## Find Local Help Contact Information Update Screens

HealthCare.gov

Individuals & Families

**Small Businesses** 

Log in

Update Organization Information	
Use the following form to request correcti be verified before any changes are made	ons to your organization's listing in the Find Local Help section of Healthcare.gov. All requested corrections made through this form will to a listing.
Request Corrections to "I	Find Local Help" Listing
If your organization has multiple listings, you will need to specify if the change requested applies to all listings or to a specific location. If you need to request different changes to	
	h change individually with a separate form submission.
To use the form, you must identify which	organization you are requesting the changes for by the organization's name as it appears in the "Find Local Help" listing.
<b>Note</b> : You cannot request to become a Lo organization on marketplace.cms.gov.	cal Help organization with this form. You can apply to become a Champion for Coverage or a Certified Application Counselor (CAC)
Your Name * First Last	
Your Email Address *	
Your Phone Number *	
Organization's Name (as it appears in th	e "Find Local Help" listing.) *
Type of Organization *	
Select One	v
Applies to all listings for this organization	on *
○ Yes	
○ No	
I need to make changes to the following	information (chack all that analy)
Organization Name	Organization Acronym
Street Address 1	Street Address 2
☐ City	State
☐ Zip code	Main Phone Number
☐ Toll Free Phone	☐ TTY Phone
Language Line / Phone for non-English speakers	☐ Office Hours ☐ Website URL
Email Address Additional Details	Additional Languages
Type the characters from the image below. *	Green
Type the text	Privacy & Terms
Submit	
Health Insurance Marketpl	lace

## **Find Local Help Contact Information Update Screens**

Type of Organization Dropdown Menu

