

Annual Income Letter of Explanation

Who can use this form?

You can use this form if you applied for Marketplace coverage and got a letter from the Marketplace saying you need to submit documents to confirm your annual income, but you don't have any of the other acceptable documents listed. Visit [HealthCare.gov/verify-information/documents-and-deadlines](https://www.healthcare.gov/verify-information/documents-and-deadlines) to get a list of documents you can submit.

What happens next?

- Print this form, or download and save it to your computer.
- Fill it out using the combined income for your household.
- Upload or mail your completed form. Uploading is faster.

How to upload:

- Log into your Marketplace account at [HealthCare.gov/login](https://www.healthcare.gov/login).
- Select your current application.
- Select "Application details," then "Upload documents."
- Choose "Letter of explanation" from the list of document types, and follow the instructions.

How to mail:

- Send a copy only (**not the original**).
- Include the printed bar code page that came with your letter. If you don't have a bar code, include your printed name and the application ID on each page of your form. Your application ID is near your mailing address at the top of your letter.
- Mail the copy to:
Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Blvd.
London, KY 40750

Get help with this form

- **Online:** Visit [HealthCare.gov/tips-and-troubleshooting/uploading-documents](https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents) or [HealthCare.gov/income-calculator](https://www.healthcare.gov/income-calculator) to help estimate your expected annual income.
- **Phone:** Call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.
- **In-person:** There may be counselors in your area who can help. Visit [HealthCare.gov/find-local-help](https://www.healthcare.gov/find-local-help), or call the Marketplace Call Center for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al 1-800-318-2596. Visite [CuidadoDeSalud.gov/downloads/es/annual-income-letter-explanation.pdf](https://www.CuidadoDeSalud.gov/downloads/es/annual-income-letter-explanation.pdf).
- **Other languages:** If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you.

Letter of Explanation

1. **Today's date:** (mm/dd/yyyy)

2. **Name of primary contact:** (This is the person listed first on your Marketplace application.)

First name

Middle name

Last name

Suffix

3. **Primary contact date of birth:** (mm/dd/yyyy)

4. **Application ID:** (Find this number at the top of the letter you got from the Marketplace, or in your Marketplace account at [HealthCare.gov/login](https://www.healthcare.gov/login).)

5. **My household expects to get \$**

Annual income

during the year

(yyyy)

Notes:

- The annual income you enter must match the income you reported on your Marketplace or other health insurance application. If it doesn't, update your Marketplace application.
- Visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report) or [HealthCare.gov/income-calculator](https://www.healthcare.gov/income-calculator) if you need help estimating your expected annual income.

Remember:

Enter an accurate income estimate on your Marketplace application. If you use the premium tax credit to lower your monthly premium and don't end your Marketplace coverage, you'll have to pay back the premium tax credit you use when you file your federal taxes. If your estimated income changes during the year, update your Marketplace application with this information right away.

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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/accessibility-nondiscrimination](https://www.cms.gov/accessibility-nondiscrimination), or call 1-800-318-2596. TTY users can call 1-855-889-4325.

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