

90-Day Warning Notice

A consumer may be required to submit documents that confirm or add to information they entered on the Marketplace application. Their Warning Notice will include a list of acceptable documents and instructions for submitting them.

We send a Warning Notice like this one immediately after a consumer submits their Marketplace application and supporting documentation. The notice reminds the consumer about all documentation they must submit within the next 90 days to verify each household member's eligibility for Marketplace coverage. Each Warning Notice explains the consumer's next steps:

- If their application information has changed since they first applied, they need to update their Marketplace application with current information.
- If they haven't sent all required documentation, they need to submit the additional documents online or mail them by the specified deadline.
- If they've already sent all required documentation, they don't need to take additional action.

The notice warns the consumer that if they don't submit all required documentation, they may lose their Marketplace coverage and any help they might be getting to pay for it.

In this example, the consumer's eligibility for financial help may change or end if they don't submit documents that confirm their annual household income. Consumers may also be required to submit documents confirming their U.S. citizenship, immigration status, access to other health coverage, and other information. To learn more about submitting documents requested by the Marketplace and see lists of acceptable documents, visit [HealthCare.gov/verify-information/documents-and-deadlines](https://www.healthcare.gov/verify-information/documents-and-deadlines).

90-Day Warning Notice Sample
(Annual Income with Worksheet)

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

11/6/2021

Application date: 10/6/2021

Application ID: [REDACTED]

ATTENTION: Review the chart below to make sure you have submitted all requested documents. If you don't submit the documents by your deadline, you risk losing the help you're getting to pay for your Marketplace health coverage.

We're following up on our request for documents to verify eligibility for you and/or members of your household for coverage through the Health Insurance Marketplace.

Thank you for submitting your documents -- they are currently under review. The Marketplace will send you a response shortly after your documents have been reviewed. **You don't need to resubmit the same documents.**

While we work on reviewing the documents you've already submitted, we did want to send a reminder of what we need so you can double check that everything has been provided. Please review the chart below to make sure acceptable documents have been submitted for every applicant listed. The chart below shows information we need to verify and what will happen to your Marketplace coverage if we can't verify the information. The lists of acceptable documents for verifying the information are included within this letter.

Applicant Name	What We Need to Verify*	Documents Needed By	Result If We Can't Verify
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All Applicants in the [REDACTED] Household	Annual Household Income	12/6/2021	The help you're getting to pay for your Marketplace coverage will change or end
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*We are asking you to verify information that was provided about you or your household members on your application. If the information that was provided on your application is not accurate, please correct the information on your application by logging into your Marketplace account on HealthCare.gov or calling the Marketplace Call Center at 1-800-318-2596.

What should I do next?

1. If you **have already** sent us copies of acceptable documents for each applicant listed above, you don't need to do anything else at this time. We will let you know if we need more information once we've reviewed the documents you've already provided. If you **have not yet** sent us acceptable documents for every applicant listed above, please follow these next steps:
2. Look at the lists of documents included that can be used to verify your information. **Either upload or send us copies (not originals)** of the documents you have, so we can complete the verification. You may need to send more than one document to resolve any one issue, so please read the lists carefully.
3. Submit copies of the documents. You can submit copies online **or** by mail, however **uploading is the fastest way to get the documents processed**.
 - Upload a copy of the documents to your Marketplace account on HealthCare.gov.
 - Log into your Marketplace account and select "Start a new application or update an existing one."
 - Click on your name in the top right of the screen and select "My applications & coverage" from the dropdown.
 - o Then, under "Your existing applications," select your current application and click on "Application details."
 - o You'll see a green button next to each item you need to verify. Click the button, then choose a document type from the drop-down list. Then click "Select file to upload." Locate the document on your computer, select the document, and click "Upload." When the upload is successful, a checkmark appears next to the file name.
 - Mail **copies** of the documents -- along with the first page of this letter -- to the address below. Keep the originals for your records.

