OVERVIEW

Welcome to Covered California. We will guide you through these steps for getting health insurance.

Enter Your Information:

Tell us who wants health insurance. If you want to apply for help paying for health insurance, we will also ask about your household and your total income.

See Your Results:

We will show your health insurance options and explain the next steps. If you apply for help paying for health insurance, we will also show whether you qualify.

Find Health Insurance Plans:

Depending on your results, you can see what health insurance plans are available, compare them and enroll in the health insurance plan you choose.

Back | Save & Exit | Continue

Application # : 1000001222

START HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

START

✔ Overview

Start Here

Consent For Verificatio...

APPLY FOR BENEFITS

Start Here

Apply now to see if you are eligible for Medi-Cal or AIM for pregnant women or ongoing enrollment opportunities through Covered California.

Still need health insurance, but missed open enrollment? Did you lose your health insurance or have a big change in your life recently? You may be eligible for Covered California if you have a qualifying life event like getting married, having a baby or losing other coverage.

If none of these apply, don't worry, you should still apply, since you may be eligible for Medi-Cal, or AIM for pregnant women based on your income. Regardless of which life event you select, your application will still be reviewed for coverage through Medi-Cal and AIM.

If you want to see if you qualify for free or low cost plans, select "yes" on Question #1. You will answer questions about your income to see what help you qualify for. If you just want coverage without financial help, select "no."

1. Do you want to see if you qualify for free or low cost plans? * ◉ Yes ○ No

2. Do any of the following qualifying life events apply to you? * American Indian/Alaskan I

3. Enter today's date or the date of your qualifying life event if you have one * 04/01/2014

4. How many members are in the household? * 4

5. How did you hear about Covered California? TV

Back

Continue

Mark Gibbs
Application # : 1000001014
Case # : 5000000809

SUMMARY | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

PERSONAL DATA

- Introduction
- ✓ Address & Contact
- ✓ Demographic Data
- ✓ Tax Information
- ✓ Health Care
- ✓ Optional Data
- ✓ Summary

PERSONAL DATA INTRODUCTION

Coming Up In This Section

In this section, you will be asked additional questions about the people in your household. We ask about this information to let you know the health insurance you qualify for and whether you can get help paying for it.

You will also be asked optional questions that we collect to make sure that everyone has the same access to health care. This information is confidential. It will not be used to decide what health insurance you qualify for

You may need:

- Latest tax information
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family

Estimated time to complete:

- 15 minutes

Back | Save & Exit | Continue

PERSONAL DATA

- ✓ Introduction
- Address & Contact
- Demographic Data
- Tax Information
- Health Care
- Optional Data
- Summary

ADDRESS & CONTACT

Please answer all required questions (*) for each household member.

January Month

Home Address

Is this person's residence address the same as your address? ◉ Yes ○ No

Mailing Address

Is this person's mailing address the same as the household primary contact's address? ◉ Yes ○ No

Contact Phone & Email

Home Phone	
Work Phone	
Extension	
Cell Phone Number	
Email	abc@abc.com

February Month

Home Address

Is this person's residence address the same as your address? (•) Yes ( ) No

Mailing Address

Is this person's mailing address the same as the household primary contact's address? (•) Yes ( ) No

Mailing Address

Is this person's mailing address the same as the household primary contact's address? ◉ Yes ○ No

Contact Phone & Email

Home Phone

Work Phone

Extension

Cell Phone Number

Email

March Month

Home Address

Is this person's residence address the same as your address? ◉ Yes ○ No

March Month

Home Address

Is this person's residence address the same as your address? ◉ Yes ○ No

Mailing Address

Is this person's mailing address the same as the household primary contact's address? ◉ Yes ○ No

Contact Phone & Email

Home Phone

Work Phone

Extension

Cell Phone Number

Email

April Month

Home Address

Is this person's residence address the same as your address? ◉ Yes ○ No

Mailing Address

Is this person's mailing address the same as the household primary contact's address? ◉ Yes ○ No

Contact Phone & Email

Home Phone

Work Phone

Extension

Cell Phone Number

Email

Mailing Address

Is this person's mailing address the same as the household primary contact's address? ◉ Yes ○ No

Contact Phone & Email

Home Phone

Work Phone

Extension

Cell Phone Number

Email

Back | Save and Exit | Continue

PERSONAL DATA

- ✓ Introduction
- ✓ Address & Contact
- Demographic Data
- Tax Information
- Health Care
- Optional Data
- Summary

PERSONAL DATA - DEMOGRAPHIC INFORMATION

Please answer all the required (*) questions for each household member

January Month

What is this person's marital status? * Married

Does this person have a physical, mental, emotional, or developmental disability? * Yes No

Did this person have a medical expense in the last 3 months? * Yes No

Is this person a member of a Federally-recognized Indian Tribe? * Yes No

February Month

What is this person's marital status? * Married

Does this person have a physical, mental, emotional, or developmental disability? *

Summary

February Month

What is this person's marital status? * Married

Does this person have a physical, mental, emotional, or developmental disability? * Yes No

Did this person have a medical expense in the last 3 months? * Yes No

Is this person pregnant? * Yes No

What is the expected date of delivery?* 12/01/2014

Number of babies expected* 1

Is this person a member of a Federally-recognized Indian Tribe? * Yes No

March Month

What is this person's marital status? * Single

Does this person have a physical, mental, emotional, or developmental disability? * Yes No

