Health Insurance Marketplace

Application for exemption from the Shared Responsibility Payment for members of recognized religious sects or divisions

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

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 the payment. This application is for an exemption for members of recognized religious sects or divisions. You may apply for other exemptions when you file your federal income tax return.
- You don't need 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.

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 Social Security benefits as 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").
- You can use one application for multiple people in your tax household.
- If you're over 21 and qualify for this exemption, you'll receive a lifetime exemption. This means you won't need to reapply for this exemption. If your membership with your religious sect ends you'll need to make the Shared Responsibility Payment or have another exemption.
- If you're under 21 and qualify for this exemption, you'll need to apply for this exemption yourself when you turn 21.
- If you have a religious sect or division exemption and you either get married or have a child, you'll need to apply for the exemption again with your spouse and/or child. All people in your tax household require their own 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 household members 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 information is sent to the Internal Revenue Service (IRS) to match your tax return. **We'll keep all the information private and secure, as required by law.** To view the Privacy Act Statement, go to HealthCare.gov/privacy.

Get help with this application

- **Online:** 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, 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.

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.

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 ☐ (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: ☐ Morning ☐ Afternoon ☐ Evening ☐ Weekend

15. Other phone number (###-###-####)

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening ☐ Weekend

16a. What is your preferred spoken language?

16b. What is your preferred written language?

Optional: *(Select all that apply.)*

17. **If Hispanic/Latino, ethnicity:** ☐ Mexican ☐ Mexican American ☐ Puerto Rican ☐ Chicano/a ☐ 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 2: Tell us about your tax household

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.

If you don't plan to file taxes, you don't need to apply for an exemption.

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

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. For help getting an SSN, visit **socialsecurity.gov** or call 1-800-772-1213. (TTY: 1-800-325-0778).

#	Relationship to Person 1 *(spouse or dependent)*	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								
8								
9								
10								
11								
12								

2. Do you or other members of your tax household 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 a copy of the approved form when you submit this application.

◯ **NO.**

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

◯ **YES**. If yes, go to question 4.

◯ **NO.** If no, you're not eligible for this exemption and shouldn't complete this application. To see other categories of exemptions you may be eligible for, visit **HealthCare.gov/exemptions** or call the Marketplace at 1-800-318-2596. (TTY: 1-855-889-4325)

STEP 3: Tell us about your religious sect or division

4a. Enter your approved religious sect or division name and the date you became a member.

Full name of religious sect or division

District or congregation

Address

City | State | ZIP code

Select the name of each individual who's a member of this religious sect or division.

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.

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 5 of this application.

Print out application and have Person 1 sign.	**Date signed** ***(mm/dd/yyyy)***

STEP 5: Mail completed application and documents

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.

- **I**f 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)

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.

Help with this 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 the 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)**

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