



# Application for Exemption from the Shared Responsibility Payment for Members of Recognized Religious Sects or Divisions

DRAFT MOCKUP  
OMB No. 0938-1190



## Use this application to apply for an exemption from the shared responsibility payment

- Every person needs to have health coverage or make a payment on their federal income tax return called the “shared responsibility payment.”
- Some people are exempt from making this payment. This application is for one category of exemption, for members of Recognized Religious Sects or Divisions. There are other applications for other categories of exemptions. You may apply for certain other categories of exemptions when you file your federal income tax return.
- You don't need to apply for an exemption if you're not going to file a federal income tax return. If you're not sure you'll file a tax return, you may want to apply for an exemption anyway.



## Who can use this application?

- **Use this application if you and/or anyone in your tax household is a member of an approved religious sect or division which is against accepting public benefits including Medicare and SSA and described in section 1402(g)(1) of the Internal Revenue Code, or if you have an approved and signed IRS Form 4029 (“Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits”). If you are opposed to the Affordable Care Act and are not a member of an approved religious sect, please visit <https://marketplace.cms.gov/applications-and-forms/exemption-applications.html>.**
- You can use one single application to ask for this exemption for more than one person in your tax household.
- If you are over 21 and you qualify for this exemption, you will receive a lifetime exemption. This means you won't need to reapply for this exemption unless your membership with your religious sect ends.
- If you are under 21 and you qualify for this exemption, you'll need to send in your own religious exemption application when you turn 21 to qualify for the lifetime exemption.
- If you already have a religious sect or division exemption and you either get married or have a child, you'll need to send in a new application with your spouse and/or child because each individual in your tax household requires an individual Exemption Certificate Number (ECN).



## What you need to apply

- The name and address of your approved religious sect or division.
- Date of birth for all members of your household on this application.
- Social Security Numbers (SSNs), if you have them.
- If you have one, a copy of an approved IRS Form 4029 (“Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits”) with required signatures. Note: you're not required to have this form to apply for this exemption, as long as your religious sect or division is on the official list maintained by the Social Security Administration.



## Why do we ask for this information?

We ask for Social Security Numbers and other information to make sure your exemption is counted when you file your federal income tax return. We ask for the name of your religious sect or division to make sure it is on the official list maintained by the Social Security Administration. **We'll keep all the information you give private and secure, as required by law.** To view the Privacy Act Statement, go to [HealthCare.gov](https://www.healthcare.gov) or see instructions.



## Get help with this application

- **Online:** [HealthCare.gov/exemptions](https://www.healthcare.gov/exemptions).
- **Phone:** Call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**.
- **In person:** There may be counselors in your area who can help. Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at **1-800-318-2596** for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al **1-800-318-2596**.
- **Other languages:** If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you.



**NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov), or call us at **1-800-318-2596**. Para obtener una copia de este formulario en Español, llame **1-800-318-2596**. If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-855-889-4325**.

RELIGIOUS SECTS/DIVISIONS



Please print in capital letters using black or dark blue ink only. Fill in the circles (○) like this → ●.

### STEP 1: Tell us about yourself.

(The person who files a federal income tax return in your household should be the contact person for this application. If you're applying for an exemption for a child, we need an adult who claims the child on his or her federal income tax return to fill out this information even if the adult doesn't need the exemption.)

Give your legal name

1. First name Middle name Last name Suffix

[Input fields for name information]

2. Home address (Leave blank if you don't have one.) 3. Apartment or suite number

4. City 5. State 6. ZIP code 7. County, parish, or township

8. Mailing address (if different from home address) 9. Apartment or suite number

10. City 11. State 12. ZIP code 13. County, parish, or township

14. Daytime phone number 15. Evening phone number

Please give us a phone number so the Marketplace can contact you if we need more information to process your application. We won't use your phone number for any other purpose.

16. Do you want to get information by email from the Marketplace? .....  Yes  No

Email address:

17. What's your preferred spoken language? What's your preferred written language?

### STEP 2: Tell us about your tax household.

#### Who do you need to include on this application?

You need to include every person in your household who is on the same federal income tax return.

