# Application for Health Insurance (and to find out if you can get help with costs)



	i	Use this application to see what insurance choices you qualify for	<ul> <li>Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)</li> <li>A new tax credit that can help pay your health insurance premiums</li> <li>Private health insurance plans</li> <li>You may qualify for a free or low-cost program even if you earn as much as \$92,000 a year (for a family of 4).</li> </ul>
		Who can use this application?	You can use this application to apply for anyone in your family, even if they already have insurance now. You can still apply even if you don't file a federal income tax return.
		Apply faster online	Apply faster online at <b>www.placeholder.gov</b> .
THINGS TO KNOW		What you may need to apply	<ul> <li>Social Security numbers (or document numbers for any legal immigrants who need insurance)</li> <li>Birth dates</li> <li>Employer &amp; income information for everyone in your family (for example, from paystubs or Forms W-2, Wage and Tax Statements)</li> <li>Policy numbers for any current health insurance</li> <li>Information about any job-related health insurance available to your family</li> </ul>
F		Why do we ask for so much information?	We ask about income and other information to make sure you and your family get the most benefits possible. <b>We'll</b> <b>keep all the information you provide private, as required</b> <b>by law.</b>
		What happens next?	Send your complete, signed application to the address on page 19. <b>If you don't have all the information we ask for, you should sign and submit your application anyway.</b> We'll let you know what programs you might be eligible for within 1-2 weeks.
		Get help with this application	<ul> <li>Online: www.placeholder.gov</li> <li>Phone: Call our Help Center at 1-800-XXX-XXXX</li> <li>In person: Visit our website or call 1-800-XXX-XXXX for a list of places near where you live</li> <li>En Español: Llame a nuestro centro de ayuda gratis al 1-800-XXX-XXXX</li> </ul>

## Tell us about yourself.

(We will need to contact an adult member of the family.)

First Name,	Middle	Name,	Last	Name	&	Suffix
-------------	--------	-------	------	------	---	--------

Home Address				Apartment Numb
City		State	Zip Code	County
Mailing Address (	f different from home a	address)		Apartment Numb
City		State	Zip Code	County
Check here if y	ou don't have a home a	nddress. You still r	need to give a mailing	address.
Phone Number	_		Other Phone Number	-
I would like to ge	information about this	application by:		
Email: 🗌 Yes 🗌	No Email Address: _			
Text: 🗌 Yes 🗌	No Cell Phone Numb	ber: ( )	-	
Preferred Langua	ge Spoken (if not Englis	sh)	Preferred Languag	e Read (if not English)

# STEP 2

## Tell us about your family.

Your income and family size help us decide what programs you qualify for. With this information, we can make sure everyone gets the most coverage possible.

#### Here's who you need to include on this application:

- Your spouse, if married
- Your children who live with you
- Your partner who lives with you (but only if you have children together who need health insurance)
- Anyone you include on your federal income tax return

Anyone else who lives with you will need to file their own application if they want insurance. You don't need to file taxes to apply for health insurance.

#### Complete one page (front and back) for each person in your family. Start with yourself!

If you have more than 6 people in your family to include, you'll need to make a copy of the next 2 pages and complete.

#### Your information is private.

- We'll keep your information private as required by law.
- We'll use the information on this form only to see if you qualify for health insurance.

Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 2 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you. **Start with yourself!** 

First Name, Middle Na	me, Last Name	& Suffix			Relationship to you? SELF
Social Security Number	er <b>OPTIONAL</b>	Date of birth	Sex	Pregnant?  Ye	es 🗌 No
		(month/day/year)	🗌 Male 🗌 Female		babies are expected:
		CN-2 for a second second size of			
not applying for insura	ance, but provic o is eligible for	<b>SNs)</b> for everyone applying f ling an SSN can speed up the help with insurance. If someo	application process. W	/e use SSNs to che	eck income and other
		<b>ile a federal incom</b> urance even if you don't fil			
YES. If yes, pleas	e answer que	stions 1-3.			
	-				
Is DEDSON 1 a	oplying fo	r health insurance?			
		might be a program with	better coverage or l	lower costs.)	
		0			•
		n't a U.S. citizen or national,		÷	
	Go to page 20	for a list of eligible immigrat	on statuses and add th	e information belo	DW.
Does PERSON 1 want	help paying for	medical bills from the last 3 ı	months? 🗌 Yes 🗌 No	,	
Does PERSON 1 live w	ith at least one	child under the age of 19 and	l are they the main pers	son taking care of	this child? 🗌 Yes 🗌 No
		stions if PERSON 1 is 26 o			
		n a job and lose it within the I	oast 3 months? 🗌 Yes	No	
End date: Is PERSON 1 a full time		Reason the insurance ended: Was PERSON 1 ever in foster		N 1 have a parent	living outside the home?
	e student!				inving outside the nome:
	nnicity (OPTION	IAL—check all that apply) ] Chicano∕a □ Puerto Rica	n 🗌 Cuban 🗌 Other		
Race (OPTIONAL-ch	eck all that app	ly)			
White Black or African	Americ Alaska	an Indian or 🛛 🗌 Filipino			uamanian or Chamorro
Black or African American	Alaska Asian Ir Chinese	ndian 🗌 Korean	se 🗌 Other Asi	awaiian 🗌 C	amoan Ither Pacific Islander
					uther
	N	IOW, tell us about a	any income from	m PERSON 1	on the back. 💙

□ **Not employed**—Skip to "Other Income" lower on this page.

#### **CURRENT JOB 1:**

Employer na	ime						
Wages/tips ( <b>\$</b>	(before taxes)	Hourly	U Weekly	Every 2 weeks	Monthly	Yearly	Average hours worked each WEEK
CURRENT	<b>JOB 2:</b> (If y	ou have m	ore jobs an	d need more spac	e, attach and	other shee	t of paper.)
Employer na	ime						
Wages/tips ( <b>\$</b>	(before taxes)	Hourly	U Weekly	Every 2 weeks	Monthly	Yearly	Average hours worked each WEEK
	5 months, did F obs 🗌 Stop v		]Start workir	ng fewer hours			
							>
					X		
					Capital Gains	\$	How often?
	\$	<b>5</b>	How often? _		Dividends/Inte	erest <b>\$</b> _	How often?
	\$	، ا ا	How often?	1	Vet Farming/F	-ishing <b>\$</b> _	How often?
	\$	، ا	How often? _	1	Net Rental/Ro	yalty <b>\$</b> _	How often?
	\$	;I	How often? _		Other Income	\$ _	How often?
			How often? _	-	Гуре:		

**DEDUCTIONS:** Check all that apply, and give the amount and how often you get it.

If PERSON 1 pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health insurance a little lower.

NOTE: You shouldn't include a cost that you already considered in your answer to net self-employment.

Alimony	\$ How often?
Student loan interest	\$ How often?

Other deductions 
How often?

Туре: \_\_\_\_\_

#### YEARLY INCOME:

If the income you listed on this page is not steady from month to month, please tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year. If you don't expect changes to your monthly income, skip to Step 3.