Health Insurance Marketplace
Attn: Supporting Documentation
465 Industrial Blvd.
London, KY 40750

Reminder: If you have already sent or uploaded acceptable documents, please do not send them again. Once we review your documents, we will let you know if we need more information.

For more help

- Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. You can also call the Marketplace Call Center to get information on these services.
- Call Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are available and provided at no cost to you.

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

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 0938-1207.

Nondiscrimination: The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1 800 368 1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

UPLOAD OR MAIL DOCUMENTS TO VERIFY YOUR ANNUAL HOUSEHOLD INCOME FOR 2021

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to upload or mail additional documents to verify your household's annual income, including income earned by every member of your household listed on your tax return, even if they're not applying for Marketplace health coverage.

There are several types of documents you can submit. You may need to submit more than one document depending on your household's situation. For example, you'll submit multiple pay stubs if you work multiple jobs. **Please keep your original document(s) and send us a copy.** Please see the optional "Income Worksheet" at the end of this notice for additional help with providing accurate information to the Marketplace.

Documents to verify your annual household income

- 1040 federal or state tax return - Must contain first and last name, income amount, and tax year. Starting with 2018 tax returns, if you file Schedule 1, you must submit it with your 1040. Schedule 1 shows additional income and adjustments, like capital gains, unemployment compensation, student loan interest, or self-employment tax.
- Wage and tax statement (W2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) - Must contain first and last name, income amount, year, and employer name (if applicable).
- Pay stub - Must contain first and last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, please indicate average overtime amount per paycheck.
- Self-employment documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger) - Must contain first and last name, company name, and income amount. If submitting a self-employment ledger, include dates covered by the ledger, and the net income from profit/loss.
- Social Security Administration Statements (Social Security Benefits Letter) - Must contain first and last name, benefit amount, and frequency of pay.
- Unemployment Benefits Letter - Must contain first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).

The supporting income documents that you send to the Marketplace need to closely match the total annual household income amount on your application. For example, if you have a different job than you had last year, send the Marketplace recent pay stubs from the new job instead of last year's tax return or W2.

What if my income has changed?

If your expected household income has changed since you submitted your application, please report the change by visiting [HealthCare.gov](https://www.healthcare.gov) to update your application in your Marketplace account, or by calling the Marketplace Call Center at 1-800-318-2596.

Income Worksheet (optional)

You can use this worksheet to identify the documents needed to verify the annual household income you entered on your application. You don't need to submit this worksheet when you upload or mail your documents. However, the Marketplace may be able to verify your income and process your application faster if you include this worksheet when you upload or mail your documents.

If you enroll in coverage and your expected income or household information changes, like if you get a job, have a baby, marry or divorce, or get a new offer of health coverage - you should update your Marketplace application as soon as possible. Income changes during the year may affect your eligibility for Marketplace or Medicaid coverage, financial help for Marketplace coverage, and your federal income tax.

Household information

Name of Primary Household Contact:		Names of Others in the Household:	
State:		Phone Number:	
Application ID:*		Today's Date:	

*Find your application ID on your eligibility notice.

Your household's expected income

Use the table below to add up the 2021 income expected for each member of your household.

Column 1: List each household member who gets income. If someone gets more than one type of income, this person will be listed more than once. Use a separate sheet of paper to add more rows if needed.

Column 2: Write each type of income this person will get in 2021 on separate rows, like from a job, investment income, Social Security benefits, or self-employment. Visit [HealthCare.gov/income-and-household-information/income](https://www.healthcare.gov/income-and-household-information/income) for a complete list.

Column 3: Make a note of the type of document you'll upload or mail to verify the income, like a pay stub, retirement document, or tax return. Be sure you have a document to verify each type of income you include on this table. This notice includes a complete list of documents you can provide. These documents should be consistent with the income information on your Marketplace application. If it isn't, provide an explanation under "More information about your income" below.