Did this person have a medical expense in the last 3 months? * Yes No

Is this person a member of a Federally-recognized Indian Tribe? * Yes No

Who is the primary caretaker of this child? February Month

Who is the primary caretaker of this child? February Month

Does this child have a parent living outside the home, a deceased parent, or is this child adopted by a single parent? Yes No

April Month

What is this person's marital status? * Single

Does this person have a physical, mental, emotional, or developmental disability? * Yes No

Did this person have a medical expense in the last 3 months? * Yes No

Is this person pregnant? * Yes No

Is this person a member of a Federally-recognized Indian Tribe? * Yes No

Who is the primary caretaker of this child? February Month

Back Save & Exit Continue

PERSONAL DATA

- ✓ Introduction
- ✓ Address & Contact
- ✓ Demographic Data
- Tax Information
- Health Care
- Optional Data
- Summary

TAX INFORMATION

Please answer all required (*) questions for each household member.

January Month

Is this person the Primary Tax Filer? *	(•) Yes ( ) No
Did this person file taxes last year? *	(•) Yes ( ) No
What was this person's tax filing status last year? *	Married Filing Jointly
Was this person claimed as a dependent on any tax return last year? *	( ) Yes (•) No
Does this person plan to file taxes this year? *	(•) Yes ( ) No
What will this person's tax filing status be this year? *	Married Filing Jointly
Is this person expected to be claimed as a dependent on any tax return for the benefit year? *	( ) Yes (•) No

February Month

Is this person the Primary Tax Filer? *	Yes	No
Did this person file taxes last year? *	Yes	No
Was this person claimed as a dependent on any tax return last year? *	Yes	No
Does this person plan to file taxes this year? *	Yes	No
Is this person expected to be claimed as a dependent on any tax return for the benefit year? *	Yes	No

March Month

Is this person the Primary Tax Filer? *	Yes	No
Did this person file taxes last year? *	Yes	No
Was this person claimed as a dependent on any tax return last year? *	Yes	No
Does this person plan to file taxes this year? *	Yes	No
Is this person expected to be claimed as a dependent on any tax return for the benefit year? *	Yes	No
Who claims this person as a tax dependent? *	January Month	

Who claims this person as a tax dependent? * January Month

Is this person claimed by a non-custodial parent? * ⓘ ○ Yes ◉ No

Is this person expected to be required to file taxes this year? * ○ Yes ◉ No

What is the custodial parent's contact phone number? * 9161234567

April Month

Is this person the Primary Tax Filer? * ⓘ ○ Yes ◉ No

Did this person file taxes last year? * ○ Yes ◉ No

Was this person claimed as a dependent on any tax return last year? * ○ Yes ◉ No

Does this person plan to file taxes this year? * ○ Yes ◉ No

Is this person expected to be claimed as a dependent on any tax return for the benefit year? * ◉ Yes ○ No

Who claims this person as a tax dependent? * January Month

Is this person claimed by a non-custodial parent? * ⓘ ○ Yes ◉ No

Is this person expected to be required to file taxes this year? * ○ Yes ◉ No

What is the custodial parent's contact phone number? * 9161234567

April Month

Is this person the Primary Tax Filer? *	○ Yes ● No
Did this person file taxes last year? *	○ Yes ● No
Was this person claimed as a dependent on any tax return last year? *	○ Yes ● No
Does this person plan to file taxes this year? *	○ Yes ● No
Is this person expected to be claimed as a dependent on any tax return for the benefit year? *	● Yes ○ No
Who claims this person as a tax dependent? *	January Month
Is this person claimed by a non-custodial parent? *	○ Yes ● No
Is this person expected to be required to file taxes this year? *	○ Yes ● No
What is the custodial parent's contact phone number? *	9161234567

Back | Save & Exit

Continue

January Month

Application # : 1000001220

HEALTH CARE INFORMATION

Please answer all the required (*) questions for each household member.

January Month

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? * Tribal Health Program

Does this person need help with long-term care or home and community-based services? * Yes No

Does this person receive Medicare benefits? * Yes No

February Month

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? * Indian Health Service

Does this person need help with long-term care or home and community-based services? * Yes No

Does this person receive Medicare benefits? * Yes No

March Month

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? * — None of the Above

Does this person need help with long-term care or home and community-based services? * — Yes / No

Does this person receive Medicare benefits? * — Yes / No

April Month

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? * — None of the Above

Does this person need help with long-term care or home and community-based services? * — Yes / No

Does this person receive Medicare benefits? * — Yes / No

Back | Save & Exit | Continue

PERSONAL DATA

- Introduction
- Address & Contact
- Demographic Data
- Tax Information
- Health Care
- Optional Data
- Summary

OPTIONAL DATA

Please tell us about yourself. This information is confidential and will only be used to make sure that everyone has the same access to health care. It will not be used to decide what health insurance you qualify for.

January Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in? English

What language do you want us to speak to this person in? English

Is this person of Hispanic, Latino, or Spanish Origin? Yes No

What is this person's origin? (check all that apply)

- [x] Cuban
- [ ] Mexican/Mexican American/Chicano
- [ ] Puerto Rican
- [ ] Other

- [x] American Indian or Alaska Native

What is this person's race? (check all that apply)
(check all that apply)

- [x] American Indian or Alaska Native
- [ ] Asian Indian
- [ ] Black or African American
- [ ] Chinese
- [ ] Filipino
- [ ] Guamanian or Chamorro
- [ ] Japanese
- [ ] Korean
- [ ] Native Hawaiian
- [ ] Other Asian
- [ ] Other Pacific Islander
- [ ] Samoan
- [ ] Vietnamese
- [ ] White
- [ ] Other

Is this person a member of a Federally-recognized Indian Tribe? (•) Yes ( ) No

What state is the tribe recognized in? * CA

What is the name of the tribe? * Alturas Indian Ranche

February Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in? English

What language do you want us to speak to this person in? English

Is this person of Hispanic, Latino, or Spanish Origin? (•) Yes ( ) No

What language do you want us to speak to this person in?	English
Is this person of Hispanic, Latino, or Spanish Origin?	(•) Yes ( ) No
What is this person's origin? (check all that apply)	[ ] Cuban [x] Mexican/Mexican American/Chicano [ ] Puerto Rican [ ] Other
What is this person's race? (check all that apply) (check all that apply)	[x] American Indian or Alaska Native [ ] Asian Indian [ ] Black or African American [ ] Chinese [ ] Filipino [ ] Guamanian or Chamorro [ ] Japanese [ ] Korean [ ] Native Hawaiian [ ] Other Asian [ ] Other Pacific Islander [ ] Samoan [ ] Vietnamese [ ] White [ ] Other
Is this person a member of a Federally-recognized Indian Tribe?	(•) Yes ( ) No
What state is the tribe recognized in? *	CA
What is the name of the tribe? *	Alturas Indian Ranche

March Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in? English

What language do you want us to speak to this person in? English

Is this person of Hispanic, Latino, or Spanish Origin? (?) Yes No

What is this person's origin? (check all that apply)

- [ ] Cuban
- [ ] Mexican/Mexican American/Chicano
- [x] Puerto Rican
- [ ] Other

What is this person's race? (check all that apply) (?)
(check all that apply)

- [x] American Indian or Alaska Native
- [ ] Asian Indian
- [ ] Black or African American
- [ ] Chinese
- [ ] Filipino
- [ ] Guamanian or Chamorro
- [ ] Japanese
- [ ] Korean
- [ ] Native Hawaiian
- [ ] Other Asian
- [ ] Other Pacific Islander
- [ ] Samoan
- [ ] Vietnamese
- [ ] White
- [ ] Other

Is this person a member of a Federally-recognized Indian Tribe? Yes No

What state is the tribe recognized in? * CA

What is the name of the tribe? * Alturas Indian Ranche

April Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in? English

What language do you want us to speak to this person in? English

Is this person of Hispanic, Latino, or Spanish Origin? ⓘ Yes No

What is this person's origin? (check all that apply)

- [ ] Cuban
- [ ] Mexican/Mexican American/Chicano
- [ ] Puerto Rican
- [ ] Other

What is this person's race? (check all that apply) ⓘ (check all that apply)

- [x] American Indian or Alaska Native
- [ ] Asian Indian
- [ ] Black or African American
- [ ] Chinese
- [ ] Filipino
- [ ] Guamanian or Chamorro
- [ ] Japanese
- [ ] Korean
- [ ] Native Hawaiian
- [ ] Other Asian

What is this person's race? (check all that apply)

(check all that apply)

- [x] American Indian or Alaska Native
- [ ] Asian Indian
- [ ] Black or African American
- [ ] Chinese
- [ ] Filipino
- [ ] Guamanian or Chamorro
- [ ] Japanese
- [ ] Korean
- [ ] Native Hawaiian
- [ ] Other Asian
- [ ] Other Pacific Islander
- [ ] Samoan
- [ ] Vietnamese
- [ ] White
- [ ] Other

Is this person a member of a Federally-recognized Indian Tribe? (•) Yes ( ) No

What state is the tribe recognized in? * CA

What is the name of the tribe? * Alturas Indian Ranche

Back | Save & Exit | Continue

PERSONAL DATA

- Introduction
- Address & Contact
- Demographic Data
- Tax Information
- Health Care
- Optional Data
- Summary

PERSONAL DATA SUMMARY

Tax Information - January Month

Edit

Primary Tax Filer	Yes
Person filed taxes last year	Yes
Tax Filing Status	Married Filing Jointly
Planning to file taxes this year	Yes

Health Care - January Month

Edit

Long-Term Care	No
Enrollment in other insurance	Tribal Health Program
Receiving Medicare benefits	No

Demographic Data - January Month

Edit

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	(916)123-4567
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	abc@abc.com
Marital Status	Married
Disability	Yes

Optional Information - January Month

Edit

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Cuban
Race	AI/AN

Tax Information - February Month

Tax Information - February Month

Edit

Primary Tax Filer	No
Person filed taxes last year	No
Tax Filing Status	
Planning to file taxes this year	No

Health Care - February Month

Edit

Long-Term Care	Yes
Enrollment in other insurance	Indian Health Service
Receiving Medicare benefits	No

Demographic Data - February Month

Edit

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	N/A
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	