PERSON 1's total income <b>this year</b>	PERSON 1's total income <b>next year</b>
\$	\$

## THANKS! This is all we need to know about PERSON 1.

**NEED HELP WITH YOUR APPLICATION?** Call us at 1-800-XXX-XXXX, or visit us at <u>www.placeholder.gov</u>. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.



Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 2 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

First Name, Middle Na	me. Last Name	& Suffix			Relationship to you?
Social Security Numbe	er <b>OPTIONAL</b>	Date of birth	Sex	Pregnant? Yes	5 🗆 No
		(month/day/year)	Male 🗌 Female		babies are expected:
Does this PERSON 2 I	ive at the same	address as you? 🗌 Yes 🗌 No	<b>If no,</b> list address: _		
<b>Does PERSON</b>	2 plan to	file a federal income	tax return NE	XT YEAR?	
(You can still apply	for health insu	urance even if you don't file	a federal income ta	ax return.)	
YES. If yes, pleas	e answer que	stions 1–3.	NO. If no, skip to	question 3.	
1. Will PERSON 2 fi	le jointly with a	spouse/partner? 🗌 Yes 🗌 No	þ		
If yes, name of s	pouse/partner: _				
2. Does PERSON 2	have any depen	dents?			
<b>If yes,</b> list name(	s) of dependent	S:			
			🗌 Yes 🗌 No		
<b>If yes,</b> please list	the name of the	e tax filer:			
How is PERSON	2 related to the	tax filer?		•	
Is PERSON 2 a	pplying fo	r health insurance?			
		might be a program with b	etter coverage or l	lower costs.)	
<b>YES. If yes</b> , answ	er all the ques	stions below. 🔱 🗌	NO. If no, SKIP to Leave the rest of		stions on page 6. 🜔
Social Security Number	er <b>REQUIRED</b> if	you have one and if not listed a	ibove		
Have a disability?	Needs help wit	h activities of daily living throu	gh personal assistanc	ce services or a me	dical facility?
🗌 Yes 🗌 No	Yes No				
U.S. citizen or national?	If PERSON 2 is	<b>n't a U.S. citizen or national,</b> d	o they have eligible ir	mmigration status?	Yes
		for a list of eligible immigration		e information below	Ν.
	Document Typ	e: ID	Number:		
	Has PERSON 2	lived in the U.S. since 1996?	Yes No		
Does PERSON 2 want	help paying for	medical bills from the last 3 m	onths? 🗌 Yes 🗌 No	0	
Does PERSON 2 live w	vith at least one	child under the age of 19 and a	are they the main per	son taking care of	this child? 🗌 Yes 🗌 No
Please answer the f	ollowing que	stions if PERSON 2 is 26 or	younger:		
Did PERSON 2 have in	surance throug	h a job and lose it within the pa	ist 3 months? 🗌 Yes	🗌 No	
End date:		Reason the insurance ended:			
Is PERSON 2 a full tim	e student?	Was PERSON 2 ever in foster c	are? Does PERSO		iving outside the home?
	-	IAL—check all that apply) Chicano/a  Puerto Rican	Cuban Other		
Race (OPTIONAL—ch					
White	Americ	an Indian or 🛛 🗍 Filipino	🗌 Vietname	ese 🗌 Gu	amanian or Chamorro
Black or African	Alaska				moan
American	Asian Ir		🔄 Native Ha	=	her Pacific Islander her

NOW, tell us about any income from PERSON 2 on the back.

□ Not employed—Skip to "Other Income" lower on this page.

#### **CURRENT JOB 1:**

Employer name							
Wages/tips (before taxes <b>\$</b>	5) 🗌 Hourly	Weekly	Every 2 weeks	Monthly	Yearly	Average hours v	vorked each WEEK
CURRENT JOB 2: (If	you have m	ore jobs and	d need more spa	ce, attach an	other shee	t of paper.)	
Employer name							
Wages/tips (before taxes <b>\$</b>	5) 🗌 Hourly	U Weekly	Every 2 weeks	Monthly	Yearly	Average hours v	vorked each WEEK
In the past 6 months, did							
Change jobs Stop	working	Start workin	g fewer hours	]			
				X			
					_		
	\$ H	low often? _			_		
	\$ H	low often? _			_		
	\$ ł	low often? _			_		
	\$	low often? _		Other Income	_		
	\$H	low often? _		Туре:			

**DEDUCTIONS:** Check all that apply, and give the amount and how often you get it.

If PERSON 2 pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health insurance a little lower.

NOTE: You shouldn't include a cost that you already considered in your answer to net self-employment.

Alimony	\$ How often?

Student loan interest \$\_\_\_\_\_ How often? \_\_\_\_\_

Other deductions \$ \_\_\_\_\_ How often? \_\_\_\_\_

#### YEARLY INCOME:

Type: \_\_\_\_

If the income you listed on this page is not steady from month to month, please tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year. If you don't expect changes to your monthly income, skip to Step 3.

PERSON 2's total income <b>this year</b>	PERSON 2's total income <b>next year</b>
\$	\$

## **THANKS!** This is all we need to know about PERSON 2.

**NEED HELP WITH YOUR APPLICATION?** Call us at 1-800-XXX-XXXX, or visit us at <u>www.placeholder.gov</u>. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 2 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

First Name, Middle Na	me, Last Name	& Suffix		Relationship to you?				
Social Security Number	er OPTIONAL	Date of birth (month/day/year)	Sex	Pregnant?  Yes No				
				If yes, how many babies are expected:				
Does this PERSON 3 live at the same address as you? 🗌 Yes 🗌 No <b>If no,</b> list address:								
Does PERSON	3 plan to	file a federal income	tax return NE	XT YEAR?				
(You can still apply	for health insu	urance even if you don't file						
YES. If yes, pleas			NO. If no, skip to	question 3.				
	, ,	spouse/partner? Yes No	)					
If yes, name of s								
2. Does PERSON 3								
<b>If yes,</b> list name(	s) of dependent	·S:	Yes No					
<b>If yes,</b> please list	the name of the	e tax filer:						
How is PERSON	3 related to the	tax filer?		×				
Is PERSON 3 a	pplying fo	r health insurance?						
		e might be a program with b	etter coverage or l	lower costs.)				
YES. If yes, answ	er all the ques	stions below. 🟮 🗌	NO. If no, SKIP to Leave the rest of	the income questions on page 8. 🖯				
Social Security Number	er <b>REQUIRED</b> if	you have one and if not listed a	bove					
Have a disability?	Needs help wit	h activities of daily living through	gh personal assistanc	e services or a medical facility?				
U.S. citizen or national?	If PERSON 3 is	<b>m't a U.S. citizen or national,</b> de	o they have eligible in	mmigration status? 🗌 Yes				
	Go to page 20	for a list of eligible immigration		e information below.				
	Document Typ							
		lived in the U.S. since 1996?						
Does PERSON 3 want	help paying for	medical bills from the last 3 mo	onths? 🗌 Yes 🗌 No	)				
				son taking care of this child? 🗌 Yes 🗌 No				
		stions if PERSON 3 is 26 or	_					
	÷	h a job and lose it within the pa	st 3 months? [] Yes	L] No				
End date: Is PERSON 3 a full time		Reason the insurance ended: Was PERSON 3 ever in foster ca	are? Does PERSO	N 3 have a parent living outside the home?				
Yes No		Yes No	Yes No					
	_	IAL—check all that apply) ☐ Chicano/a  ☐ Puerto Rican	Cuban Other					
Race (OPTIONAL-ch	eck all that app	ly)						
<ul><li>White</li><li>Black or African</li><li>American</li></ul>	Alaska	ndian 🗌 Korean	<ul><li>Vietname</li><li>Other Asi</li><li>Native Ha</li></ul>	an 🗌 Samoan				
	Chinese	9		Other				

NOW, tell us about any income from PERSON 3 on the back. 🔿

□ **Not employed**—Skip to "Other Income" lower on this page.

