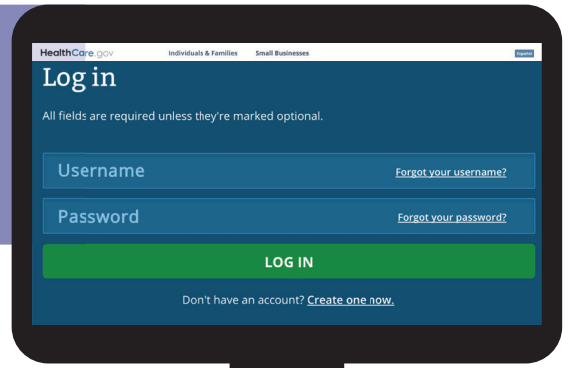


HEALTH INSURANCE MARKETPLACE

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

ACCOUNT INFORMATION



HealthCare.gov

Enrollment Completed

We completed your enrollment in a Marketplace health insurance plan.

Marketplace Application ID#:

Information Needed

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

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

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: _____



HEALTHCARE COOPERATIVE

2. Insurance Company Information

Company: _____

Phone Number: _____

Plan Name: _____

Plan ID Number: _____



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


3. Plan Information

First Premium Payment: _____

Owed to: _____

By this date: _____

Coverage starts: _____

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



4. Household Income

Name: _____

Amount 1: _____ / _____

Income source: _____

Name: _____

Amount 2: _____ / _____

Income source: _____

Name: _____

Amount 3: _____ / _____

Income source: _____

Name: _____


Amount 4: _____ / _____

Income source: _____

TOTAL: _____ / _____

Tax Household Size: _____

Tax Credit Amount: _____

 Report Changes to your income within 60 days.