Employer and 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 counts as these as income: 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. 	

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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 update this information later. For more information, visit HealthCare.gov/reporting-changes/why-report-changes. To help you calculate your household income, visit HealthCare.gov/income-calculator.	
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 (including Marketplace coverage) 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 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 traditional health coverage through a job, 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 . Your employer can help you fill this out.	
Health Reimbursement Arrangement (HRA) notice (this only applies if anyone in your household is offered an HRA through their employer)	If someone works for a business that offers help paying for a health plan or health care expenses through an HRA, use the notice from the employer to complete your Marketplace application. Visit HealthCare.gov/job-based-help to learn more.	

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.html**, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Paid for by the Department of Health & Human Services.