#### CURRENT JOB 1.

Employer name					
Wages/tips (before taxes \$	s) 🗌 Hourly 🗌 Weekly 🗌 Eve	ery 2 weeks 🗌 Monthly	Yearly	Average hours worked each	WEEK
CURRENT JOB 2: (If	you have more jobs and need	more space, attach anot	ther shee	t of paper.)	
Employer name					
Wages/tips (before taxe \$	s) 🗌 Hourly 🗌 Weekly 🗌 Eve	ery 2 weeks 🗌 Monthly	Yearly	Average hours worked each	WEEK
In the past 6 months, did	PERSON 3:				
Change jobs Stor	o working 🗌 Start working fewe	r hours			
If self-employed, plea	ase answer the following ques	tions:			
Type of Work					
How much not income (	profits once expenses are paid) wi	II PERSON 3 get from this se	elf-employ	ment this month? See instruc	tions o
page 20 to see what cou					
page 20 to see what cou \$	ıld be counted.				
page 20 to see what cou \$		amount and how often y	ou get it.		
page 20 to see what cou \$ OTHER INCOME: Cha	ıld be counted.				
page 20 to see what cou \$ OTHER INCOME: Cha	IId be counted. eck all that apply, and give the		Ipplement		
page 20 to see what cou <b>\$</b> <b>OTHER INCOME:</b> Char <b>NOTE:</b> You don't need	IId be counted. eck all that apply, and give the	veteran's payment or Su	ipplement \$	tal Security Income (SSI).	
page 20 to see what cou <b>S</b> OTHER INCOME: Char NOTE: You don't need None	uld be counted. eck all that apply, and give the to tell us about child support,	veteran's payment or Su Capital Gains Dividends/Intere	pplement 	tal Security Income (SSI). How often?	
page 20 to see what cou <b>S</b> <b>OTHER INCOME:</b> Ch <b>NOTE:</b> You don't need None Unemployment	Id be counted. eck all that apply, and give the to tell us about child support, \$ How often?	veteran's payment or Su Capital Gains Dividends/Intere	upplement	tal Security Income (SSI). How often? How often?	
<pre>page 20 to see what cou \$ OTHER INCOME: Chain NOTE: You don't need None Unemployment Pensions Social Security</pre>	IId be counted. eck all that apply, and give the to tell us about child support, \$ How often? \$ How often?	veteran's payment or Su Capital Gains Dividends/Intere	Ipplement	tal Security Income (SSI). How often? How often? How often? How often?	
<pre>page 20 to see what cou \$ OTHER INCOME: Cha NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts</pre>	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li> <li>\$ How often?</li> <li>\$ How often?</li> </ul>	veteran's payment or Su Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya	pplement	tal Security Income (SSI). How often? How often? How often? How often? How often?	
<pre>page 20 to see what cou \$ OTHER INCOME: Chain NOTE: You don't need None Unemployment Pensions Social Security</pre>	<ul> <li>uld be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li> </ul>	veteran's payment or Su Capital Gains Dividends/Interd Net Farming/Fis Net Rental/Roya	pplement	tal Security Income (SSI). How often? How often? How often? How often? How often?	
<pre>page 20 to see what cou \$ OTHER INCOME: Ch NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts Alimony</pre>	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li> <li>\$ How often?</li> <li>\$ How often?</li> </ul>	veteran's payment or Su Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type:	pplement \$ est \$ shing \$ alty \$ \$	tal Security Income (SSI). How often? How often? How often? How often? How often?	
<pre>page 20 to see what cou \$ OTHER INCOME: Cha NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Checl</pre>	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?</li> </ul>	veteran's payment or Su Capital Gains Dividends/Interd Net Farming/Fis Net Rental/Roya Other Income Type:	Ipplement	tal Security Income (SSI). How often? How often? How often? How often? How often?	
page 20 to see what couse         \$         OTHER INCOME: Characteristic consection         None         Unemployment         Pensions         Social Security         Retirement Accounts         Alimony         DEDUCTIONS: Check         If PERSON 3 pays for comake the cost of healt	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li></ul>	veteran's payment or Su Capital Gains Dividends/Intera Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income	ipplement         \$         est       \$         shing       \$         alty       \$         \$       \$         get it.       \$         atx retur	tal Security Income (SSI). How often? How often? How often? How often? How often? Thow often? How often?	
page 20 to see what couse   \$   OTHER INCOME: Characteristic   NOTE: You don't need   None   Unemployment   Pensions   Social Security   Retirement Accounts   Alimony   DEDUCTIONS: Check   If PERSON 3 pays for comake the cost of healt	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?\$</li> <li>\$ How often?</li></ul>	veteran's payment or Su Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income	ipplement         \$         est       \$         shing       \$         alty       \$         \$       \$         get it.       \$         atx retur	tal Security Income (SSI). How often? How often? How often? How often? How often? Thow often? How often?	
page 20 to see what couse   \$   OTHER INCOME: Characteristic   NOTE: You don't need   None   Unemployment   Pensions   Social Security   Retirement Accounts   Alimony   DEDUCTIONS: Check   If PERSON 3 pays for comake the cost of healt	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li></ul>	veteran's payment or Su Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income	ipplement         \$         est       \$         shing       \$         alty       \$         \$       \$         get it.       \$         atx retur	tal Security Income (SSI). How often? How often? How often? How often? How often? Thow often? How often?	
<pre>page 20 to see what cou \$ OTHER INCOME: Ch NOTE: You don't need None One One One Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Check If PERSON 3 pays for co make the cost of healt NOTE: You shouldn't in Alimony</pre>	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?\$</li> <li>\$ How often?</li></ul>	veteran's payment or Su Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income considered in your answe	ipplement         \$         est       \$         shing       \$         alty       \$         \$       \$         get it.       \$         atx retur	tal Security Income (SSI). How often? How often? How often? How often? How often? Thow often? How often?	
<pre>page 20 to see what cou \$ OTHER INCOME: Ch NOTE: You don't need None One One One Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Check If PERSON 3 pays for co make the cost of healt NOTE: You shouldn't in Alimony</pre>	<ul> <li>Id be counted.</li> <li>eck all that apply, and give the to tell us about child support,</li> <li>\$ How often?</li> </ul>	veteran's payment or Su	ipplement         \$         est       \$         shing       \$         alty       \$         \$       \$         get it.       \$         atx retur	tal Security Income (SSI). How often? How often? How often? How often? How often? Thow often? How often?	