Cell Phone Number	N/A
Email	
Marital Status	Married
Disability	Yes

Optional Information - February Month

Edit

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Mexican/Mexican American/Chicano
Race	AI/AN

Tax Information - March Month

Edit

Primary Tax Filer	No
Person filed taxes last year	No
Tax Filing Status	
Planning to file taxes this year	No

Health Care - March Month

Health Care - March Month

Edit

Long-Term Care	Yes
Enrollment in other insurance	None of the Above
Receiving Medicare benefits	Yes

Demographic Data - March Month

Edit

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	N/A
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	
Marital Status	Single
Disability	Yes

Optional Information - March Month

Edit

Preferred Written Language	English
Preferred Spoken Language	English

Optional Information - March Month

Edit

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Puerto Rican
Race	AI/AN

Tax Information - April Month

Edit

Primary Tax Filer	No
Person filed taxes last year	No
Tax Filing Status	
Planning to file taxes this year	No

Health Care - April Month

Edit

Long-Term Care	No
Enrollment in other insurance	None of the Above
Receiving Medicare benefits	No

Demographic Data - April Month

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	N/A
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	
Marital Status	Single
Disability	No

Edit

Optional Information - April Month

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Other
Race	AI/AN

Edit

Back Save & Exit

Continue

Mark Gibbs

Application # : 1000001014

Case # : 5000000809

SUMMARY | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

HOUSEHOLD INCOME

- Introduction
- ✓ Employment Income
- ✓ Self-Employment In...
- ✓ Other Income
- ✓ Income Deductions
- ✓ Income Summary

INCOME INTRODUCTION

Coming Up In This Section

In this section, you will be asked about your household income. We will walk you through 4 sections: employment income, self-employment income, other income and income deductions. You can enter information about each type of income for each person in your household. If nobody in your household has a particular type of income, you can skip that step and move to the next type of income. When you have entered all your information, we will show your household income.

You may need:

- Most recent tax filing
- Pay stubs

Estimated time to complete:

- 10 minutes

Back | Save & Exit | Continue

January Month

Application # : 1000001220

HOUSEHOLD INCOME

- ✓ Introduction
- Employment Income
- Self-Employment Income
- Other Income
- Income Deductions
- Income Summary

EMPLOYMENT INCOME

Total current monthly household income: $ 0.00

On this page, enter employment income for this month for everyone in your household. Employment income means payments for full-time, part-time or one-time work (before taxes are taken out).

To add an income item, click the "Add Income" button. If no one in the household has any employment income, click the "Continue" button.

Person	Source of Employment Income	Amount	Frequency	Edit	Delete

Add Income

Back | Save and Exit | Continue

January Month

Application #: 1000001220

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

HOUSEHOLD INCOME

- ✔ Introduction
- Employment Income
- Self-Employment Income
- Other Income
- Income Deductions
- Income Summary

Add Employment Income

Household Member: January Month

Employer: Calendar

How much does this person get paid (before taxes)? ($) 2000.00

How often

Cancel

OK

January Month

Application # : 1000001220

HOUSEHOLD INCOME

- ✓ Introduction
- Employment Income
- Self-Employment Income
- Other Income
- Income Deductions
- Income Summary

EMPLOYMENT INCOME

Total current monthly household income: $ 2000.00

On this page, enter employment income for this month for everyone in your household. Employment income means payments for full-time, part-time or one-time work (before taxes are taken out).

To add an income item, click the "Add Income" button. If no one in the household has any employment income, click the "Continue" button.

Person	Source of Employment Income	Amount	Frequency	Edit	Delete
January Month	Calendar	$ 2000.00	Monthly	Edit	Delete

Add Income

Back | Save and Exit | Continue

January Month

Application # : 1000001220

HOUSEHOLD INCOME

- ✓ Introduction
- ✓ Employment Income
- Self-Employment Income
- Other Income
- Income Deductions
- Income Summary

SELF-EMPLOYMENT INCOME

Total current monthly household income: $ 2000.00

On this page, enter self-employment income for this month for everyone in your household. Self-employment income means the net earnings from a business that you own or from work as an independent contractor. For this type of income, enter the net income - your profits after you have paid the expenses of running the business. See "Instructions for Schedule C" at www.irs.gov for more information. If costs exceeded earnings, you can enter a negative number.

To add an income item, click the "Add Income" button. If no one in the household has any self-employment income, click the "Continue" button.

Person	Type of Work	Amount	Frequency	Edit	Delete

Add Income

Back | Save and Exit | Continue

January Month

Application # : 1000001220

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

HOUSEHOLD INCOME

- ✓ Introduction
- ✓ Employment Income
- Self-Employment Income
- Other Income
- Income Deductions
- Income Summary

Add Self-Employment Income

Household Member: February Month

Type of work: Babysitting

How much net income (profits after expenses) will this person get from this source this month ($): 500.00

Cancel

OK

Application # : 1000001220

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

HOUSEHOLD INCOME

- ✓ Introduction
- ✓ Employment Income
- Self-Employment Income
- Other Income
- Income Deductions
- Income Summary

SELF-EMPLOYMENT INCOME

Total current monthly household income: $ 2500.00

On this page, enter self-employment income for this month for everyone in your household. Self-employment income means the net earnings from a business that you own or from work as an independent contractor. For this type of income, enter the net income - your profits after you have paid the expenses of running the business. See "Instructions for Schedule C" at www.irs.gov for more information. If costs exceeded earnings, you can enter a negative number.

