

60-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 to a consumer who has already submitted documents but must provide additional information for themselves or another household member to verify eligibility for Marketplace coverage. The notice lists all the information that the Marketplace still needs to verify for each household member within the next 60 days. 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 the 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 Marketplace coverage may end if they don't submit documents that confirm information about their U.S. citizenship. Consumers may also be required to submit documents confirming their annual income, 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).

60-Day (Second Notice) Warning Notice Sample (Citizenship with SSN)

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

SECOND NOTICE

11/3/2019

Application date: 10/31/2019

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 your Marketplace health coverage and any help you're getting to pay for it.

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. You didn't provide a valid Social Security number on your Health Insurance Marketplace application. **If you submit documentation to verify your Social Security number, we may be able to verify your citizenship status with no further action needed on your part.**

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
[REDACTED]	U.S. Citizenship or Immigration Status	1/1/2020	Marketplace coverage will end

*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.
 - Then, under "Your existing applications," select your current application and click on "Application details."
 - 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, 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.
- 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.

DOCUMENTS NEEDED TO PROVE CITIZENSHIP OR U.S. NATIONAL STATUS

If you want to keep your coverage through the Marketplace, you need to send additional documents proving that you're either a citizen or national, or that you are lawfully present in the U.S. Please keep your original document(s) and send us a copy.

Documents to Prove Your Status as a U.S. Citizen or U.S. National	
<p>If you're a citizen, you only need a copy of <u>one</u> document from the first list below to prove U.S. citizenship or nationality:</p> <ul style="list-style-type: none"> • U.S. passport • Certificate of Naturalization (N-550/N-570) • Certificate of Citizenship (N-560/N-561) • State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington) • Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe. Documents you can provide include: <ul style="list-style-type: none"> • A Tribal enrollment card • A Certificate of Degree of Indian Blood • A Tribal census document • Documents on Tribal letterhead signed by a Tribal official 	
<p>If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send copies of documents from the lists below, including one from List A and one from List B <u>OR</u> one from List A and two from List C:</p>	
List A. Select 1 document:	List B. 1 document from List B (plus 1 from List A):
<ul style="list-style-type: none"> • U.S. public birth certificate • Certification of Report of Birth (DS-1350) • Certification of Birth Abroad (FS-545) • U.S. Citizen Identification Card (I-197 or the prior version I-179) • Northern Mariana Card (I-873) • Final adoption decree showing the person's name and U.S. place of birth • U.S. Civil Service Employment Record showing employment before June 1, 1976 • Military record showing a U.S. place of birth • U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth • U.S. life, health or other insurance record showing U.S. place of birth • Religious record showing U.S. place of birth recorded in the U.S. • School record showing the child's name and U.S. place of birth • Federal or State census record showing U.S. citizenship or U.S. place of birth • Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3) 	<ul style="list-style-type: none"> • Driver's license issued by a State or Territory or Identification card issued by the Federal, State, or local government • School identification card • U.S. military card or draft record or Military dependent's identification card • U.S. Coast Guard Merchant Mariner card • Voter Registration Card <p>The documents above must have a photograph or other information such as name, age, sex, race, height, weight, eye color, or address</p> <ul style="list-style-type: none"> • For children under 19, a clinic, doctor, hospital, or school record, including preschool or day care records
	<p>List C. Or 2 documents from List C (plus 1 from List A):</p> <ul style="list-style-type: none"> • Two documents containing consistent information about an applicant's identity, such as employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles

DOCUMENTS NEEDED TO PROVE IMMIGRATION STATUS

Documents to Prove Immigration Status

Send us your most recent immigration document that shows your current immigration status. The box below presents several types of documents you can submit. Please keep your original document and send us a copy.

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security

DOCUMENTS NEEDED TO VERIFY SOCIAL SECURITY NUMBER

Documents to Verify Social Security Number

- Social Security card
- 1040 tax return (federal or state versions acceptable)
- W2 and/or 1099 (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)
- W4 Withholding Allowance Certificate (federal or state versions acceptable)
- Form 1095-A, 1095-B, or 1095-C
- Pay stub documentation
- Social Security Administration documentation (includes Form 4029)
- Military record
- U.S. military ID card
- Military dependent's ID card
- Unemployment Benefits (Unemployment Benefits Letter)
- Court order granting a name change - Must contain this person's **original** first and last name, **new** first and last name, and Social Security Number

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 بالمترجم.

中文 (Chinese) 本通知包含您通过健康保险市场的中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 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有译員与您联系。

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 સમારકતેતમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવીર 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 આજણકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારકેટ 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.

