

My Marketplace Application Checklist

When you visit [HealthCare.gov](https://www.healthcare.gov) to apply for or re-enroll in your Health Insurance Marketplace® coverage, you'll need to give this information about you and your household:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Information about your household size. Figure out who in your household will apply together before you start your application. Visit HealthCare.gov/income-and-household-information/household-size for help figuring out who to include in your household. |
| <input type="checkbox"/> | Home and/or mailing addresses for everyone applying for coverage. |
| <input type="checkbox"/> | Information about everyone applying for coverage, like Social Security Numbers and birth dates. |
| <input type="checkbox"/> | Information about the professional helping you apply, if you're getting help completing your application. This could be an agent, broker, or assister. |
| <input type="checkbox"/> | Information on how you plan to file your taxes in 2025. |
| <input type="checkbox"/> | Employer and income information for every member of your household (like from pay stubs or W-2s). Visit HealthCare.gov/income-and-household-information/income to learn more about what types of income to include and not include. |
| <input type="checkbox"/> | Your best estimate of what your household income will be in 2025. Visit HealthCare.gov/income-and-household-information/how-to-report for help estimating your income. |
| <input type="checkbox"/> | Policy numbers for any current health plans covering members of your household. |
| <input type="checkbox"/> | Information about any job-based plan you or someone in your household is eligible for. You can use the Employer Coverage Tool to help collect this information. (You'll want to fill out this worksheet even for coverage you're eligible for but don't enroll in.) Visit HealthCare.gov/downloads/employer-coverage-tool.pdf to download or print the tool. |
| <input type="checkbox"/> | Notices from your current plan that include your plan ID, if you have or had 2024 Marketplace coverage. |
| <input type="checkbox"/> | Document information for legal immigrants and naturalized citizens. |

You have the right to get your information in an accessible format, like large print, braille, or audio.

You also have the right to file a complaint if you feel you've been discriminated against.

Visit [CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice](https://www.cms.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice)

or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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[HealthCare.gov](https://www.healthcare.gov)