#### YEARLY INCOME:

If the income you listed on this page is not steady from month to month, please tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year. If you don't expect changes to your monthly income, skip to Step 3.

PERSON 3's total income this year	PERSON 3's total income <b>next year</b>
\$	\$

## THANKS! This is all we need to know about PERSON 3.

NEED HELP WITH YOUR APPLICATION? Call us at 1-800-XXX-XXXX, or visit us at www.placeholder.gov. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 2 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

First Name, Middle Name, La	st Name	& Suffix			Relationship to you?
Social Security Number OPTI	ONAL	Date of birth	Sex	Pregnant?  Yes	S 🗌 No
		(month/day/year)	Male Female	If yes, how many b	oabies are expected:
Does this PERSON 4 live at t	he same	address as you? 🗌 Yes 🗌 No	<b>If no,</b> list address: _		
Does PERSON 4 pl	an to	file a federal income	tax return NE	XT YEAR?	
(You can still apply for he	alth insu	irance even if you don't file	a federal income ta	ax return.)	
YES. If yes, please answ	ver que	stions 1–3.	NO. If no, skip to	question 3.	
1. Will PERSON 4 file joint	ly with a	spouse/partner? 🗌 Yes 🗌 No	D		
If yes, name of spouse/	partner: _				
2. Does PERSON 4 have ar	ny depen	dents?			
If yes, list name(s) of de	ependent	s:			
			🗌 Yes 🗌 No		
If yes, please list the na	me of the	e tax filer:			
How is PERSON 4 relate	ed to the	tax filer?		*	
Is PERSON 4 apply	ing fo	r health insurance?			
(Even if you have insurand	ce, there	might be a program with b			
YES. If yes, answer all t	he ques	tions below. 😲 🗌	NO. If no, SKIP to Leave the rest of	the income ques this page blank.	stions on page 10. 🕞
Social Security Number <b>REQ</b>	UIRED if	you have one and if not listed a	bove		
	help wit	h activities of daily living throug	gh personal assistanc	e services or a med	dical facility?
U.S. citizen or If PER	SON 4 is	n't a U.S. citizen or national, d	o they have eligible in	mmigration status?	Yes
national? Go to	page 20	for a list of eligible immigration	statuses and add th	e information below	V.
Docum	nent Typ	e: ID	Number:		
Has PI	ERSON 4	lived in the U.S. since 1996?	Yes 🗌 No		
Does PERSON 4 want help p	aying for	medical bills from the last 3 m	onths? 🗌 Yes 🗌 No	)	
Does PERSON 4 live with at I	east one	child under the age of 19 and a	are they the main per	son taking care of	this child? 🗌 Yes 🗌 No
Please answer the followi	ng ques	stions if PERSON 4 is 26 or	younger:		
Did PERSON 4 have insurance	e throug	h a job and lose it within the pa	st 3 months? 🗌 Yes	🗌 No	
End date:	F	Reason the insurance ended:			
Is PERSON 4 a full time stude	ent?	Was PERSON 4 ever in foster c	are? Does PERSO	•	iving outside the home?
If Hispanic/Latino, ethnicity	· _	IAL—check all that apply) Chicano/a  Puerto Rican	Cuban Other		
Race (OPTIONAL—check all					
White     Image: Construction of the con	,	an Indian or 🛛 Filipino Native 🗍 Japanese Indian 🗌 Korean	<ul><li>Vietname</li><li>Other Asi</li><li>Native Ha</li></ul>	an 🗌 Sa waiian 🗌 Ot	iamanian or Chamorro moan her Pacific Islander her

NOW, tell us about any income from PERSON 4 on the back. 🔿

□ **Not employed**—Skip to "Other Income" lower on this page.

#### **CURRENT JOB 1:**

Employer name				
Wages/tips (before taxes \$	s) 🗌 Hourly 🗌 Weekly 🗌 Eve	ry 2 weeks 🗌 Monthly 🗌 Ye	Parly Average hours worked	d each WEEK
CURRENT JOB 2: (If	you have more jobs and need	more space, attach another s	sheet of paper.)	
Employer name				
Wages/tips (before taxe \$	s) 🗌 Hourly 🗌 Weekly 🗌 Even	ry 2 weeks 🗌 Monthly 🗌 Ye	early Average hours worked	d each WEEK
In the past 6 months, did	PERSON 4:		I	
Change jobs Stop	working Start working fewer	hours		
	se answer the following quest	ions:		
Type of Work				
	eck all that apply, and give the a			(551)
	to ten us about crind support, v	Capital Gains	\$ How often?	
	\$ How often?		\$ How often?	
	\$ How often?		\$ How often?	
Social Security	\$ How often?	Net Rental/Royalty	\$ How often?	
		Other Income	\$ How often?	
	\$ How often?	Other income Type:		
DEDUCTIONS: Checl	< all that apply, and give the am	ount and how often you get	it.	
	certain things that can be deduc	cted on a federal income tax	return, telling us about th	nem could
	h insurance a little lower.		wet calf a way lay was and	
_	s How often?	-	net self-employment.	
Alimony	\$ How often?			
_				
Other deductions Type:	\$ How often?			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

#### YEARLY INCOME:

If the income you listed on this page is not steady from month to month, please tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year. If you don't expect changes to your monthly income, skip to Step 3.

PERSON 4's total income <b>this year</b>	PERSON 4's total income <b>next year</b>
\$	\$

## THANKS! This is all we need to know about PERSON 4.

NEED HELP WITH YOUR APPLICATION? Call us at 1-800-XXX-XXXX, or visit us at www.placeholder.gov. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 2 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

First Name, Middle Na	me, Last Name	& Suffix		Relationship to you?	_
Social Security Numbe	er OPTIONAL	Date of birth (month/day/year)	Sex	Pregnant? Yes No	
			∐ Male ∐ Female	If yes, how many babies are expected:	—
Does this PERSON 5 li	ve at the same	address as you? 🗌 Yes 🗌 No	<b>If no,</b> list address: _		_
<b>Does PERSON</b>	5 plan to	file a federal income	tax return NE	XT YEAR?	
(You can still apply	for health insu	urance even if you don't file a	a federal income ta	ax return.)	
<b>YES. If yes,</b> pleas	e answer que	stions 1–3.	NO. If no, skip to	question 3.	
1. Will PERSON 5 fi	le jointly with a	spouse/partner? Yes No	)		
If yes, name of s	pouse/partner:				_
2. Does PERSON 5	have any depen	dents?			
<b>If yes,</b> list name(s	s) of dependent	S:			-
			Yes No		
		e tax filer: tax filer?			-
		or health insurance? • might be a program with b	etter coverage or l	ower costs)	
□ YES. If yes, answ				the income questions on page 12.	
			Leave the rest of	this page blank. 🤟	
Social Security Number	er <b>REQUIRED</b> if	you have one and if not listed a	bove		
Have a disability?		h activities of daily living throug	gh personal assistanc	e services or a medical facility?	
Yes No	Yes No				
national?		n't a U.S. citizen or national, do			
🗌 Yes 🗌 No	Document Typ	for a list of eligible immigration e: ID			
		lived in the U.S. since 1996?			
Does PERSON 5 want		medical bills from the last 3 mc			
				son taking care of this child? 🗌 Yes 📋 N	10
		stions if PERSON 5 is 26 or y h a job and lose it within the pa	_		
End date:	÷	Reason the insurance ended:			
Is PERSON 5 a full time		Was PERSON 5 ever in foster ca	are? Does PERSO	N 5 have a parent living outside the home?	?
If Hispanic/Latino, eth	nicity (OPTION	AL—check all that apply)	I		
Mexican Mexica	an American	Chicano/a 🗌 Puerto Rican	Cuban Other		
Race (OPTIONAL—che	_	_			_
☐ White ☐ Black or African	Americ Laska	an Indian or 📃 Filipino Native 🗌 Japanese	☐ Vietname ☐ Other Asi		
American	Asian II	ndian 🗌 Korean	Native Ha	waiian 🗌 Other Pacific Islander	
		<del>.</del>		U Other	-