#### Who not to include:

- A spouse who files taxes separately. Spouses who file separately need to fill out a separate application for themselves and for each person they claim on their tax return.
- Anyone who lives with you and isn't listed on your tax return. Each person who needs an exemption must be on an application with the person who lists him or her on a tax return.
- If you don't plan to file taxes, you don't need to apply for an exemption.
- You'll get an eligibility determination letter in the mail after your application is processed. If you get this exemption, we'll give you an Exemption Certificate Number (ECN) with your approval letter. Keep the letter for your records. You'll need to put this number on your federal income tax return at the time you file taxes.
- We'll keep all the information you provide private and secure, as required by law. We'll use personal information only to check if you're eligible for an exemption.

You should apply for this exemption based on how you file taxes. If you're a member of a religious sect or division who recently turned 21, you should submit your own exemption application to qualify for the lifetime exemption.



## STEP 2: Tell us about your tax household. (continued)

Person 1 must be the person who files a federal income tax return, even if the person doesn't need this exemption.

1. First name	Middle name	Last name	Suffix
<input type="text"/>			
2. Relationship to you?	3. Date of birth (mm/dd/yyyy)		4. Sex
<input type="text" value="SELF"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="radio"/> Male <input type="radio"/> Female
5. Social Security Number (SSN) <input type="text"/> - <input type="text"/> - <input type="text"/>			

**If you're requesting an exemption for yourself and you have an SSN, you must provide it. You aren't required to have an SSN to get this exemption. If you're not requesting an exemption for yourself, providing your SSN can be helpful since it can speed up the application process.** We use SSNs to help make sure that if you get an exemption, it's applied correctly on your taxes. If someone wants help getting an SSN, call **1-800-772-1213** or visit [socialsecurity.gov](https://www.socialsecurity.gov). TTY users should call **1-800-325-0778**.

6. List the relationship to Person1, names, DOBs, SSN, and sex of anyone that would be on your federal tax return if you were going to file one. If you need this exemption so you can get an exemption from paying the tax penalty or catastrophic insurance, Select YES for "Want Exemption?" otherwise select NO. Only list a spouse if you would file a **joint return**. Do not list a spouse if you would file married, filing separately. Select Yes if you want the exemption for yourself, otherwise select No. If you would file a single return, skip the table after checking the box below.

a. Do you want this exemption for yourself?  YES.  NO.

b. I would file a federal tax return as a single individual.  (skip table if you check this box and go to **Question 7**.)

Relationship to Person 1 (required) (for example, spouse, son, daughter, parent)	First Name (required)	Last Name (required)	Date of Birth MM/DD/YYYY (required)	Social Security Number ###-##-####	Sex	Want exemption? (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> YES <input type="radio"/> NO

8. Do you have an approved IRS Form 4029 ("Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits") with required signatures?

- YES. If yes, attach the approved copy and continue to question 12.
- NO. If no, continue to question 8.

9. Are you a member of an approved religious sect or division (as described in section 1402(g)(1) of the Internal Revenue Code)?

- YES. If yes, fill out questions 9-11 before continuing to question 12.
- NO. If no, you will **not be eligible** for this exemption application. This application is for one category of exemptions, for members of Recognized Religious Sects or Divisions. To see other categories of exemptions you may be eligible for, please visit [HealthCare.gov/exemptions](https://www.healthcare.gov/exemptions) or call the Marketplace at **1-800-318-2596 (TTY: 1-855-889-4325)**.



## STEP 2: Tell us about your tax household. (continued)

### 10. Enter your approved religious sect or division name. Complete all sections.

Full name of religious sect or division

District or congregation

Address

City	State	ZIP code	County, parish, or township
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 11. When did you become a member of this religious sect or division? (mm/yyyy)

 / 

### 12. If you're not currently a member of this religious sect or division, tell us when you ended your membership? (mm/yyyy)

 / 

Enter the names of all individuals in your tax household who are a member of the same religious sect or division.

### 13. Are **other individuals** in your tax household members of a **different** religious sect or division (as described in section 1402(g)(1) of the Internal Revenue Code)?

- YES. If yes**, fill out questions 14 - 16.
- NO. If no**, skip to Step 3, Read & sign this application.

