

**Health Insurance Marketplace**

OMB Exempt

**Marketplace Eligibility Appeal Request**

- Submit this form **within 90 days** of the date on the Marketplace Eligibility Notice you're appealing.
- Include any documents you have to help your appeal (Step 9).

**Person filling out this form:****First name:****Last name:****STEP 1 Whose eligibility is being appealed?**

Only include the people on your Health Insurance Marketplace® application whose eligibility is being appealed.

**Person 1****First name:****Last name:****Date of birth (mm/dd/yyyy):****Email:****Daytime phone number:****Street address:****Apartment or suite number:****City:****State:****ZIP code:****Person 2****First name:****Last name:****Date of birth (mm/dd/yyyy):****Email:****Person 3****First name:****Last name:****Date of birth (mm/dd/yyyy):****Email:****Person 4****First name:****Last name:****Date of birth (mm/dd/yyyy):****Email:**

**Questions?** Call the Marketplace Appeals Center at **1-855-231-1751** Monday-Friday from 7:00 a.m. - 8:30 p.m. Eastern Time (TTY users can call 711)

## STEP 2 Reason for the appeal

**Application ID #** (found on the first page of the Marketplace Eligibility Notice):

**Notice Date** (mm/dd/yyyy):

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On HealthCare.gov, you said you're appealing the Marketplace decision to end financial help because of missing information about your taxes.

**Explain why you think the Marketplace decision is wrong.**

If you're filing this appeal more than 90 days after the date on the Marketplace Eligibility Notice you're appealing, also explain the delay in filing your appeal.

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## STEP 3 Information about your taxes (optional)

Telling us if and when you (or the tax filer for your household) submitted Internal Revenue Service (IRS) Form 8962 to reconcile the premium tax credits you used to lower your monthly premiums can help us resolve your appeal faster. If you don't know the exact date, give your best estimate.

**When did you (or the tax filer for your household) submit Form 8962 to the IRS for tax credits you used in 2023?**

I didn't submit Form 8962 to the IRS for 2023.

I submitted Form 8962 to the IRS on or about (mm/dd/yyyy):

**When did you (or the tax filer for your household) submit Form 8962 to the IRS for tax credits you used in 2022?**

I didn't submit Form 8962 to the IRS for 2022.

I submitted Form 8962 to the IRS on or about (mm/dd/yyyy):

**What is Form 8962, Premium Tax Credit?**

If you had Marketplace coverage and used the premium tax credit to lower your monthly plan premiums, you must file this tax form with your federal income tax return. You'll use this form to "reconcile" your tax credits — to find out if you used more or less of the premium tax credit than you qualify for.

## STEP 4 Do you need to fast-track ("expedite") your appeal for a health reason?

If you think waiting for a standard decision may seriously jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you can ask for a fast (expedited) appeal. (For example, you might qualify for an expedited appeal if you're currently in the hospital or urgently need medication).

Do you need to expedite your appeal?

**No.**

**Yes. Please explain the reason you need an expedited appeal.**

**Questions?** Call the Marketplace Appeals Center at **1-855-231-1751** Monday-Friday from 7:00 a.m. - 8:30 p.m. Eastern Time (TTY users can call 711)

## STEP 5 Get electronic updates (optional)

Get text or email updates about your appeal status, actions you need to take and more. These updates won't have appeal details or personal health information.

By entering your number below, you agree to get text messages from the Marketplace Appeals Center. Message frequency varies and message data rates may apply. Visit [HealthCare.gov/appeals/en/terms-and-conditions](https://www.healthcare.gov/appeals/en/terms-and-conditions) and [HealthCare.gov/privacy](https://www.healthcare.gov/privacy) for more information.

Text to mobile number:

Email:

## STEP 6 Appoint a representative (optional)

You can choose to have someone you trust (like a family member, friend, advocate, or attorney) act on your behalf for your appeal by giving them permission to be your authorized representative.

If you appoint an authorized representative, they'll be the main contact during your appeal. All communications about your appeal (including email and text reminders) will go to your authorized representative, not you.

Do you want to appoint a representative?

**No. Go to Step 7.**

**Yes. Fill out the section below.** If you change your mind, you must call or write the Marketplace Appeals Center to remove your authorized representative.

