Find Local Help Contact Information Update Screens

HealthCare.gov   **Individuals & Families**   **Small Businesses**   **Log in**

Update Organization Information

Use the following form to request corrections to your organization's listing in the Find Local Help section of Healthcare.gov. All requested corrections made through this form will be verified before any changes are made to a listing.

Request Corrections to "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 different locations, you must request each 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.

Note: You cannot request to become a Local Help organization with this form. You can apply to become a Champion for Coverage or a Certified Application Counselor (CAC) organization on marketplace.cms.gov.

Your Name *

[   ] [   ]
First   Last

Your Email Address *

[   ]

Your Phone Number *

[   ] – [   ] – [   ]
  ###   ###   ####

Organization's Name (as it appears in the "Find Local Help" listing.) *

[   ]

Type of Organization *

[Select One   ▼]

Applies to all listings for this organization *

○ Yes
○ No

I need to make changes to the following information (check all that apply)

☐ 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   ☐ Office Hours
   speakers   ☐ Website URL
☐ Email Address   ☐ Additional Languages
☐ Additional Details

Type the characters from the image below. *

[6 2 8] reCAPTCHA™
[Type the text   ]   Privacy & Terms

[Submit]

Health Insurance Marketplace

Type of Organization Dropdown Menu

Type of Organization *

Select One

Select One
Navigators (NAV)
Certified Application Counselors (CAC)
In-Person Assister (IPA)
Medicaid/CHIP (Children's Health Insurance Program)
Agent Broker Associations (ABA)

I need to make changes to the following information (check all that apply)

☑ Organization Name   ☑ Organization Acronym