To add an income item, click the "Add Income" button. If no one in the household has any self-employment income, click the "Continue" button.

Person	Type of Work	Amount	Frequency	Edit	Delete
February Month	Babysitting	$ 500.00	Monthly	Edit	Delete

Add Income

Back | Save and Exit | Continue

January Month

Application # : 1000001220

OTHER INCOME

Total current monthly household income: $ 2500.00

Other income includes any income you have not already entered, such as income from unemployment benefits, Social Security, retirement or pension accounts, rents or royalties, alimony received, investments, capital gains, farming or fishing income, canceled debts, court awards, jury duty pay and other types of income.

Note: You do not need to tell us about child support payments you receive, veteran's payments, or Supplemental Security Income (SSI).

To add an income item, click the "Add Income" button. If no one in the household has any income of these types, click the "Continue" button.

Person	Source of Other Income	Amount	Frequency	Edit	Delete

Add Income

Back | Save and Exit | Continue

Add Other Income

Household Member: Mark Gibbs

What type of income? Investment Income

How much net income (profits after expenses) will this person get from this source this month ($):

Source: Stock Market

How much ($): 200

How often Monthly

Cancel

OK

HOUSEHOLD INCOME

- ✓ Introduction
- ✓ Employment Income
- ✓ Self-Employment In...
- Other Income
- ✓ Income Deductions
- ✓ Income Summary

OTHER INCOME

Total current monthly household income: $ 3283.50

Other income includes any income you have not already entered, such as income from unemployment benefits, Social Security, retirement accounts, rents or royalties, alimony, investments, capital gains, and other types of income.

Note: You do not need to tell us about child support, veteran's benefits, or Supplemental Security Income (SSI) income.

To add an income item, click the "Add" button. If no one in the household has any income of these types, click the "Continue" button.

Person	Source of Other Income	Amount	Frequency	Edit	Delete
Mark Gibbs	Stock Market	$ 200.00	Monthly	Edit	Delete

Add Income

Back | Save and Exit | Return To Summary | Continue

January Month

Application # : 1000001220

INCOME DEDUCTIONS

Total current monthly household income: $ 2500.00

If a person pays for certain expenses that can be deducted on an income tax return, telling us about these expenses could make the cost of health insurance a little lower. Examples of these expenses include alimony you pay, student loan interest, tuition and fees, educator expenses, IRA contributions, moving expenses, penalties on early withdrawal of savings, and health savings account deductions. Note: If you have already included an expense when you calculated your net self-employment or rental property income, do not include it here. You also should not include deductions for home mortage interest.

To add a deduction, click the "Add Deduction" button. If no one in the household has any adjustments, click the "Continue" button.

Person	Type of Income Deduction	Amount	Frequency	Edit	Delete

Add Deduction

Back | Save and Exit | Continue

- ✔ Introduction
- ✔ Employment Income
- ✔ Self-Employment In...
- ✔ Other Income
- Income Deductions
- ✔ Income Summary

Add Deduction

Household Member:	Mark Gibbs
Type of Deduction	Student Loan Interest Paid
Paid to:	CSUS
How much ($):	200
How often	Monthly

Cancel

OK

HOUSEHOLD INCOME

- ✔ Introduction
- ✔ Employment Income
- ✔ Self-Employment In...
- ✔ Other Income
- Income Deductions
- ✔ Income Summary

INCOME DEDUCTIONS

Total current monthly household income: $ 3083.50

If a person pays for certain expenses that can be deducted on an income tax return, telling us about these expenses could make the cost of health insurance a little lower. Examples of these expenses include alimony or student loan interest. (If you have already included an expense when you calculated your net self-employment or rental property income, do not include it here.)

To add a deduction, click the "Add" button. If no one in the household has any adjustments, click the "Continue" button.

Person	Type of Income Deduction	Amount	Frequency	Edit	Delete
Mark Gibbs	Student Loan Interest Paid	$ 200.00	Monthly	Edit	Delete

Add Deduction

Back | Save and Exit | Return To Summary | Continue

January Month

Application # : 1000001220

START

✓ Overview

✓ Start Here

Consent For Verification

CONSENT FOR VERIFICATION

Permission to let Covered California verify your information

Covered California checks other agencies' computer records to verify citizenship, satisfactory immigration status, tax information, and other information related only to eligibility to see if you and other people on this application qualify for health insurance.

Note to Employers and Employees applying for SHOP: This does not apply to employers and employees applying to participate in SHOP. Please check the box to proceed. Covered California will not electronically verify any information submitted to SHOP.

☐ I agree to Consent for Verification

Back | Save & Exit | Continue

January Month

Application # : 1000001220

INCOME SUMMARY

Income Type	*Amount*	
Employment Income	$ 2000.00	Edit
Self-Employment Income	$ 500.00	Edit
Other Income	$ 0	Edit
Subtotal	$ 2500.00	
Deductions	$ 0	Edit
???householdIncome.incomeSummary.entiretext???	$ 2500.00	
???householdIncome.incomeSummary.totalProjected.entiretext???	$ 30000.00	

Back | Save and Exit | Continue

SUBMIT APPLICATION FOR ELIGIBILITY

Read all your information. Check to be sure it is correct. Click "Edit" to make changes.

