

Application for exemption for Individuals who are Unable to Afford Coverage and are in a State with a Federally Facilitated Marketplace

OMB Control Number 0938-1190
Expiration Date: XX/XXXX



Use this application to apply for an affordability exemption

For 2018:

- 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 the Shared Responsibility Payment. This application is for an exemption based on health coverage being unaffordable to you. If you qualify for the exemption, it will apply only to months in the future, not previous months.
- You don't need to apply for an exemption if you're not planning to file a tax return. If you're not sure if you'll file, you may want to apply for an exemption anyway.

For 2019 and future years:

- The Shared Responsibility Payment no longer applies. You don't need to apply for an exemption unless you're planning to purchase catastrophic coverage.
- You can enroll in a "catastrophic" health plan if you qualify for an affordability exemption.
- For more information on catastrophic health plans, please see "Step 5" of this application.



Who can use this application?

For 2018:

- List everyone on your same federal income tax return on this application. If someone in your household files taxes separately, they must fill out their own application.

For 2019 and future years, use this application only if you or anyone in your tax household is unable to afford health coverage and you want to enroll in a catastrophic plan.



When can you get this exemption?

- Use this application to ask for an exemption for months **in the future**. If you want this exemption for a whole calendar year, **you need to request it before January 1 of that year**.
- You can't use this application to get this exemption for time in the past. If you need this exemption for months in the past, you can apply for it when you file your tax return instead.



What you need to apply

- Employer and income information for everyone in your tax household.
- Information about any job-related health coverage available to your family.
- Documents that show your expected yearly household income for the year you need this exemption. See page 5 for examples of documents you can send. Income documents must not be older than two years.



Why do we ask for this information?

- We ask for Social Security numbers and other information to make sure your exemption information is sent to the Internal Revenue Service (IRS) to match your tax return and to correctly match to your coverage application. **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/privacy](https://www.healthcare.gov/privacy).



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: 1-855-889-4325)
- **In person:** There may be trained assisters in your area who can help. Visit [localhelp.healthcare.gov](https://www.localhelp.healthcare.gov), or call the Marketplace Call Center.
- **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. We'll provide free help in your language.



NEED HELP WITH YOUR APPLICATION? Visit [HealthCare.gov/exemptions](https://www.healthcare.gov/exemptions), or call 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. We'll provide free help in your language. TTY: 1-855-889-4325

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, and is known as "Person 1". If you're applying for an exemption for a child, an adult who claims the child on his or her federal income tax return should fill out and sign this application, even if the adult doesn't need the exemption.

Do you live in Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, or Wyoming?

- YES.** Fill out this application.
- NO.** Download the **[SBM-Affordability exemption application](#)** if you live in a state not listed above.

You need to submit a different application if you live in California, Colorado, the District of Columbia, Idaho, Massachusetts, Minnesota, Nevada, New York, Rhode Island, Vermont, or Washington.

Use your legal name

1. First name		Middle name		Last name		Suffix	
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 <input type="checkbox"/> (Select if same as home address)						9. Apartment or suite number	
10. City		11. State	12. ZIP code		13. County, parish, or township		

Please provide a phone number so we can contact you if necessary. We won't use your number for anything else.

14. Phone number (###-###-####)		Best time to call:		15. Other phone number (###-###-####)		Best time to call:	
<input type="checkbox"/> Morning		<input type="checkbox"/> Afternoon		<input type="checkbox"/> Morning		<input type="checkbox"/> Afternoon	
<input type="checkbox"/> Evening		<input type="checkbox"/> Weekend		<input type="checkbox"/> Evening		<input type="checkbox"/> Weekend	

16. Do you want to get correspondence from the Marketplace?..... Yes No

Email address: _____

17a. What is your preferred spoken language?		17b. What is your preferred written language?	
_____		_____	

Optional: (Select all that apply)	18. If Hispanic/Latino, ethnicity: <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____
	19. Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other _____

STEP 2: Tell us about your tax household and your projected income

Who to include on this application:

- The adult who files the federal income tax return for this household – list this person, who will be known as "Person 1", on the first line of the table on the next page.
- A spouse who's filing taxes jointly with you.
- Anybody Person 1 claims as a dependent on the federal income tax return.