### 14. Enter your approved religious sect or division name. Complete all sections.

Full name of religious sect or division

District or congregation

Address

City	State	ZIP code	County, parish, or township
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 15. When did you or other individuals in your tax household become member(s) of this religious sect or division? (mm/yyyy)

 / 

### 16. If you're not currently a member of this religious sect or division, tell us when you ended your membership? (mm/yyyy)

 / 

Enter the names of all individuals in your tax household who are a member of the same religious sect or division.

**Optional:**  
(Fill in all that apply.)

17. **If Hispanic/Latino, ethnicity:**  Mexican  Mexican American  Chicano/a  Puerto Rican  Cuban  Other \_\_\_\_\_
18. **Race:**  White  Black or African American  American Indian or Alaska Native  Filipino  Japanese  Korean  Asian Indian  Chinese  Vietnamese  Other Asian  Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  Other \_\_\_\_\_



## STEP 3: Read & sign this application

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).

### The person on line one should be the one to sign this application.

The person who signs this application must be an adult over the age of 18 who files the federal income tax return for your household. If you're an Authorized Representative, you may sign here as long as the person on line one signed Appendix C.

Signature	Date signed (mm/dd/yyyy)
→	<input type="text"/> / <input type="text"/> / <input type="text"/>

## STEP 4: Mail completed application and documents



**Note:** A page listing the documents to send with your application appears at the end of this application.



Mail your completed application with **copies (not originals)** of the documents listed on the document information page at the end of this application to:

**Health Insurance Marketplace - Exemption Processing**  
**465 Industrial Blvd.**  
**London, KY 40741**



### What happens next?

We'll follow up in about 2 weeks. We may call or send you a letter if we need more information. You'll get a letter in the mail after we've processed your application.

- If your application is approved, we'll send you an Exemption Certificate Number (ECN). You'll use it to complete your federal income tax return for the year you didn't have coverage.
- If you don't qualify for the exemption, the letter will explain why.
- If you don't hear from us within 30 days, contact the Marketplace at **1-800-318-2596** (TTY: 1-855-889-4325).

### If you think the decision about your exemption is wrong

If you believe you qualify for a hardship exemption but your application was denied, you can appeal the decision. The letter you get from the Marketplace will explain the appeal process and your rights.

The Health Insurance Marketplace must receive your appeal request with 90 days of the date of the notice of application results.

- You may have a relative, friend, legal counsel, or another spokesperson, including an Authorized Representative, help you file or participate in your appeal request. This is optional.
- The outcome of an appeal could change the eligibility of other members of your tax household.

To appeal your exemption application results and learn more about appeals, visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals). Or contact the Marketplace Call Center at **1-800-318-2596** (TTY: 1-855-889-4325).

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1190. The time required to complete this information collection is estimated to average 16 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



**NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov), or call us at **1-800-318-2596**. Para obtener una copia de este formulario en Español, llame **1-800-318-2596**. If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-855-889-4325**.

# Appendix C



DRAFT MOCKUP  
OMB No. 0938-1191

## Assistance with completing this application

### For certified application counselors, navigators, agents, and brokers only

Complete this section if you're a certified application counselor, navigator, agent, or broker filling out this application for somebody else.

1. Application start date (mm/dd/yyyy) <input type="text"/>	
2. First name, Middle name, Last name, & Suffix <input type="text"/>	
3. Organization name <input type="text"/>	
4. ID number (if applicable) <input type="text"/>	5. Agents/Brokers only: NPN number <input type="text"/>

### You can choose an authorized representative.

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change or remove your authorized representative, contact the Marketplace. If you're a legally appointed representative for someone on this application, submit proof with the application.

1. Name of authorized representative (First name, Middle name, Last name) <input type="text"/>		
2. Address <input type="text"/>		3. Apartment or suite number <input type="text"/>
4. City <input type="text"/>	5. State <input type="text"/>	6. ZIP code <input type="text"/>
7. Phone number ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		
8. Organization name <input type="text"/>		
9. ID number (if applicable) <input type="text"/>		

By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters related to this application.

10. Signature of PERSON 1 listed on this application <input type="text"/>	11. Date signed (mm/dd/yyyy) <input type="text"/>
--	--