Application Type

Want help paying for health insurance?	Yes
SHOP Employer Coverage	No
How did you hear about Covered California?	TV
Apply for	Self and Household

Edit

Primary Contact

Name	January Month
Home Phone Number	(916)123-4567

Edit

Household Member - April Month

Edit

Name	April Month
Does this person want health insurance?	Yes
Gender	Female
Date of Birth	04/01/2014
Social Security number	***-**-9012
US Citizen	Yes

April Month - Demographic Data

Edit

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	N/A
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	
Marital Status	Single
Disability	No

Tax Information - April Month

Tax Information - April Month

Edit

Head of the Household	No
Person filed taxes last year	No
Tax Filing Status	
Planning to file taxes this year	No

Health Care - April Month

Edit

Long-Term Care	No
Enrollment in other insurance	No
Receiving Medicare benefits	No

April Month - Optional Information

Edit

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Other
Race	AI/AN

Health Care - April Month

Long-Term Care	No
Enrollment in other insurance	No
Receiving Medicare benefits	No

Edit

April Month - Optional Information

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Other
Race	AI/AN

Edit

Save & Exit

Continue

Primary Contact

Edit

Name	January Month
Home Phone Number	(916)123-4567
Work Phone Number	
Extension	
Cell Phone Number	
Email	abc@abc.com
Home Address	123 abc street Sacramento CA, Sacramento 95843
Receive notices by	Email
Preferred Written Language	English
Preferred Spoken Language	English

Household

Edit

Member 1	January Month
Member 2	February Month
Member 3	March Month
Member 4	April Month

Family Relationships

Edit

January Month	Husband/Wife	February Month

Family Relationships

Edit

January Month	Husband/Wife	February Month	January Month
January Month	Stepparent	March Month	Parent
Parent	April Month	February Month	April Month
March Month	February Month	Parent	February Month
March Month	Stepbrother/Stepsister	April Month	Stepson/Stepdaughter
Husband/Wife	January Month	March Month	January Month
January Month	April Month	Son/Daughter	April Month
March Month	Son/Daughter	February Month	Stepbrother/Stepsister
Son/Daughter	February Month	April Month	
March Month			

Household Income

Edit

Employment Income	$2000.00
Self-Employment Income	$500.00
Other Income	$100.00
Deductions Claimed	$100.00

Household Member - January Month

Edit

Name	January Month
Does this person want health insurance?	Yes

Household Member - January Month

Edit

Name	January Month
Does this person want health insurance?	Yes
Gender	Male
Date of Birth	04/01/1974
Social Security number	***-**-6789
US Citizen	Yes

January Month - Demographic Data

Edit

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	(916)123-4567
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	abc@abc.com
Marital Status	Married
Disability	Yes

Tax Information - January Month

Tax Information - January Month

Edit

Head of the Household	Yes
Person filed taxes last year	Yes
Tax Filing Status	Married Filing Jointly
Planning to file taxes this year	Yes

Health Care - January Month

Edit

Long-Term Care	No
Enrollment in other insurance	Yes
Receiving Medicare benefits	No

January Month - Optional Information

Edit

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Cuban
Race	AI/AN

Household Member - February Month

Edit

Name	February Month
Does this person want health insurance?	Yes
Gender	Female
Date of Birth	04/01/1974
Social Security number	***-**-7890
US Citizen	No

February Month - Demographic Data

Edit

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	N/A
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	
Marital Status	Married
Disability	Yes

Tax Information - February Month

Tax Information - February Month

Edit

Head of the Household	No
Person filed taxes last year	No
Tax Filing Status	
Planning to file taxes this year	No

Health Care - February Month

Edit

Long-Term Care	Yes
Enrollment in other insurance	Yes
Receiving Medicare benefits	No

February Month - Optional Information

Edit

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Mexican/Mexican American/Chicano
Race	AI/AN

Household Member - March Month

Edit

Name	March Month
Does this person want health insurance?	Yes
Gender	Male
Date of Birth	04/01/2004
Social Security number	***-**-8901
US Citizen	Yes

March Month - Demographic Data

Edit

Home Address	123 abc street Sacramento CA, Sacramento 95843
Mailing Address	123 abc street Sacramento CA, Sacramento 95843
Home Phone Number	N/A
Work Phone Number	N/A
Extension	N/A
Cell Phone Number	N/A
Email	
Marital Status	Single
Disability	Yes

Tax Information - March Month

Tax Information - March Month

Edit

Head of the Household	No
Person filed taxes last year	No
Tax Filing Status	
Planning to file taxes this year	No

Health Care - March Month

Edit

Long-Term Care	Yes
Enrollment in other insurance	No
Receiving Medicare benefits	Yes

March Month - Optional Information

Edit

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Puerto Rican
Race	AI/AN

APPLICATION SIGNATURE

Please read the information below. Then check the boxes and sign (Electronic Signature). Click "Submit" to send your completed application.

Maintaining Your Verification

I understand that the Covered California will use my tax return at renewal time each year for the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my answer later.