You should apply for this exemption based on how you file taxes, with the following exception: If you're 21 or older and included as a dependent on someone else's tax return, submit your own exemption application.

Who NOT to include on your application:

- A spouse who files taxes separately from you. Spouses who file separately must fill out a separate exemption application for themselves and include every person they claim on their tax return.
- Anyone who lives with you but isn't (or won't be) listed on your tax return for the year(s) you want this exemption.

For 2017 and 2018, if you don't plan to file taxes, you don't need to apply for an exemption.

STEP 2: Tell us about any health coverage and your projected income

The person in line 1 below, who will be known as "Person 1", must be the person who files a federal income tax return for the household, even if the person doesn't need an exemption.

For each person included on the federal income tax return, select their relationship to Person 1, the name, date of birth, SSN, sex, and whether they want an exemption.

You must give your Social Security number (SSN) if you have one. In the table below include the SSN for anyone requesting the exemption who has an SSN. An SSN is not necessary to qualify for the exemption. We use SSNs to match exemptions with the right tax returns and to correctly match to your coverage application. For help getting an SSN, visit socialsecurity.gov or call 1-800-772-1213. (TTY: 1-800-325-0778)

#	Relationship to Person 1	First name	MI	Last name	Date of birth (mm/dd/yyyy)	Social Security number (###-##-####)	Sex	Want exemption?
1	Self							
2								
3								
4								
5								
6								
7								

2. For what year and months do you or members of your tax household need this exemption?

Year	Months											
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	January	February	March	April	May	June	July	August	September	October	November	December

Answer the following questions for the below person.

First name	MI	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Are you pregnant?..... <input type="radio"/> Yes <input type="radio"/> No		
a. If yes, how many babies are expected during this pregnancy? <input type="text"/>		
4. Are you, your spouse, or another person in your household the main caretaker of a child under the age of 19?..... <input type="radio"/> Yes <input type="radio"/> No		
5. Within the past 6 months, have you used tobacco regularly (4 or more times per week on average, excluding religious or ceremonial uses)?..... <input type="radio"/> Yes <input type="radio"/> No		
6. Are you a U.S. citizen or U.S. national ? <input type="radio"/> YES. If yes, skip to question 9. <input type="radio"/> NO. If no, continue to question 7.		
7. Are you a naturalized or derived citizen ? (This usually means you were born outside the United States) <input type="radio"/> YES. If yes, skip to question 9. <input type="radio"/> NO. If no, continue to question 8.		
8. If you aren't a U.S. citizen or U.S. national , do you have eligible immigration status? <input type="radio"/> YES. Enter the document type in the space below.		
Immigration document type	Status type (optional)	Write your name as it appears on your immigration document.
<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 2: PERSON 1 Tell us about any health coverage and your projected income

Other health coverage:

9. Are you offered health coverage from a job?
Select "yes" even if the coverage is from someone else's job, such as a parent or spouse.
Also select "yes" if you are offered the coverage but have not signed up for it.

- YES. If yes, you'll need to complete and include **Health Coverage from a Job**.
- NO.

10. Are you enrolled in any of these kinds of health coverage?

COBRA, Medicaid, CHIP, Medicare, TRICARE, VA health care program, Peace Corps, other..... Yes No

Current job & income information

Tell us about any income you have made or expects to make from a job, self-employment, unemployment, retirement, pensions, rental properties, fishing/farming, alimony, and Social Security (if taxable) **during the year you want the exemption**. You must submit a support document for each type of income listed.

11. Do you expect any income during the year you want this exemption?

- YES. If yes, answer the income questions below.
- NO. If no, skip to next person or Step 4, Signature Page.

Job 1

12a. Are you self-employed?..... Yes No

13a. Employer name (as listed on pay stub or W-2):

14a. Amount (wages, tips, commissions, bonuses, or overtime before taxes):

How often do you get this amount?