Column 4: Write the gross income amount shown on your document. Gross income is the amount of income before taxes and deductions are taken out.

Column 5: Note how often during the year this person gets this income amount, like weekly (\$ x 52), twice a month (\$ x 24), every 2 weeks (\$ x 26), monthly (\$ x 12), quarterly (\$ x 4), yearly or 1 time only (\$ x 1).

Column 6: Multiply the gross income in Column 4 by how often this person gets the income during the year.

Expected total household income: After you enter all income from each household member, add all of the "Annual totals" in Column 6 to get your expected total household income for 2021.

My household's expected income in 2021 on my Marketplace application: To find this number, log into your Marketplace account, select your 2021 application, and check your application summary. Your eligibility notice may also display this "yearly household income" amount.

1	2	3	4	5	6
Name of household member	Type of income	Document you'll send to verify this income	Gross income amount in document	How often does this person get this amount?	Annual total
EXAMPLE: John Doe	Job income	Paystub	\$2,000	Every two weeks (26 times a year)	\$52,000 (\$2,000*26)
EXAMPLE: John Doe	Rental income	Rental agreement	\$1,000	Every month (12 times a year)	\$24,000 (\$1,000*12)
			\$		\$
			\$		\$
			\$		\$

			\$		\$
Expected total household income					\$
My household's expected income in 2021 on my Marketplace application					

Your household's income from self-employment

You can upload or mail a "Self-employment chart" to verify each type of income that a household member gets from self-employment. You'll also need to upload or mail documents to verify each income source from self-employment in 2021. This income should also be included in "**Your household's expected income**" above. To learn more, visit [HealthCare.gov/self-employed/income/](https://www.healthcare.gov/self-employed/income/).

Self-employment chart

Please submit a separate chart for each household member who's self-employed.

Column 1: List the household member who gets self-employment income. If someone gets self-employment income from more than once source, this person will be listed more than once. Use a separate sheet of paper to add more rows if needed.

Column 2: Write the name of the business or type of work providing self-employment income.

Column 3: Report this person's gross self-employment income for each month (on average).

Column 4: Report this person's self-employment-related expenses for each month (on average).

Column 5: Report this person's average **net** self-employment income for each month. This is the amount of income left **after** you subtract any business expenses or losses from gross (total) income.

Column 6: Note the number of months each year this person gets this income.

Column 7: Enter this person's total expected 2021 income from that self-employment. (Multiply the monthly average net income in Column 3 by the number of months that this person gets the income.)

After you enter all self-employment income for each household member, add all of the "Annual Totals" in Column 7 to get your expected total household income from self-employment for 2021.

1	2	3	4	5	6	7
Name of household member	Self-employment business name/type of work	Gross income each month (average)	Expenses each month (average)	Monthly average net income (average)	# of months each year you get this income	Annual total
<i>EXAMPLE: Jane Doe</i>	<i>Real Estate</i>			<i>\$1,000</i>	<i>12</i>	<i>\$12,000</i>
				\$		\$
				\$		\$
				\$		\$
Expected total household income from self-employment						\$

More information about your income

Print or type any additional information about your income that's not included above.

This Notice has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

العربية (Arabic) يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء في مواعيد معينة للحفاظ على تغطيتك الصحية أو للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية. عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمرجع.

中文 (Chinese) 本通知包含您通过健康保险市场申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并听完全部录音。当有代表接听时，请说明您所需的语种，届时将有译员与您联系。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્ય વીમા માર્કેટસ્થળ સમારકામે તમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવરી લેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઇ પણ ખર્ચ વિના તમારી ભાષામાં આજ્ઞાકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiama all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunicaci la lingua di cui ha bisogno e sarà collegato/a con un interprete.

日本語 (Japanese) この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng về đơn xin của quý vị hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem những ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình hoàn toàn miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu. Khi nghe một nhân viên trả lời, hãy nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

