

Important Reportable Changes to the Marketplace

Log on to [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to update any of the following life changes when they occur.



Address, name, phone number, or email address



Household size (marriage, divorce, death, birth, adoption)



Income (new job? second job? lost job? retired?)



Loss or change in health coverage



Citizenship status (gain citizenship or lawful presence?)



Member of federally recognized American Indian or Alaska Native tribe



Incarceration status



Newly eligible for Medicare (through disability or age i.e. turning 65)

Why You Should Report a Life Change

- **Your tax credit might change** — it could be higher or lower and change your monthly premium and/or cost-sharing amount.
- You or a family member could qualify for a **Special Enrollment Period (SEP)**

Important Reportable Changes to the Marketplace

Log on to [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to update any of the following life changes when they occur.



Address, name, phone number, or email address



Household size (marriage, divorce, death, birth, adoption)



Income (new job? second job? lost job? retired?)



Loss or change in health coverage



Citizenship status (gain citizenship or lawful presence?)



Member of federally recognized American Indian or Alaska Native tribe



Incarceration status



Newly eligible for Medicare (through disability or age i.e. turning 65)

Why You Should Report a Life Change

- **Your tax credit might change** — it could be higher or lower and change your monthly premium and/or cost-sharing amount.
- You or a family member could qualify for a **Special Enrollment Period (SEP)**



Important Marketplace Reminders

My IMPORTANT Dates

Important Upcoming Milestones and LIFE Events:

Dates:

My IMPORTANT Health Insurance Information

Hint for my HealthCare.gov Account Password:

Health Insurance Company:	Phone:	Email:
Health Insurance Plan Type:	Member ID:	
Assister's Contact Information: Organization/Name	Phone/Email:	



Important Marketplace Reminders

My IMPORTANT Dates

Important Upcoming Milestones and LIFE Events:

Dates:

My IMPORTANT Health Insurance Information

Hint for my HealthCare.gov Account Password:

Health Insurance Company:	Phone:	Email:
Health Insurance Plan Type:	Member ID:	
Assister's Contact Information: Organization/Name	Phone/Email:	