

# ACT NOW: Respond to the Health Insurance Marketplace or you may risk losing your Marketplace health coverage and/or the help you're getting to pay for your Marketplace health coverage.

You're receiving this letter because the Health Insurance Marketplace informed us that they need some additional information so they can verify eligibility for you and/or members of your household.

Unless you have already heard from the Marketplace that it has the documents it needs, please send the Marketplace a copy of the documents previously requested by going online and uploading them to your Marketplace account, or by mailing them to the Marketplace at the address below. This will allow the Marketplace to process your paperwork faster so you can continue receiving the health coverage, and tax credit and/or cost-sharing reductions, as applicable, that you are eligible for. For more information about the documents the Marketplace needs from you, visit your Marketplace account at <a href="HealthCare.gov">HealthCare.gov</a> or call 1-800-318-2596 (TTY 711).

#### What should I do next?

- 1. Log in to your Marketplace account on <a href="HealthCare.gov">HealthCare.gov</a>, and then select your current application. If you currently have a data matching issue, you will see language in red that says "temporary eligibility" on your Marketplace application. If your application includes this language, you must provide more information.
- 2. If you still have temporary eligibility on your Marketplace account, look at the previous notices you received from the Marketplace to verify what types of documents you need to submit. Below is a full list of documents for different situations; send only copies of the information needed for your situation.
- 3. Upload a copy of the documents to your Marketplace account. This is the fastest way to get your documents processed. Use the menu on the left side of your screen to click on "Application Details." On the next screen, you'll see a list of any data matching issues (called "inconsistencies" on the screen in your application. Follow the steps for each data matching issue to upload the documents needed to fix this issue. If you can't upload your documents, you can mail them to the address below. If you mail documents, be sure to mail a **copy**, and keep the originals for your records.



## Where to send copies of your documents

Health Insurance Marketplace Attn: Supporting Documentation 465 Industrial Blvd. London, KY 40750

# For more help

- Visit <u>HealthCare.gov</u>, or call the Marketplace Call Center at 1-800-318-2596 (TTY 711). You can also make an appointment with an assister who can help you. Information is available at <u>LocalHelp.HealthCare.gov</u>.
- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost.
   Information about how to access these language assistance services is included with this notice, as a separate page. You can also call the Marketplace Call Center to get information on these services.
- Call the Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are available and provided at no cost to you.

Sincerely,

**Ambetter Health** 

#### DOCUMENTS NEEDED TO PROVE CITIZENSHIP OR U.S. NATIONAL STATUS

If you want to keep your coverage through the Marketplace, you need to send additional documents proving that you're either a citizen or national, or that you are lawfully present in the U.S. Please keep your original document(s) and send us a copy.

#### Documents to Prove Your Status as a U.S. Citizen or U.S. National

If you're a citizen, you only need a copy of one document from the first list below to prove U.S. citizenship or nationality:

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington)
- Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe. Documents you can provide include:
  - A Tribal enrollment card
  - A Certificate of Degree of Indian Blood

- Documentation of a foreign-born adopted

(IR3 or IH3)

child who received automatic U.S. citizenship

- A Tribal census document
- Documents on Tribal letterhead signed by a Tribal official

If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send copies of documents from the lists below, including one from List A and one from List B OR one from List A and two from List C:

#### List A. Select 1 document List B. 1 document from List B (plus 1 from List A): Driver's license issued by a State or Territory or U.S. public birth certificate Identification card issued by the Federal, State, or local Consular Report of Birth Abroad (FS-240, government School identification card Certification of Report of Birth (DS-1350) U.S. military card or draft record or Military Certification of Birth Abroad (FS-545) dependent's identification card U.S. Citizen Identification Card (I-197 or the U.S. Coast Guard Merchant Mariner card prior version I-179) **Voter Registration Card** Northern Mariana Card (I-873) The documents above must have a photograph or Final adoption decree showing the person's name and U.S. place of birth other information such as name, age, sex, race, U.S. Civil Service Employment Record height, weight, eye color, or address showing employment before June 1, 1976 For children under 19, a clinic, doctor, hospital, or Military record showing a U.S. place of birth school record, including preschool or day care records U.S. medical record from a clinic, hospital, physician, midwife or institution showing a List C. Or 2 documents from List C (plus 1 from List U.S. place of birth U.S. life, health or other insurance record A): showing U.S. place of birth Two documents containing consistent information Religious record showing U.S. place of birth about an applicant's identity, such as employer IDs, recorded in the U.S. high school and college diplomas, marriage certificates, School record showing the child's name and divorce decrees, property deeds or titles U.S. place of birth - Federal or State census record showing U.S. citizenship or U.S. place of birth

#### **DOCUMENTS NEEDED TO PROVE IMMIGRATION STATUS**

### **Documents to Prove Immigration Status**

Send us your most recent immigration document that shows your current immigration status. The box below presents several types of documents you can submit. Please keep your original document and send us a copy:

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security

#### **DOCUMENTS NEEDED TO PROVE YOUR ANNUAL HOUSEHOLD INCOME FOR 2023**

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your household's annual income, including income earned by every member of your household, whether or not they are seeking health coverage. If your expected household income has changed since you submitted your application, please update your information in your Marketplace account on HealthCare.gov, or by calling the Marketplace Call Center at 1-800-318-2596. The box below presents several types of documents you can submit. You may need to submit more than one document depending on your household's situation (for example, you'll submit multiple documents if your income sources are different than what was included on your last tax return). Please keep your original document(s) and send us a copy.

