

Enrollment Information for

## Health Insurance Marketplace Confirmation

(healthcare.gov)

|                                     |                         |
|-------------------------------------|-------------------------|
| Marketplace Application ID:         | Monthly Tax Credit      |
| Est. Yearly Household Income        | Monthly Premium you pay |
| Insurance Company                   | Customer Service Number |
| Due Date of 1 <sup>st</sup> Premium | Policy Effective Date   |
| Agent Assisting with Enrollment     | NPN                     |

### Application Confirmation

By signing this form, I agree that I have been provided a copy of my Marketplace application and that I agree that it is correct to the best of my knowledge. I also confirm that my agent has communicated the attestations listed below and I understand and agree with them.

1. I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.
2. I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a Special Enrollment Period if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.
3. I understand that I'm not eligible for a premium tax credit if I'm found eligible for other qualifying health coverage, like Medicaid, Children's Health Insurance Program (CHIP), or a job-based health plan. I also understand that if I become eligible for other qualifying health coverage, I must contact the Marketplace (or contact my agent) to end my Marketplace coverage and premium tax credit. If I don't, the person who files taxes in my household may need to pay back my premium tax credit.
4. I understand that because the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

\* I must file a federal income tax return for the 2026 tax year.

\* If I'm married at the end of 2026, I must file a joint income tax return with my spouse.

5. I also expect that:

\*No one else will be able to claim me as a dependent on their 2026 federal income tax return.

\* I'll claim a personal exemption deduction on my 2026 federal income tax return for any individual listed on this application as my dependent who is enrolled in coverage through this Marketplace, and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit.

6. If any of the above changes:

\*I understand that it may impact my ability to get the premium tax credit.

\*I also understand that when I file my 2026 federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional premium tax credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

7. I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household.

8. If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or Children's Health Insurance Program (CHIP)), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

10. I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

Name of Primary Household Contact and/or Authorized Representative

Signature

Date

# Helpful Information

1. **You will receive notices from the Marketplace (Healthcare.gov).** These can be confusing. Please call us and we can assist you in understanding these notices.
2. You ***might*** get an email from healthcare.gov stating *"Pay your premium right now"*. Healthcare.gov doesn't know your payment status. All payments are done directly with the insurance company you are enrolled with.
3. **You can adjust** your estimated income anytime throughout the year. **Just contact us and we will get it done quickly and efficiently.** Remember, when you file your taxes, the IRS will compare what is on the application vs what is on your tax return. You may have to pay back any over payment of tax credit if your income is higher than was reported on the application.
4. If you had data matching errors, or needed to submit document to the Marketplace, **please provide us with any requested documents.** We will scan them and upload them directly to your account. We will also alert you to any changes that might need to be made to your income based on these documents.
5. **Open any regular mail** that comes from Healthcare.gov. If you are confused by the paperwork, please call us. Never throw it away without opening it. Important information is mailed to you including your 1095A forms that you will need to in order to complete filing your taxes.
6. Someone may call you from healthcare.gov. If that happens, ask what information they need and tell them you will contact your agent to complete it. That way you will avoid the few scams that are out there.