

Appendix B: Data Elements for Application to Support Eligibility Determinations for Enrollment through Affordable Insurance Exchanges (Not Applying for Insurance Affordability Programs)

Baseline Applicant Information	Additional information	Confirmation And Eligibility Determination	Qualified Health Plan Enrollment
Household Contact Information – name, address(es), phone number(s), preferred language(s), paperless notices and other forms of communication (email, text), applying for coverage for self	Addresses – addresses of all applicants, intended change of residency	Application Summary – opportunity to make edits if needed	Tobacco use (TBD)
Authorized Representative – (if applicable, skip if no representative) name, organization, address, phone number, email, permissions, signature of applicant, or legal proxy	American Indian/Alaska Native – name of Indian tribe	Rights and Responsibilities & Signatures	Plan Selection and Confirmation – plan name(s)/plan ID(s), start date
Seeking help paying for health insurance		Determination and Notice(s)	
Privacy Statement		Voter Registration¹	
Applicant(s) – name, date of birth, sex, citizenship, eligible immigration status, race/ethnicity (optional), Special Enrollment Period Information			

¹ Pursuant to the National Voter Registration Act of 1993, 42 USC Sec. 1973 GG-5