NOW, tell us about any income from PERSON 5 on the back. 🔿

□ **Not employed**—Skip to "Other Income" lower on this page.

#### CURRENT JOB 1.

Employer name					
Wages/tips (before taxe	s) 🗌 Hourly 🗌 Weekly 🗌 Eve	ery 2 weeks 🗌 Monthly [	Yearly	Average hours worked each	WEEK
CURRENT JOB 2: (I	f you have more jobs and need	more space, attach anot	her sheet	t of paper.)	
Employer name					
Wages/tips (before taxe \$	s) 🗌 Hourly 🗌 Weekly 🗌 Eve	ery 2 weeks 🗌 Monthly [	Yearly	Average hours worked each	WEEK
In the past 6 months, die	d PERSON 5:			1	
Change jobs Sto	p working 🗌 Start working fewer	r hours			
If self-employed, plea	ase answer the following quest	tions:			
Type of Work					
How much net income (	profits once expenses are paid) wil	I PERSON 5 get from this se	elf-employ	ment this month? See instruc	tions o
page 20 to see what cou					
page 20 to see what cor \$	uld be counted.				
page 20 to see what con \$ OTHER INCOME: Ch	uld be counted. eck all that apply, and give the				
page 20 to see what con \$ OTHER INCOME: Ch	uld be counted.			tal Security Income (SSI).	
page 20 to see what con \$ OTHER INCOME: Ch	uld be counted. eck all that apply, and give the		pplement	tal Security Income (SSI). How often?	
page 20 to see what con	uld be counted. eck all that apply, and give the	veteran's payment or Su	pplement \$		
page 20 to see what corst         \$         OTHER INCOME: Ch         NOTE: You don't need         None	uld be counted. eck all that apply, and give the to tell us about child support,	veteran's payment or Sup Capital Gains	pplement <b>\$</b> est <b>\$</b>	How often?	
page 20 to see what con <b>OTHER INCOME:</b> Ch <b>NOTE:</b> You don't need None Unemployment Pensions	eck all that apply, and give the to tell us about child support,	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis	pplement \$ est \$ hing \$	How often? How often?	
page 20 to see what cors         OTHER INCOME: Ch         NOTE: You don't need         None         Unemployment         Pensions         Social Security	<ul> <li>uld be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li> </ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis	pplement \$ est \$ hing \$ alty \$	How often? How often? How often?	
page 20 to see what cors         OTHER INCOME: Ch         NOTE: You don't need         None         Unemployment         Pensions         Social Security	<ul> <li>and be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li> <li>\$ How often?</li> </ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis	pplement \$ est \$ shing \$ alty \$ \$	How often?           How often?           How often?           How often?           How often?           How often?	
<pre>page 20 to see what cor \$ OTHER INCOME: Ch NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts Alimony</pre>	<ul> <li>be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li> <li>\$ How often?</li> <li>\$ How often?</li> </ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type:	pplement \$ est \$ shing \$ alty \$ \$	How often?           How often?           How often?           How often?           How often?           How often?	
<pre>page 20 to see what cor \$ OTHER INCOME: Ch NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Chec</pre>	<ul> <li>and be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> </ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type:	pplement \$	How often?           How often?           How often?           How often?           How often?           How often?	
page 20 to see what cors         OTHER INCOME: Ch         NOTE: You don't need         None         Unemployment         Pensions         Social Security         Retirement Accounts         Alimony         DEDUCTIONS: Checounts         If PERSON 5 pays for other	<ul> <li>be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> </ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type:	pplement \$	How often?           How often?           How often?           How often?           How often?           How often?	
page 20 to see what cors         OTHER INCOME: Ch         NOTE: You don't need         None         Unemployment         Pensions         Social Security         Retirement Accounts         Alimony         DEDUCTIONS: Check         If PERSON 5 pays for or make the cost of healt	<ul> <li>and be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> </ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income	pplement st \$ shing \$ alty \$ \$ get it. tax retur	How often?         How often?         How often?         How often?         How often?         How often?	
page 20 to see what cors         OTHER INCOME: Ch         NOTE: You don't need         None         Unemployment         Pensions         Social Security         Retirement Accounts         Alimony         DEDUCTIONS: Check         If PERSON 5 pays for or make the cost of healt	<ul> <li>and be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> <li>\$</li></ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income	pplement st \$ shing \$ alty \$ \$ get it. tax retur	How often?         How often?         How often?         How often?         How often?         How often?	
page 20 to see what cor  Comparison of the second	<ul> <li>and be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> <li>\$ How often?</li></ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income considered in your answer	pplement st \$ shing \$ alty \$ \$ get it. tax retur	How often?         How often?         How often?         How often?         How often?         How often?	
page 20 to see what cor  Comparison of the second	<ul> <li>and be counted.</li> <li>eck all that apply, and give the</li> <li>to tell us about child support,</li> <li>\$ How often?</li> </ul>	veteran's payment or Sup Capital Gains Dividends/Intere Net Farming/Fis Net Rental/Roya Other Income Type: nount and how often you cted on a federal income considered in your answer	pplement st \$ shing \$ alty \$ \$ get it. tax retur	How often?         How often?         How often?         How often?         How often?         How often?	

### YEARLY INCOME:

If the income you listed on this page is not steady from month to month, please tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year. If you don't expect changes to your monthly income, skip to Step 3.

