

Marketplace Application Checklist

When you apply for or re-enroll in your Health Insurance Marketplace coverage, you'll need to provide some information about you and your household.

Use this checklist to help you gather what you need.

- Information about your household size. Figure out who in your household should apply before you start your application. Visit [HealthCare.gov/income-and-household-information/household-size](https://www.healthcare.gov/income-and-household-information/household-size) for help figuring out who needs coverage.
- Home and/or mailing addresses for everyone applying for coverage.
- Information about everyone applying for coverage, like Social Security Numbers and birth dates.
- Information about the professional helping you apply (if you're getting help completing your application). Visit [HealthCare.gov/help/whos-helping-me-complete-my-application](https://www.healthcare.gov/help/whos-helping-me-complete-my-application) for more information.
- Information on how you file your taxes.
- Employer and income information for every member of your household (for example, from pay stubs or W-2 forms—Wage and Tax Statements). Visit [HealthCare.gov/income-and-household-information/income](https://www.healthcare.gov/income-and-household-information/income) to learn more about what types of income to include and not include.
- Your best estimate of what your household income will be in 2019. Visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report) for help estimating your income.
- Policy numbers for any current health plans covering members of your household.
- A completed “**Employer Coverage Tool**” for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in.) Visit [HealthCare.gov/downloads/employer-coverage-tool.pdf](https://www.healthcare.gov/downloads/employer-coverage-tool.pdf) to view or print the tool.
- Notices from your current Marketplace plan that include your plan ID, if you have or had Marketplace coverage in 2018.
- Document information for legal immigrants. Visit [HealthCare.gov/help/immigration-document-types](https://www.healthcare.gov/help/immigration-document-types) for more information.

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](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 can call 1-855-889-4325.

Paid for by the Department of Health & Human Services.

