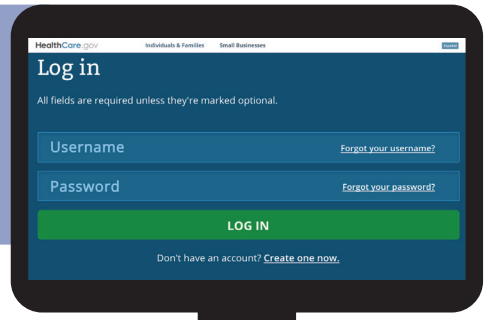


# HEALTH INSURANCE MARKETPLACE

also known as: Obamacare, healthcare.gov, the Marketplace

## ACCOUNT INFORMATION



**Enrollment Completed**

**Information Needed**

We completed your enrollment in a Marketplace health insurance plan.

More information is needed. Please provide the following documents to the Health Insurance Marketplace. See your Eligibility Determination for details.

**Marketplace Application ID#:**

\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

**Upload (or mail) these documents:**

\_\_\_\_\_

\_\_\_\_\_

### 1. Account Information



**⚠ Keep this in a safe, private place that you can remember.**

#### A. New or existing Email

My Email Address:

Password:

\_\_\_\_\_ @ \_\_\_\_\_

#### B. Marketplace Account (healthcare.gov)

Application completed:

online  paper  phone

My Marketplace User Name:  
(same as Email Address)

Password:

\_\_\_\_\_ @ \_\_\_\_\_

Security Question #1: \_\_\_\_\_

Security Question #3: \_\_\_\_\_

Answer #1: \_\_\_\_\_

Answer #3: \_\_\_\_\_

Security Question #2: \_\_\_\_\_

Security Question #4: \_\_\_\_\_

Answer #2: \_\_\_\_\_

Answer #4: \_\_\_\_\_

#### C. Authorized Representative: \_\_\_\_\_

Date of request: \_\_\_ / \_\_\_ / \_\_\_\_\_ Number of days: \_\_\_\_\_



## 2. Insurance Company Information

Company + Plan ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

First Premium Payment:

\$ \_\_\_\_\_ by: \_\_\_\_ / \_\_\_\_

Coverage starts: \_\_\_\_\_



Use the doctors, clinics, and hospitals that are in this group.

## 3. Optional Dental Plan


Company + Plan ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

First Premium Payment:

\$ \_\_\_\_\_ by: \_\_\_\_ / \_\_\_\_

Coverage starts: \_\_\_\_\_

 Do not miss your first premium payment, or your policy will be cancelled.



## 4. Household Income

Income source: \_\_\_\_\_

**Amount 1:** \_\_\_\_\_ / \_\_\_\_\_

Income source: \_\_\_\_\_

**Amount 2:** \_\_\_\_\_ / \_\_\_\_\_

Income source: \_\_\_\_\_

**Amount 3:** \_\_\_\_\_ / \_\_\_\_\_


Income source: \_\_\_\_\_

**Amount 4:** \_\_\_\_\_ / \_\_\_\_\_

**TOTAL:** \_\_\_\_\_ / \_\_\_\_\_

Tax Household Size: \_\_\_\_\_

Tax Credit Amount: \_\_\_\_\_

 Report Changes to your income within 60 days.