

Marketplace Application Checklist

When you apply for or renew your coverage in the Health Insurance Marketplace, you'll need to provide some information about you and your household, including income, any coverage you currently have, and some additional items.

Use the checklist below to help you gather what you need to apply for coverage.

- 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 addresses and birth dates.
- Social Security Numbers.
- 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.
- Document information for legal immigrants. Visit [HealthCare.gov/help/immigration-document-types](https://www.healthcare.gov/help/immigration-document-types) 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 2017. 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 insurance 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 plan that include your plan ID, if you have or had health coverage in 2016.

Stay up-to-date about the Marketplace. Visit [HealthCare.gov](https://www.healthcare.gov) to get email or text updates that will help you get ready to apply or renew.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. 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.