PERSON 5's total income <b>this year</b>	PERSON 5's total income <b>next year</b>
\$	\$

## THANKS! This is all we need to know about PERSON 5.

NEED HELP WITH YOUR APPLICATION? Call us at 1-800-XXX-XXXX, or visit us at www.placeholder.gov. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

Complete Step 2 for your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 2 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

First Name, Middle Na	me, Last Name	& Suffix		Relationship to you?
Social Security Numbe	r OPTIONAL	Date of birth (month/day/year)	Sex	Pregnant? Yes No
			Male Female	If yes, how many babies are expected:
Does this PERSON 6 li	ve at the same	address as you? 🗌 Yes 🗌 No	If no, list address: _	
<b>Does PERSON</b>	6 plan to	file a federal income	tax return NE	XT YEAR?
(You can still apply	for health insu	urance even if you don't file a	a federal income ta	ax return.)
<b>YES. If yes,</b> pleas	e answer que	stions 1–3.	NO. If no, skip to	question 3.
1. Will PERSON 6 fi	le jointly with a	spouse/partner? Yes No	)	
<b>If yes,</b> name of sp	oouse/partner:			
2. Does PERSON 6 I	nave any depen	dents?		
<b>If yes,</b> list name(s	s) of dependent	S:		
			🗌 Yes 🗌 No	
		e tax filer:		
		tax filer?		
		or health insurance?		
_		e might be a program with b		
YES. If yes, answe	er all the ques	stions below. 🕛	NO. If no, SKIP to Leave the rest of	the income questions on page 4.
Social Security Numbe	er <b>REQUIRED</b> if	you have one and if not listed a		
Have a disability?	Needs help wit	h activities of daily living throug	gh personal assistanc	e services or a medical facility?
U.S. citizen or	If PERSON 6 is	<b>m't a U.S. citizen or national,</b> de	they have eligible ir	nmigration status? 🗌 Yes
national?	Go to page 20	for a list of eligible immigration		e information below.
	Document Typ	e: ID	Number:	
	Has PERSON 6	i lived in the U.S. since 1996?	Yes No	
Does PERSON 6 want	help paying for	medical bills from the last 3 mo	onths? 🗌 Yes 🗌 No	)
Does PERSON 6 live w	rith at least one	child under the age of 19 and a	re they the main per	son taking care of this child? 🗌 Yes 🗌 No
		stions if PERSON 6 is 26 or		_
Did PERSON 6 have in	-	h a job and lose it within the pa	st 3 months? 🗌 Yes	No
End date:		Reason the insurance ended:		
Is PERSON 6 a full time	e student?	Was PERSON 6 ever in foster ca	are? Does PERSO	N 6 have a parent living outside the home?
	_	IAL—check all that apply) ☐ Chicano/a  □ Puerto Rican	Cuban Other	
Race (OPTIONAL—che		_ , _		
White Black or African American	_	an Indian or 📄 Filipino Native 📄 Japanese ndian 🗌 Korean	<ul><li>Vietname</li><li>Other Asi</li><li>Native Ha</li></ul>	an 🗌 Samoan

NOW, tell us about any income from PERSON 6 on the back. 🔿

□ **Not employed**—Skip to "Other Income" lower on this page.

#### **CURRENT JOB 1:**

Employer name					
Wages/tips (before taxe <b>\$</b>	s) 🗌 Hourly 🗌	Weekly 🗌 Every 2 week	s 🗌 Monthly	☐ Yearly	Average hours worked each WEEK
CURRENT JOB 2: (I	f you have more	jobs and need more sp	ace, attach and	other shee	t of paper.)
Employer name					
Wages/tips (before taxe <b>\$</b>	s) Hourly	Weekly Every 2 week	s 🗌 Monthly	Yearly	Average hours worked each WEEK
In the past 6 months, di	d PERSON 6:				
🗌 Change jobs 🛛 Sto	p working 🗌 Sta	rt working fewer hours			
If self-employed, plea	ase answer the fo	ollowing questions:			
Type of Work					
		ses are paid) will PERSON	6 get from this	self-employ	ment this month? See instructions of
nade 20 to see what co	uld be counted				
page 20 to see what co					
\$					
		-			
\$		y, and give the amount a	and how often	you get it.	
SOTHER INCOME: Ch	neck all that apply				tal Security Income (SSI).
\$ OTHER INCOME: Ch NOTE: You don't need	neck all that apply	child support, veteran's		upplemen	
S THER INCOME: Ch NOTE: You don't neec None	neck all that apply	child support, veteran's	payment or S	upplemen 	tal Security Income (SSI).
<b>\$</b> OTHER INCOME: Ch NOTE: You don't neec None Unemployment	neck all that apply I to tell us about	child support, veteran's	payment or S Capital Gains Dividends/Inte	upplemen – * erest <b>\$</b>	tal Security Income (SSI). How often?
Souther Income: Character States Stat	heck all that apply I to tell us about \$ How	child support, veteran's	payment or S Capital Gains Dividends/Inte	upplemen – erest \$ Fishing \$	tal Security Income (SSI). How often? How often?
S THER INCOME: Ch TOTE: You don't need None Unemployment Pensions Social Security	heck all that apply to tell us about \$ How \$ How \$ How	child support, veteran's often? [ often? [ often? [	payment or S Capital Gains Dividends/Inte Net Farming/F	upplemen \$ erest \$ Fishing \$ yalty \$	tal Security Income (SSI). How often? How often? How often?
SOTHER INCOME: Ch	heck all that apply to tell us about \$ How \$ How \$ How	child support, veteran's	payment or S Capital Gains Dividends/Inte Net Farming/F Net Rental/Ro	upplemen \$ rest \$ Fishing \$ yalty \$ \$	tal Security Income (SSI). —— How often? How often? How often? How often? How often?
Social Security Alimony	heck all that apply to tell us about \$ How \$ How \$ How \$ How \$ How	child support, veteran's	<ul> <li>payment or S</li> <li>Capital Gains</li> <li>Dividends/Inte</li> <li>Net Farming/F</li> <li>Net Rental/Ro</li> <li>Other Income</li> <li>Type:</li> </ul>	upplemen *rest \$ Tishing \$ yalty \$ \$	tal Security Income (SSI). —— How often? How often? How often? How often? How often?
S OTHER INCOME: Ch NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Chec	heck all that apply d to tell us about f How f How f How f How f How f How	child support, veteran's	<ul> <li>payment or S</li> <li>Capital Gains</li> <li>Dividends/Inte</li> <li>Net Farming/F</li> <li>Net Rental/Ro</li> <li>Other Income Type:</li> <li>d how often yo</li> </ul>	upplemen *	tal Security Income (SSI). —— How often? — How often? — How often? — How often?
S OTHER INCOME: Ch NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Chec f PERSON 6 pays for	to tell us about to tell us about  How	child support, veteran's often? [ often? [ often? [ often? [ often? [ often? [ and give the amount and at can be deducted on a	<ul> <li>payment or S</li> <li>Capital Gains</li> <li>Dividends/Inte</li> <li>Net Farming/F</li> <li>Net Rental/Ro</li> <li>Other Income Type:</li> <li>d how often yo</li> </ul>	upplemen *	tal Security Income (SSI). —— How often? How often? How often? How often? How often?
S OTHER INCOME: Ch NOTE: You don't neec None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Chect f PERSON 6 pays for make the cost of healt	heck all that apply to tell us about \$ How \$ How \$ How \$ How \$ How \$ How \$ How \$ How \$ How \$ How	child support, veteran's often? [ often? [ often? [ often? [ often? [ often? [ and give the amount and at can be deducted on a	<ul> <li>payment or S</li> <li>Capital Gains</li> <li>Dividends/Inte</li> <li>Net Farming/F</li> <li>Net Rental/Ro</li> <li>Other Income</li> <li>Type:</li> <li>how often yo</li> <li>a federal income</li> </ul>	upplemen *	tal Security Income (SSI).  How often? How often? How often? How often? How often? How often? rn, telling us about them could
S OTHER INCOME: Ch NOTE: You don't need None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Chec f PERSON 6 pays for make the cost of healt NOTE: You shouldn't in	to tell us about  to tell us about  function  function	child support, veteran's	<ul> <li>payment or S</li> <li>Capital Gains</li> <li>Dividends/Inte</li> <li>Net Farming/F</li> <li>Net Rental/Ro</li> <li>Other Income</li> <li>Type:</li> <li>how often yo</li> <li>a federal income</li> </ul>	upplemen *	tal Security Income (SSI).  How often? How often? How often? How often? How often? How often? rn, telling us about them could
S OTHER INCOME: Ch NOTE: You don't neec None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Chect f PERSON 6 pays for make the cost of healt	heck all that apply to tell us about \$ How \$ How \$ How \$ How \$ How k all that apply, a certain things that th insurance a littl nclude a cost tha \$ How	child support, veteran's	<ul> <li>payment or S</li> <li>Capital Gains</li> <li>Dividends/Inte</li> <li>Net Farming/F</li> <li>Net Rental/Ro</li> <li>Other Income</li> <li>Type:</li> <li>how often yo</li> <li>a federal income</li> </ul>	upplemen *	tal Security Income (SSI).  How often? How often? How often? How often? How often? How often? rn, telling us about them could
S OTHER INCOME: Ch NOTE: You don't neec None Unemployment Pensions Social Security Retirement Accounts Alimony DEDUCTIONS: Checc f PERSON 6 pays for make the cost of healt NOTE: You shouldn't in Alimony	<pre>heck all that apply to tell us about \$ How \$ How \$ How \$ How \$ How \$ How k all that apply, a certain things that ch insurance a littl nclude a cost tha \$ How \$ How \$ How </pre>	child support, veteran's	<ul> <li>payment or S</li> <li>Capital Gains</li> <li>Dividends/Inte</li> <li>Net Farming/F</li> <li>Net Rental/Ro</li> <li>Other Income</li> <li>Type:</li> <li>how often yo</li> <li>a federal income</li> </ul>	upplemen *	tal Security Income (SSI).  How often? How often? How often? How often? How often? How often? rn, telling us about them could