First name:

Last name:

Date of birth (mm/dd/yyyy):

Email:

Daytime phone number:

Street address:

Apartment or suite number:

City:

State:

ZIP code:

Organization name:

ID number (if applicable):

Text updates to mobile number (optional):

Send email updates to (optional):

Sign below to give the person listed in this section permission to sign your appeal request, get official information about your appeal and act for you during your appeal.

Printed name (First name, Last name)

Signature

Date (mm/dd/yyyy)

**Questions?** Call the Marketplace Appeals Center at **1-855-231-1751** Monday-Friday from 7:00 a.m. - 8:30 p.m. Eastern Time (TTY users can call 711)

## STEP 7 Keeping your financial help during your appeal (optional)

You may be able to keep the same level of financial help (“continuation of benefits”) while your appeal is reviewed.

### Would you like to keep your financial help during your appeal?

**Yes, I want my financial help to stay the same until my appeal is decided.** I understand that if I lose my appeal, I may have to pay back some or all of the financial help I got when I file my taxes at the end of the year.

### **I want my financial help applied to the following Marketplace plan:**

Enter name of your Marketplace plan:

### **No, I don’t want to keep my financial help during my appeal.**

NOTE: You must continue paying your monthly premium to keep your current coverage. If your coverage ends because you stopped paying the premium, you might not be eligible to enroll in a Marketplace plan until the next Open Enrollment period, even if you win your appeal.

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#### **Privacy & Use of Your Information**

The Marketplace protects the privacy and security of information about you that you’ve provided. To view the Privacy Act Statement, go to [HealthCare.gov/individual-privacy-act-statement](https://www.healthcare.gov/individual-privacy-act-statement). We’re authorized to collect the information on this form and any supporting documentation, including Social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111–152), implementing regulations in 45 CFR part 155, subpart F, and the Social Security Act. For more information about the privacy and security of your information, visit [HealthCare.gov/privacy](https://www.healthcare.gov/privacy).

#### **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.

#### **Accessibility**

You have the right to get Marketplace information in an accessible format, like large print, braille, or audio. Call the Marketplace Appeals Center at 1-855-231-1751 for more information. TTY users can call 711.

#### **Language Assistance**

If you need help in a language other than English, call 1-855-231-1751 and tell the customer service representative the language you need. We’ll get you help at no cost to you. TTY users can call 711.

This product was produced at U.S. taxpayer expense.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

## STEP 8 Signature

**Sign below to let the Marketplace share federal tax information and Social Security Administration information for use during an appeal, and to give us permission to talk to your representative (if you appointed one) about your appeal.**

During your appeal, we may need to share with you or your authorized representative the information the Marketplace used to decide your eligibility. This information might include employment income information from a consumer reporting agency, information about income you receive from the Social Security Administration, and federal tax information from the Internal Revenue Service about members of your household, including information from your last filed federal income tax return. The Marketplace can't share federal income tax information or monthly and annual Social Security Benefit information under Title II of the Social Security Act from the Social Security Administration to an authorized representative or other individuals without your consent. Sign below to give your consent.

I understand by completing, signing, and dating below, I authorize the Marketplace to disclose to the individuals whose signatures are provided below as well as any authorized representative any federal tax information in my eligibility record which was provided by the Internal Revenue Service. I also consent to the release by the Marketplace of my monthly and annual Social Security Benefit information under Title II of the Social Security Act to these same individuals along with other information in my Marketplace eligibility record, collected based on the application I filled out (or was completed for me) or that listed me as a household member, and from other data sources like income and employment verification from a consumer reporting agency that were used to make the Marketplace eligibility determination.

I understand I can request a copy of my Marketplace eligibility appeal record during the appeals process. Each adult member of the household must consent to the disclosure of his or her own federal tax information and also consent to the release of monthly and annual Social Security Benefit information under Title II of the Social Security Act by signing below.

The authorization is valid until the earlier of the resolution of the appeal; or my written notification that I want any or all of my authorized representatives removed from this appeal. I'm signing this form under penalty of perjury, which means I've provided true answers to all the questions, and I've answered to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false information.

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### Signature of the tax filer listed on your Marketplace application (even if they're not appealing)

#### 1. Printed name (First name, Middle name, Last name)

**Signature****Date (mm/dd/yyyy)**

You can only provide the signature of one person at a time. After you sign and submit this form, other household members will get an e-mail with instructions on how to sign this appeal electronically. We need signatures of everyone age 18 and older listed in Step 1 of this form. Make sure those e-mail addresses are correct.

