

Get Ready to Apply for or Re-Enroll in Your Health Insurance Marketplace® Coverage

To apply for or re-enroll in your Marketplace coverage, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

Have this information ready before you start your application. It will help you fill out your application faster.

What do I need?	Why do I need this?	Is it ready?
Your information	Your Marketplace application will ask for basic information, including your name and date of birth.	<input type="checkbox"/>
Information about your household	<p>Your Marketplace application will ask about each person in your household, even those not applying for coverage.</p> <p>For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes it includes people you live with who aren't in your tax household.</p> <p>Include yourself on your application. As you fill out your application, you may be asked questions about the following people:</p> <ul style="list-style-type: none"> ■ Your spouse ■ Your children who live with you, even if they make enough money to file a tax return themselves ■ Anyone you include on your tax return as a dependent, even if they don't live with you ■ Anyone else under 21 who you take care of and lives with you ■ Your unmarried partner, only if one or both of these apply: <ul style="list-style-type: none"> • They're your dependent for tax purposes • They're the parent of your child <p>For more information, visit HealthCare.gov/income-and-household-information/household-size, or call the Marketplace Call Center.</p>	<input type="checkbox"/>
Home and/or mailing addresses for everyone applying for coverage	<p>Where you live can affect what health coverage you're eligible for.</p> <p>You'll select your state at the beginning of the application. You'll enter your home address to show if you're a resident of the state where you're looking for coverage.</p> <p>You'll be asked for your mailing address. This is usually the same as your home address. If it's not, provide a mailing address in the state you live in.</p> <p>If anyone on your application has a different home or mailing address, you'll need to have it also.</p>	<input type="checkbox"/>
Information about everyone applying for coverage	Your Marketplace application will ask for basic information about everyone applying for coverage, including their relationship to you.	<input type="checkbox"/>

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A Social Security Number (SSN) for each person	Your Marketplace application will ask for each person's 9-digit SSN, even those not applying for coverage. The Marketplace will confirm the SSNs with Social Security, after you give permission at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time.	<input type="checkbox"/>
Information about the professional helping you apply, if any	If a professional is helping you with your application, you'll enter their information. These professionals include navigators, certified application counselors, in-person assistance personnel, agents, and brokers.	<input type="checkbox"/>
Immigration document information for each lawfully present immigrant	If your application includes a lawfully present immigrant who needs coverage, you'll be asked to provide information from their immigration documents.	<input type="checkbox"/>
Information on how you'll file your taxes	If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.	<input type="checkbox"/>
Employer and income information for everyone in your household	<p>Your Marketplace application may ask about the income and expenses of everyone in your household, even those not applying for coverage.</p> <p>The Marketplace counts these as income:</p> <ul style="list-style-type: none"> ■ Wages and salaries, as reported on each person's W-2 form and pay stubs ■ Tips ■ Net income from any self-employment or business ■ Unemployment compensation ■ Social Security payments, including disability payments (but not Supplemental Security Income (SSI)) ■ Alimony for divorces and separations finalized before January 1, 2019 ■ Retirement or pension income, including most IRA or 401k withdrawals ■ Investment income, like dividends or interest ■ Rental income ■ Other taxable income <p>For more information on income or what income sources to include, visit HealthCare.gov/income-and-household-information/income.</p>	<input type="checkbox"/>
Your best estimate of your household income	<p>Your Marketplace application may ask for an estimate of what your household's income will be in the year you're applying for coverage.</p> <p>If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit HealthCare.gov/reporting-changes/why-report-changes.</p> <p>To help you calculate your household income, visit HealthCare.gov/income-calculator.</p>	<input type="checkbox"/>

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Current health coverage information	<p>Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children’s Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, COBRA, retiree insurance, or coverage through individual insurance (including Marketplace coverage) or an employer.</p> <p>If anyone has coverage now, you may need to enter their policy numbers. You can find this information on their insurance card or documents they get from their plan.</p>	<input type="checkbox"/>
Employer information	<p>Your Marketplace application will ask for information about any job-based plan you or anyone in your household is eligible for. It will ask for employer contact information for each person in your household who has a job. You can use the Employer Coverage Tool at HealthCare.gov to help collect this information. You’ll want to fill out this worksheet for each family member who’s eligible for traditional health coverage through a job, even if they aren’t enrolled in the job-based plan or applying for Marketplace coverage.</p>	<input type="checkbox"/>
Health Reimbursement Arrangement (HRA) notice (if anyone’s offered an HRA through their employer)	<p>If someone works for a business that offers help paying for a health plan or health care expenses through an individual coverage HRA or qualified small employer HRA, use the notice from the employer to complete your Marketplace application. Visit HealthCare.gov/job-based-help to learn more.</p>	<input type="checkbox"/>



Protect your personal information

Never share your information to anyone offering cash, gifts, or other perks. [HealthCare.gov](https://www.healthcare.gov) is the official place to get affordable Marketplace insurance.

Apply online or contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for help with your application, choices, and enrollment.

Visit [HealthCare.gov/protect-from-fraud-and-scams](https://www.healthcare.gov/protect-from-fraud-and-scams) for more tips on protecting yourself from fraud and what to do if you suspect something suspicious.

You have the right to get your information in an accessible format, like large print, braille, or audio.

You also have the right to file a complaint if you feel you’ve been discriminated against.

Visit [CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice](https://www.cms.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice) or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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[HealthCare.gov](https://www.healthcare.gov)