#### **YEARLY INCOME:**

If the income you listed on this page is not steady from month to month, please tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year. If you don't expect changes to your monthly income, skip to Step 3.

PERSON 6's total income this year	PERSON 6's total income <b>next year</b>
\$	\$

## THANKS! This is all we need to know about PERSON 6.

NEED HELP WITH YOUR APPLICATION? Call us at 1-800-XXX-XXXX, or visit us at www.placeholder.gov. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

## Your Family's Health Insurance

Answer these questions for everyone applying for help paying for health insurance.

#### **INSURANCE FROM JOBS:**

#### Is anyone offered health coverage from a job?

(This includes coverage from someone else's job, such as a parent or spouse, and includes private employer plans as well as TRICARE, federal or state employee plans, and Peace Corps plans.)

**YES. If yes,** answer these questions. If there are plans offered by more than one employer and you need more space, attach another sheet of paper.

Is this a state health benefit plan? 🗌 Yes 🗌 No 🗌 Don't know

NO. If no, skip to "Other Health Insurance" on page 16.

#### Tell us about the job that offers coverage.

We need to know about any health coverage you could get through a job. You can use the Employer Coverage Form on page 21 to get information from the employer about health coverage this job offers to help you complete this section. If there is more than one job, copy this page.

*You can ask your employer for this information. See page 21.
What's the name of the lowest cost self-only health plan the employee listed above could enroll in at this job? (Only consider plans that meet the "minimum value standard" set by the Affordable Care Act.)
Name:
□ No plans meet the "minimum value standard" □ Don't know
Do you think the employer's coverage is affordable? Yes No

## Your Family's Health Insurance (Continued)

#### Who does this job offer coverage to?

PERSON NAME (First Name, Middle Name, Last Name)	ENROLLED NOW, PLANS TO ENROLL, OR NOT ENROLLED	CHANGES YOU PLAN TO MAKE NEXT YEAR
PERSON 1:	Enrolled Now	Plans to drop coverage
	Plans to Enroll	Date:
	Start Date:	Will become eligible
	Not Enrolled	Start Date:
PERSON 2:	Enrolled Now	Plans to drop coverage
	Plans to Enroll	Date:
	Start Date:	Will become eligible
	Not Enrolled	Start Date:
PERSON 3:	Enrolled Now	Plans to drop coverage
	Plans to Enroll	Date:
	Start Date:	Will become eligible
	Not Enrolled	Start Date:
PERSON 4:	Enrolled Now	Plans to drop coverage
	Plans to Enroll	Date:
	Start Date:	Will become eligible
	Not Enrolled	Start Date:
PERSON 5:	Enrolled Now	Plans to drop coverage
	Plans to Enroll	Date:
	Start Date:	Will become eligible
	Not Enrolled	Start Date:
PERSON 6:	Enrolled Now	Plans to drop coverage
	Plans to Enroll	Date:
	Start Date:	Will become eligible
	Not Enrolled	Start Date:
	·	·

#### **OTHER HEALTH INSURANCE:**

Does anyone have another health insurance now, including Veterans, Medicaid or CHIP, Medicare, COBRA, Private/ Other, Retiree Health Plan?

 $\Box$  Yes  $\Box$  No **If no,** skip to step 4 on the next page.  $\Box$ 

WHO HAS OTHER HEALTH INSURANCE?	WHAT TYPE DO THEY HAVE?	NAME OF PLAN	POLICY NUMBER
Name:			
Name:			
Name:			

## Is anyone in your family American Indian or Alaska Native (AI/AN)?

□ No, nobody in my family is American Indian or Alaska Native. If no, skip to Step 5 on the next page.

#### ☐ Yes. If yes, continue.

American Indians and Alaska Natives who enroll in Medicaid, the Children's Health Insurance Program (CHIP), and the Marketplace can also get services from the Indian Health Services, tribal health programs, or urban Indian health programs.

If you or your family members are American Indian or Alaska Native, you may not have to pay cost sharing and may get special monthly enrollment periods. We are asking you to answer the following questions to make sure you and your family get the most help possible.

**NOTE:** If you need more space please attach another piece of paper.

	AI/AN PERSON 1	AI/AN PERSON 2	AI/AN PERSON 3
Name (First Name, Middle Name, Last Name)	First Middle	First Middle	First Middle
	Last	Last	Last
Member of a federally recognized tribe?	☐ Yes	Yes	Yes
<b>If yes</b> , give the name of the tribe.	🗌 No	No	🗌 No
Did this person ever get a service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs?	Yes No	Yes No	🗌 Yes 🗌 No
<b>If no</b> , is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs or through a referral from one of these programs?	Yes No	Yes No	🗌 Yes 🗌 No

Certain money received may not be counted for Medicaid or CHIP.