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#### 2. Printed name (First name, Middle name, Last name)

**Signature****Date (mm/dd/yyyy)**

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#### 3. Printed name (First name, Middle name, Last name)

**Signature****Date (mm/dd/yyyy)**

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#### 4. Printed name (First name, Middle name, Last name)

**Signature****Date (mm/dd/yyyy)**

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## STEP 9 Submit documents to help your appeal (optional)

Including documents showing you submitted Form 8962 to the IRS can help us resolve your appeal faster.

### Documents you can include:

1. A copy of IRS Form 8962 for 2023, if you filed one.
2. If you didn't file IRS Form 8962 for 2023, a copy of IRS Form 8962 for 2022.
3. A copy of at least one of the documents listed below. Make sure the document you include is for the same year as the Form 8962 you submitted.
  - A federal tax return sent to the IRS.
  - An amended tax return sent to the IRS, if applicable.
  - Online software filing confirmation.
  - Mailing receipt you got after the federal tax return, amended tax return, or Form 8962 and 1095-A were sent to the IRS.
  - Fax confirmation you got after the Form 8962 and 1095-A were sent to the IRS.
  - Credit card or bank statement showing the tax filing, like a direct deposit from, or payment made to the IRS.

## STEP 10 How to submit your appeal

### Sign the completed form and send your documents either:

- **By Mail:** Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London KY 40750-0061
- **By Secure Fax:** 1-877-369-0130

**We'll send you a notice letting you know we got your appeal request and giving more information about the appeal process within 7-10 days.**

**This Notice has Important Information.** This notice has important information about your Marketplace eligibility appeal. Look for key dates in this notice. You may need to take action by certain deadlines. You have the right to get this information and help in your language at no cost. Call 1-855-231-1751 and tell the agent the language you need and you'll be connected with an interpreter.

**العربية (Arabic)** هذا الإشعار به معلومات هامة. هذا المعلومات به معلومات هامة عن جاذبيتك للأهلية في السوق. ابحث عن التواريخ الأساسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذا المعلومات والمساعدة بلغتك دون تكلفة. اتصل برقم 1-855-231-1751 وأخبر المندوب باللغة التي تحتاجها وسيتم الاتصال بك بحضور مترجم

**中文 (Chinese)** 本通知包含重要資訊。本通知包含與您的 Marketplace 資格申訴相關的重要信息。請在此通知中查找關鍵日期。您可能需要在一定的截止日期前採取行動。您有權免費獲取此資訊及以您的語言提供的幫助。請致電 1-855-231-1751 並將您所需要的語言告訴代理，會有譯員與您聯絡。

**Français (French)** Cet avis contient des informations importantes. Cet avis contient des informations importantes sur l'appel que vous avez fait au sujet de votre admissibilité au Marché de l'assurance santé. Vérifiez les dates clés dans cet avis. Il se peut que vous ayez des démarches à entreprendre avant certaines dates. Vous pouvez obtenir ces informations ainsi que de l'aide dans votre langue gratuitement. Appelez le 1-855-231-1751 et dites à l'agent la langue souhaitée, on vous mettra alors en contact avec un(e) interprète.

**Kreyòl (French Creole)** Avi sa a gen enfòmasyon Enpòtan ladan. Avi sa a gen enfòmasyon enpòtan ladan konsènan kontestasyon kalifikasyon pou Mache ou a. Chèche dat kle yo ki nan avi sa a. Ou ka bezwen ajì avan sèten dat limit. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-855-231-1751 epi di ajan an ki lang ou bezwen epi y ap mete ou an kontak ak yon entèprèt.

**Deutsch (German)** Dieser Hinweis enthält wichtige Information. Dieser Hinweis enthält wichtige Informationen bezüglich Ihres Berufung von Anspruchsberechtigung bei Marketplace. Suchen Sie in diesem Hinweis nach den relevanten Daten. Behalten Sie Fristen im Auge. Ein kostenloser Service bei dem Sie Informationen und Hilfe in Ihrer Muttersprache erhalten steht Ihnen unter der Nummer 1-855-231-1751 zur Verfügung. Rufen Sie an und geben Sie Ihre Muttersprache an. Sie werden daraufhin mit einem Dolmetscher verbunden.