\$

15a. When did you start this job? (mm/dd/yyyy)

16a. When did/will this job end? (mm/dd/yyyy)

Select if this job doesn't have an end date

17a. If you don't expect to get this income every month, **fill in the months** that you expect to get income from this job:

Year	Months you expect to get job income											
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	January	February	March	April	May	June	July	August	September	October	November	December

Remove Job

STEP 2: PERSON 1: Tell us about your projected income

Other Income: Tell us about other income you report on a federal income tax return. List the income type, amount (before taxes) and how often you get it. Some common types of income are listed below. If you have additional income you report on a federal tax return, include it under "Other".

NOTE: You don't need to tell us about income that's not reported on a tax return, like child support, veteran's payment, food stamps, Social Security benefits, old age benefits that aren't taxable, or Supplementary Security Income (SSI) benefits.

18. Do you expect to get taxable income from a source other than a job or self-employment?

- YES.** If yes, fill in the table below.
- NO.** If no, skip to question 19.

Type of income	Amount	How often (Weekly, Every 2 weeks, Twice a month, Monthly, Quarterly, Semi-annually, Yearly)	Date started (mm/dd/yyyy)	Date ended / will end (mm/dd/yyyy)	Fill in if no expected end date	Number of months you expect to get this income per year
<input type="checkbox"/> Unemployment					<input type="checkbox"/>	
<input type="checkbox"/> Retirement account withdrawals (taxable amounts ONLY)					<input type="checkbox"/>	
<input type="checkbox"/> Pensions					<input type="checkbox"/>	
<input type="checkbox"/> Farming/fishing (net)					<input type="checkbox"/>	
<input type="checkbox"/> Rental/royalty (net)					<input type="checkbox"/>	
<input type="checkbox"/> Alimony received					<input type="checkbox"/>	
<input type="checkbox"/> Social Security (taxable amount ONLY)					<input type="checkbox"/>	
<input type="checkbox"/> Other (indicate type)					<input type="checkbox"/>	

Deductions: If you pay for certain things that can be deducted on a federal income tax return (see IRS Form 1040, lines 23-35 or IRS Form 1040A, lines 16-19), fill in information about which deductions you plan to take.

19. Do you expect to take any deductions for the year you're requesting this exemption?

- YES.** If yes, fill in the table below.
- NO.** If no, skip to next person or Step 4, signature page.

Type of deductions	Estimated yearly amount	Did you take this deduction last year?
<input type="checkbox"/> Alimony paid		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> IRA deduction		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Student loan interest deduction		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Other (select type from list)		<input type="radio"/> Yes <input type="radio"/> No

Thanks! This is all we need to know about you.

STEP 3: Proof of yearly income

You **MUST** submit proof for each type of income you have listed for each person on this application. **We can't approve this exemption without proof of income.** The table below lists possible documents for each type of income. You may submit other documents, not on the list, if they're included in the income amount you listed on your application.

If you expect your income to increase or decrease during the year for which you're requesting this exemption, you can provide other documents, like a document that states when contract work will end. If any of your income comes from freelance work, you can fill out an accurate, detailed record of your expected income and expenses for the year.

Income Type	Documents
All income types	<ul style="list-style-type: none"> A copy of your most recent federal income tax return, Form 1040, if your income and deductions listed on this application are similar to your last tax return.
Job	<ul style="list-style-type: none"> One or more pay stubs that show the typical pay and hours you work at the job. The pay stubs should show the gross amount and any tips, commissions, bonuses, or overtime pay. Wages and tax statement (W-2) from the most recent year. 1099-MISC (Non-employee compensations).
Net self-employment	<ul style="list-style-type: none"> Records of self-employment income and expenses. Schedule C. Form 1120S. Other recent tax documents showing self-employment. Copy of a check or other evidence of income for the services you provide.
Other Income	Documents
Unemployment	<ul style="list-style-type: none"> Letter from government agency for unemployment benefits. If the document doesn't list the start and end dates, include on the document your best estimate of when the benefits will end.
Retirement (taxable amounts ONLY)	<ul style="list-style-type: none"> 1099 or relevant tax document that list any withdrawal amounts. Document showing taxable amount from account withdrawals.
Pension	<ul style="list-style-type: none"> Pension letter. 1099 or relevant tax document.
Rental/royalties (net)	<ul style="list-style-type: none"> Lease agreement for land or property you own with lease amount/frequency. Document showing royalty income. 1099-MISC (royalty/rental income fields).
Alimony paid/received	<ul style="list-style-type: none"> Court order or legal documents showing the monthly alimony amount and the start and end dates (if applicable).
Farming/fishing (net)	<ul style="list-style-type: none"> Schedule C, F. 1099-G.
Social Security (taxable amounts ONLY)	<ul style="list-style-type: none"> Copy of most recent Form 1040 that shows the taxable amount in line 20b. Don't send copies of your benefit or COLA letter UNLESS the taxable amount is listed on it.