Maintain My Consent for: 5 Years

☑ I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

Review and Sign

☑ I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This means that I have understood all the questions on this application and provided true and correct answers to such questions to the best of my knowledge. Where I do not have personal knowledge of an answer, I have made every reasonable attempt to verify (or confirm) the information with someone who has personal knowledge of the answer.

I acknowledge that if I am not truthful, I know that there may be a civil and/or criminal penalty for perjury (under California Penal Code Section 126, perjury is punishable by imprisonment for up to four years).

I know that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance on this application. The information will be

☑ I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

Review and Sign

☑ I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This means that I have understood all the questions on this application and provided true and correct answers to such questions to the best of my knowledge. Where I do not have personal knowledge of an answer, I have made every reasonable attempt to verify (or confirm) the information with someone who has personal knowledge of the answer.

I acknowledge that if I am not truthful, I know that there may be a civil and/or criminal penalty for perjury (under California Penal Code Section 126, perjury is punishable by imprisonment for up to four years).

I know that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance on this application. The information will be kept private as required by federal and California law.

I know that I must tell Covered California or the County Social Services Office about anything changes from what I have provided on this application.

By entering my full name below, I agree that this digital signature shall have the same force and effect as if I signed this application by my own hand.

Electronic Signature * January Month

Electronic PIN * ●●●● Forgot PIN

Back | Save & Exit | Submit

Mark Gibbs
Application # : 1000001014
Case # : 5000000809

SUMMARY | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

HOUSEHOLD

- Introduction
- ✓ Primary Contact
- Confirm Identity
- ✓ MarkGibbs
- ✓ MandyGibbs
- ✓ MobyGibbs
- ✓ MoppyGibbs
- ✓ Relationships
- Summary

HOUSEHOLD INTRODUCTION

Coming Up In This Section

In this section, you will be asked about your household members. You can apply for any of these people on this same application, even if they already have health coverage now: yourself, other family members, and anyone on your same federal income tax return (if you file one). This information helps us make sure everyone who wants health insurance gets as much help paying for it as possible.

You may need:

- Social Security numbers (if available) for the people who want health insurance
- Birth dates
- Document information for immigrants with satisfactory status who want health insurance

Estimated time to complete:

- 15 minutes

Save & Exit

Continue

HOUSEHOLD

- ✔ Introduction
- Primary Contact
- ✔ JanuaryWeekMonth
- ✔ FebruaryMonth
- ✔ MarchMonthJr
- ✔ AprilMonth
- ✔ Relationships
- Summary

HOUSEHOLD PRIMARY CONTACT

Please review the information listed below. To change Primary Contact, update below.

Elements of Primary Contact - Name

First Name *	January
Middle Name	
Last Name *	Month
Suffix	Select One
Date of Birth *	04/01/1974
Social Security number	
Home Phone Number	(916)123-4567
Work Phone Number	
Extension	
Cell Phone Number	
Email *	abc@abc.com

Extension	
Cell Phone Number	
Email *	abc@abc.com

Primary Contact - Home Address

If you do not have a permanent home address, please enter in the "Home Address" box, a temporary address with the City and Zip Code where you live. If you do not have a temporary address, please enter a mailing address with the City and Zip Code where you live. We need an address to find available plans in your area.

Street Address *	123 abc street
Apartment or Suite Number	
City *	Sacramento
State *	CA
Zip *	95843

Primary Contact - Mailing Address

Primary Contact - Mailing Address

Is this person's mailing address the same as the home address? ◉ Yes ○ No

Communication and Language Preferences

How would you like to receive your notices and other information? Email

In what language should we write you? English

In what language should we speak to you? English

Back | Save & Exit | Continue

COVERED CALIFORNIA

LEARN

January Month

Application # : 1000001220

START HOU

HOUSEHOLD

✓ Introduction

Primary Contact

January Month

Member 2

Member 3

Member 4

Relationships

Summary

HOUSEHOLD

Please review the info

Elements of P

Confirm Your Address

The RESIDENCE ADDRESS address you've entered is different from those on file. Please confirm which is correct.

The address you entered

123 abc street,
Sacramento,
CA,
Sacramento,
95843

Possible Address 1
123 Abc,
St,
Sacramento,
CA,
Sacramento,
95823

Ok

9-4500 | Online Chat | Find Help Near You | Help
Out | Secure Mailbox(0) | A A A | Español |

Renew

HOUSEHOLD

- ✓ Introduction
- ✓ Primary Contact
- January Month
- Member 2
- Member 3
- Member 4
- Relationships
- Summary

HOUSEHOLD MEMBERS

Please enter all required (*) household member information below.

First Name * January

Middle Name

Last Name * Month

Suffix Select One

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. * Yes No

Sex* Male

Date of Birth * 04/01/1974

Summary

Date of Birth * 04/01/1974

You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit www.ssa.gov.

Does this person have a Social Security Number? * Yes No

Social Security number * *** ** 6789

Is this person a U.S. Citizen or National? * Yes No

Is this person a naturalized citizen? A naturalized citizen is someone who was not born a U.S. citizen but later became a U.S. citizen. * Yes No

Note to Employers and Employees applying for SHOP: Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

Back Save & Exit Add Another Member Continue

January Month

Application # : 1000001220

START | HOUSEHOLD | PERSONAL DATA | INCOME | ELIGIBILITY | ENROLLMENT

HOUSEHOLD

- ✓ Introduction
- ✓ Primary Contact
- ✓ JanuaryMonth
- Member 2
- Member 3
- Member 4
- Relationships
- Summary

HOUSEHOLD MEMBERS

Please enter all required (*) household member information below.