#### **Documents to Prove Your Annual Household Income**

- 1040 Tax Return (Federal or State Versions) Must contain first and last name, income amount, and tax year.
- W2s and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) Must contain first and last name, income amount, year, and employer name (if applicable).
- Pay Stub Must contain first and last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, please indicate average overtime amount per paycheck.
- Self-Employment Documentation (includes 1040 Schedule C, most recent quarterly or year-to-date profit and loss statement, self-employment ledger) Must contain first and last name, company name, and income amount. If submitting a self-employment ledger, include dates covered by the ledger, and the net income from profit/loss.
- Social Security Administration Statements (Social Security Benefits Letter) Must contain first and last name, benefit amount, and frequency of pay.
- Unemployment Benefits (Unemployment Benefits Letter) Must contain first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).

The dates on these documents may be from 2023. You can provide recent pay stubs if you don't expect your income to change. If you do expect your income to go up or down in 2024, you can provide other documents, like a document that states when contract work will end or what your new wages will be. If any of your income comes from freelance work, you can fill out a self-employment ledger that includes your expected income.

# DOCUMENTS NEEDED TO PROVE YOU'RE NOT ENROLLED IN OR ELIGIBLE FOR QUALIFYING EMPLOYER-SPONSORED COVERAGE

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents (examples below) proving that you are neither enrolled in employer-sponsored coverage nor eligible for employer-sponsored coverage that is affordable and meets the minimum value standard. If you're enrolled in employer health coverage or eligible for employer health coverage that's affordable and meets the minimum value standard, you should immediately end your Marketplace coverage with premium tax credits. If you still want a Marketplace plan, you'll have to pay the full price without a tax credit or other savings. The box below presents three types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

#### **Documents to Prove Your Employer-Sponsored Coverage Status**

- Completed Employer Coverage Tool (available at https://www.healthcare.gov/downloads/employer-coverage-tool.pdf)
- Letter or other documentation from an employer that includes **one or more of the following**:
  - Statement that the employer doesn't currently offer coverage to the employee (or the employee's family member)
  - Statement that the employer doesn't provide coverage that meets the minimum value standard
  - Statement showing the cost of the employee's share of the premium for the lowest-cost selfonly plan that meets the minimum value standard (factoring in wellness incentives), if offered
- Health insurance letter that contains confirmation of health coverage and expiration dates for coverage received outside of the Marketplace

# DOCUMENTS NEEDED TO VERIFY YOU'RE NOT CURRENTLY ENROLLED IN COVERAGE OR BENEFITS FROM ANOTHER PUBLIC ENTITY

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send in documents (examples below) to prove you're not currently enrolled in health coverage from another public entity such as Medicare or Medicaid benefits, or health services through the Veterans Administration or through the Peace Corps. Please keep the original and send us a copy. If you are enrolled in health coverage from another public entity, you should immediately end your Marketplace coverage with premium tax credits. If you are enrolled in health coverage from another public entity and you still want a Marketplace plan, you'll have to pay the full price without a tax credit or other savings. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document(s) and send us a copy.

#### Documents to Verify You're Not Currently Receiving Coverage from Another Public Entity

- Letter from health insurer including coverage termination date
- Statement of health benefits that provides confirmation of health coverage and expiration dates
- Letter from Veterans Administration that provides confirmation of health coverage and expiration dates
- Letter from Peace Corps that provides confirmation of health coverage and expiration dates
- Letter or statement of Medicare or Medicaid benefits that proves confirmation of health coverage and expiration dates
- Letter or statement of Medicaid or Children's Health Insurance Program (CHIP) benefits that proves confirmation of health coverage and expiration dates
  - Consumers should note that some state Medicaid and/or CHIP programs are known by names specific to that state

#### **DOCUMENTS NEEDED TO PROVE YOUR AMERICAN INDIAN OR ALASKA NATIVE STATUS**

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your American Indian or Alaska Native status. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

## **Documents to Verify Your American Indian or Alaska Native Status**

- Tribal Enrollment/Membership Card
- Authentic document from a tribe declaring membership for an individual
- U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation
  - Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs (BIA). It must be on tribal letterhead or an enrollment/membership cardthat contains the tribal seal and/or an official signature
  - Document issued by an Alaska Native village/tribe, or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation acknowledging shareholder status
- Certificate of Degree of Indian Blood (CDIB) issued by the BIA or a tribe, if the CDIB includes tribal enrollment information
- Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status
- I-872 American Indian Card (Texas and Oklahoma Kickapoo American and Mexican members)