STEP 4: Read, print & sign this application

You won't be able to print and sign your application until you've filled out all required information. We can't process unsigned applications or accept digital signatures.

I agree that:

- 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.

1. Is anyone applying for an exemption on this application incarcerated (detained or jailed)?..... Yes No
 If yes, tell us the person's name. The name of the incarcerated person is:

	<input type="checkbox"/> Fill in here if this person is facing disposition of charges.
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We need this information to check your eligibility for an exemption. We'll check your answers using information in our electronic databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match we may ask you to send us proof.

The person on line 1, known as "Person 1", should sign this application.

The person who signs must be an adult over the age of 18 who files the federal income tax return for the household. If you're an Authorized Representative, you may sign here as long as Person 1 fills out and signs the "Help with this application" form on page 7 of this application.

Print out application and have Person 1 sign.	Date signed (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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STEP 5: Mail completed application



Note: A page that lists the documents you need to submit will print at the end of this application.



Mail your **signed** application and **copies (do not send originals)** of the documents listed on the page that will print at the end of this application to:

Health Insurance Marketplace
Attn: Exemption Processing
465 Industrial Blvd.
London, KY 40741



What happens next?

We'll call you if we need more information. If we don't reach you by phone, we'll send a letter. You'll get a letter in the mail after we've processed your application.

- If your application is approved, we'll send an Exemption Certificate Number (ECN) for each approved member of your tax household to use on your federal income tax return for the year members of your tax household didn't have coverage. You'll provide the ECN when you file your return for the year your exemption has been approved.
- If you or other members of your tax household 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)

What if I think the results of my exemption application are wrong?

You can appeal. Important information about an appeal:

- The Health Insurance Marketplace must receive your appeal request within 90 days of the date of the application results notice.
- You may have a relative, friend, legal counsel, or another spokesperson, including an Authorized Representative, help you appeal or participate in your appeal. 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, visit HealthCare.gov/marketplace-appeals. Or call the Marketplace Call Center at 1-800-318-2596. TTY: 1-855-889-4325

If you qualify for a hardship exemption, you can buy a "catastrophic" health plan

A "catastrophic" health plan offers lower-priced coverage that mainly protects you from high medical costs if you get seriously hurt or injured. If you get a hardship exemption, you can buy a catastrophic plan. You're not required to buy a catastrophic plan, it's just an option so you can get low-priced health coverage if you want to.

- If your hardship exemption application is approved, the letter you get will include information on catastrophic health plans. For more information, visit Healthcare.gov/choose-a-plan/plans-categories/#catastrophic or call 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/exemptions, or call **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**. We'll provide free help in your language. TTY: **1-855-889-4325**

Help with your application

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. First name	Middle name	Last name	Suffix
2. Address		3. Apartment or suite number	
4. City	5. State	6. ZIP code	
7. Phone number (###-###-####)			
8. Organization name (if applicable)			
9. ID number (if applicable)			

By signing in block #10 below, you allow the person on this form to sign your application, get official information about this application, and act for you on all future matters related to this application. The person who signs this form, in block #10 below, must be an adult over the age of 18 who files the federal income tax return for the household.

10. Signature of tax filer	11. Date signed (mm/dd/yyyy)
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For certified application counselors, navigators, agents, and brokers only

Complete this section only 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)			
2. First name	Middle name	Last name	Suffix
3. Organization name (if applicable)			
4. ID number (if applicable)	5. Agents/Brokers only: NPN number		