First Name * February

Middle Name

Last Name * Month

Suffix Select One

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. * Yes No

Sex* Female

Date of Birth * 04/01/1974

Summary

Date of Birth * 04/01/1974

You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit www.ssa.gov.

Does this person have a Social Security Number? * (•) Yes ( ) No

Social Security number * *** ** 7890

Is this person a U.S. Citizen or National? * ( ) Yes (•) No

Note to Employers and Employees applying for SHOP: Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

Check the box if this person has satisfactory immigration status. [x] Eligible immigration status

Document Type* Permanent Resident Card (Green Card, I-551)

Alien Number * I23444234

Card Number* C324123565436

Document Expiration Date *

First name on the document * February

Middle name on the document

Card Number*	3241235
Document Expiration Date *	04/01/2017
First name on the document *	February
Middle name on the document	
Last name on the document *	Month
Suffix on the document	Select One
Has this person lived in the U.S. since 1996? *	○ Yes ◉ No
Is this person an honorably discharged veteran or active duty member of the military? *	○ Yes ◉ No

Remove Member

Back | Save & Exit

Add Another Member | Continue

HOUSEHOLD

- ✓ Introduction
- ✓ Primary Contact
- ✓ JanuaryMonth
- ✓ FebruaryMonth
- MarchMonth
- Member 4
- Relationships
- Summary

HOUSEHOLD MEMBERS

Please enter all required (*) household member information below.

First Name * March

Middle Name

Last Name * Month

Suffix Jr

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. * Yes No

Sex* Male

Date of Birth * 04/01/2004

Summary

Date of Birth * 04/01/2004

You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit www.ssa.gov.

Does this person have a Social Security Number? * Yes No

Social Security number * *** ** 8901

Is this person a U.S. Citizen or National? * Yes No

Is this person a naturalized citizen? A naturalized citizen is someone who was not born a U.S. citizen but later became a U.S. citizen. * Yes No

Note to Employers and Employees applying for SHOP: Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

Document Type * Naturalization certificate

Alien Number

Naturalization Number * 7654321

First name on the document * March

Middle name on the document

Last name on the document * Month

Document Type *	Naturalization certificate
Alien Number	
Naturalization Number *	7654321
First name on the document *	March
Middle name on the document	
Last name on the document *	Month
Suffix on the document	Jr

Remove Member

Back | Save & Exit

Add Another Member | Continue

HOUSEHOLD

- ✓ Introduction
- ✓ Primary Contact
- ✓ JanuaryMonth
- ✓ FebruaryMonth
- ✓ MarchMonthJr
- Member 4
- Relationships
- Summary

HOUSEHOLD MEMBERS

Please enter all required (*) household member information below.

First Name * April

Middle Name

Last Name * Month

Suffix Select One

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. * Yes No

Sex* Female

Date of Birth * 04/01/2014

Summary

Date of Birth * 04/01/2014

You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit www.ssa.gov.

Does this person have a Social Security Number? * Yes No

Social Security number * *** ** 9012

Is this person a U.S. Citizen or National? * Yes No

Is this person a naturalized citizen? A naturalized citizen is someone who was not born a U.S. citizen but later became a U.S. citizen. * Yes No

Note to Employers and Employees applying for SHOP: Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

Remove Member

Back Save & Exit

Add Another Member Continue

January Month

Application # : 1000001220

RELATIONSHIPS

Tell us how your household members are related:

This person	is...	to...
January Month	Husband/Wife	February Month
January Month	Stepparent	March Month Jr
January Month	Parent	April Month
February Month	Parent	March Month Jr
February Month	Parent	April Month
March Month Jr	Stepbrother/Stepsister	April Month

Back | Save & Exit | Continue

HOUSEHOLD

- Introduction
- Primary Contact
- JanuaryMonth
- FebruaryMonth
- MarchMonthJr
- AprilMonth
- Relationships
- Summary

HOUSEHOLD SUMMARY

January Month - Primary Contact

Date of Birth 04/01/1974
Does this person want health insurance? Yes
Social Security number ***-**-6789

Edit

February Month

Date of Birth 04/01/1974
Does this person want health insurance? Yes
Social Security number ***-**-7890

Edit

March Month Jr

Date of Birth 04/01/2004

Does this person want health insurance? Yes

Social Security number ***-**-8901

Edit

April Month

Date of Birth 04/01/2014

Does this person want health insurance? Yes

Social Security number ***-**-9012

Edit

Household Relationships

This person	is...	to...
January Month	Husband/Wife	February Month
January Month	Stepparent	March Month Jr
January Month	Parent	April Month
February Month	Parent	March Month Jr
February Month	Parent	April Month
March Month Jr	Stepbrother/Stepsister	April Month

Household Relationships

This person	is...	to...
January Month	Husband/Wife	February Month
January Month	Stepparent	March Month Jr
January Month	Parent	April Month
February Month	Parent	March Month Jr
February Month	Parent	April Month
March Month Jr	Stepbrother/Stepsister	April Month

Edit

Back | Save & Exit

Continue