Does the income reported in Step 3, include money from any of the following sources?

#### 🗌 Yes 🗌 No

If yes, how often and give amount below.

## Please read and sign this application.

- I have provided true answers to all the questions on this form to the best of my knowledge. I know that there may be a penalty if I'm not truthful.
- I know that my information on this form will only be used to determine eligibility for health insurance and will be kept private as required by law. I know that I must tell the Health Insurance Marketplace if anything changes (and is different than) what I wrote on this application. I can call 1-800-XXX-XXXX or visit www.placeholder.gov to report any changes.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex or disability. I can file a complaint of discrimination by visiting <u>www.hhs.gov/ocr/office/file</u>.
- I can confirm that no one applying for health insurance on this application is incarcerated (detained or jailed) or living in a medical facility.

#### **Renewal of Coverage**

I understand that if I'm eligible for help paying for health insurance, I may also be able to renew the coverage. During the renewal process, the Health Insurance Marketplace will use income data including information from tax returns of household members. This will determine yearly eligibility for help paying for health insurance for the next 5 years. The Marketplace will send me a notice and let me make changes. If I don't respond, the Marketplace will continue my eligibility at the level indicated by the data. I understand this renewal process will occur each year for the number of years that I check off below, but I may change my choice at any time by contacting the Marketplace.

5 years 4 years 3 years 2 years 1 year

Don't renew my eligibility for help paying for health insurance.

#### If anyone on this application is eligible for Medicaid:

- I know that if Medicaid pays for a medical expense, any money from other health insurance or legal settlements will go to Medicaid to reimburse for these services.
- For parents who qualify for Medicaid: I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I will not have to cooperate.
- I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me. I understand that a change in my status could affect the eligibility for a member(s) of my household.

#### Your right to appeal:

 If I think the Health Insurance Marketplace or Medicaid/CHIP has made a mistake, I can appeal its decision. To appeal means to tell someone at the Health Insurance Marketplace or Medicaid/CHIP that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by (State description of process, including phone number). I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me. I understand that a change in my information could affect the eligibility for member(s) of my household.

#### Sign this application.

Signature	Date (month/day/year)
Signature	Date (month/day/year)

## Congratulations, you're done! What happens next?

We'll let you know what programs you and your family qualify for within 1-2 weeks. You'll get instructions on how to take the next steps to get your health insurance. If you don't hear from us within 2 weeks, call **1-800-XXX-XXXX** or visit <u>www.placeholder.gov</u>.

#### Filling out this application doesn't obligate you to buy health insurance.

**NEED HELP WITH YOUR APPLICATION?** Call us at 1-800-XXX-XXXX, or visit us at <u>www.placeholder.gov</u>. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

## You can choose an authorized representative.

You can give a trusted friend or partner permission to talk about this application with us, see your information and act for you on matters related to this application. This person is called an "authorized representative."

#### Do you want to name someone as your authorized representative?

🗆 Yes 🛛 No—Skip to Step 6 🔱		
Name of Authorized Representative		
Address		Apartment Number
City	State	Zip Code
Phone Number <pre></pre>		
By signing, you allow this person to sign your application, to for you on all future matters with this agency.	o get official information about t	his application, and to act
	Did you remember to:	

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average [Insert Time (hours or minutes)] per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**NEED HELP WITH YOUR APPLICATION?** Call us at 1-800-XXX-XXXX, or visit us at <u>www.placeholder.gov</u>. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

# Instructions for the Immigration Status and Self-Employment Questions

## **Eligible Immigration Status list:**

Use to answer question about eligible immigration status.

- Lawful Permanent Resident (LPR/Greencard holder)
- Asylee
- Refugee
- Cuban/Haitian Entrant
- Paroled into the U.S.
- Conditional Entrant Granted before 1980
- Battered Spouse, Child and Parent
- Victim of Trafficking and his/her Spouse, Child, Sibling or Parent
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws and under the Convention against Torture (CAT)
- Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS) and Applicant for Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status
- Applicant for Special Immigrant Juvenile Status
- Applicant for Adjustment to LPR Status, with Approved Visa Petition
- Applicant for Asylum
- Applicant for Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Registry Applicants (with EAD)
- Order of Supervision (with EAD)
- Applicant for Cancellation of Removal or Suspension of Deportation (with EAD)
- Applicant for Legalization under IRCA (with EAD)
- Legalization under the LIFE Act (with EAD)
- Lawful Temporary Resident

### For people who are self-employed:

You can subtract the costs below from your gross income to get an amount for your net self-employment income. For more information, see "Instructions for Schedule C" at <u>www.irs.gov</u>.

- Car and truck expenses (for travel during the workday, not commuting)
- Depreciation
- Employee wages and fringe benefits
- Property, liability, or business interruption insurance
- Interest (including mortgage interest paid to banks, etc.)
- Legal and professional services
- Rent or lease of business property and utilities
- Commissions, taxes, licenses and fees
- Advertising
- Contract labor
- Repairs and maintenance
- Certain business travel and meals

# EMPLOYER COVERAGE FORM



# Applying for help with health insurance costs from the Health Insurance Marketplace?

The Health Insurance Marketplace application asks questions about any health coverage available through a current job (even if it's from another person's job, like a parent or spouse) to figure out if you might be able to get help paying for health insurance. Use this form to get the information you need from the employer who offers health coverage. We'll verify this information, so it's important to be accurate. If you have more than one job that offers health coverage, use a separate form for each employer.

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## **EMPLOYEE Information**

The **employee** needs to fill out this section. Write down the employee's information then you may request the information below from the employer. Use this completed form when you fill out a Health Insurance Marketplace application.

Employee Name (First, Middle, Last)	Social Security Number
EMPLOYER Information	
Ask the <b>employer</b> for this information.	
Employer Name	Employer Identification Number (EIN)
Employer Address	Employer Phone Number
City	State Zip Code
Who can we contact about employee health coverage at this job?	
Phone Number Email Address	
Tell us about the <b>health plan</b> offered by this <b>employer</b> .	
$\Box$ This employee isn't eligible for coverage under this employer's p	olan.
The employee is eligible for coverage under this employer's plan o	n (Start Date).
What's the name of the <b>lowest</b> cost self-only health plan this employee co "minimum value standard" set by the Affordable Care Act.)*	uld enroll in at this job? (Only consider plans that meet the
Name:	
No plans meet the "minimum value standard"	
How much would the employee have to pay in premiums for that plan?	

\*According to the standards set by the Affordable Care Act of 2010. If you're not sure, ask your employer or health insurance issuer.

### Use the information in this form to complete your Health Insurance Marketplace application.

\_ How Often? 🗌 Weekly 🗌 Every 2 weeks 🔲 Twice a month 🗌 Monthly 🗌 Yearly 🗌 Other:

Apply online at **www.placeholder.gov**, or call us at 1-800-XXX-XXXX to get started.