**ગુજરાતી (Gujarati)** આ નોટિસ માં અગત્યની માહિતી છે. આ નોટિસમાં તમારી માર્કેટપ્લેસ અપીલ વિશે અગત્યની માહિતી છે. આ નોટિસમાં રહેલી મહત્વની તારીખો જુઓ. તમારે અમુક ડેડલાઈન્સ સુધીમાં ચોક્કસ પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈ પણ પ્રકારના ખર્ચા વિના આ માહિતી મેળવવાનો અને તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. 1-855-231-1751 પર કોલ કરો અને એજન્ટને તમને જોઈતી ભાષા વિશે કહો. તમારો સંપર્ક તરત જ એક દુભાષિયા સાથે કરાવવામાં આવશે.

**Italiano (Italian)** Questo avviso contiene informazioni importanti. Questo avviso contiene informazioni importanti relative all'appello da lei presentato a Marketplace circa la sua idoneità. Cerchi nell'avviso le date chiave: potrebbe esserle richiesto di agire entro certe scadenze. Lei ha diritto a ricevere gratuitamente aiuto e spiegazioni nella sua lingua. Chiami il numero 1-855-231-1751 e dica all'operatore la lingua di cui ha bisogno; l'operatore la metterà in contatto con un interprete.

**日本語 (Japanese)** 本通知には重要な情報が含まれています。本通知には、Marketplace 資格申立に関する重要な情報が含まれています。本通知内の主な日付を確認してください。指定された日付に申立を行う必要があります。あなたは、本情報を取得する権利があり、無料の言語翻訳サービスを受けることができます。1-855-231-1751 にお電話いただければ、あなたの国の言語で話すことができる通訳者につながります。

**한국어 (Korean)** 이 통지에는 중요한 정보가 있습니다. 이 통지에는 마켓플레이스 적격성 항소에 대한 중요한 정보가 있습니다. 이 통지서에서 중요한 날짜를 찾아보십시오. 일정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 이 정보를 얻고 무료로 언어 도움을 받을 수 있는 권리가 있습니다. 1-855-231-1751 로 전화하여 상담원에게 필요한 언어를 알려 주시면 통역사와 연결됩니다.





**Polski (Polish) To zawiadomienie zawiera ważne informacje.** To zawiadomienie zawiera ważne informacje na temat Państwa odwołania w kwestii kwalifikowalności na Marketplace. Prosimy zwrócić uwagę na kluczowe daty w tym zawiadomieniu. Być może będą Państwo musieli podjąć jakieś działania w określonych terminach. Mają Państwo prawo do uzyskania tej informacji w swoim języku bez ponoszenia dodatkowych kosztów. Prosimy o telefon pod numer 1-855-231-1751, aby porozmawiać z naszym przedstawicielem i powiedzieć, o jaki język chodzi, a zostaniecie Państwo połączeni z tłumaczem.

**Português (Portuguese) Este comunicado contém informações importantes.** Este comunicado contém informações importantes sobre o seu pedido de notificação de elegibilidade do Marketplace. Procure datas importantes neste aviso. Talvez você precise tomar medidas de acordo com determinados prazos. Você tem o direito de obter essas informações e conseguir ajuda, sem custo algum, no seu próprio idioma. Ligue para 1-855-231-1751 e informe o representante da central de atendimento sobre o idioma do qual necessita para que você seja conectado com um intérprete.

**Русский (Russian) В этом уведомлении содержится важная информация.** В этом уведомлении содержится важная информация о Вашей апелляции относительно соответствия требованиям системы Marketplace. Найдите важные даты в этом уведомлении. Возможно, Вам нужно предпринять действия к определенному сроку. У Вас есть право получить эту информацию и помощь на Вашем родном языке бесплатно. Позвоните по номеру 1-855-231-1751 и сообщите агенту, какой язык Вам нужен, и Вас соединят с переводчиком.

**Español (Spanish) Este Aviso contiene Información Importante.** Este aviso tiene información importante acerca de su apelación de elegibilidad del Mercado. Preste atención a las fechas importantes que aparecen en este aviso. Es posible que deba tomar acción dentro de ciertos plazos. Usted tiene derecho a recibir esta información y asistencia en su idioma sin costo alguno. Llame al 1-855-231-1751 e indique al agente el idioma que necesita y lo pondrán en comunicación con un intérprete.

**Tagalog (Tagalog) Ang Abisong Ito ay May Mahalagang Impormasyon.** Ang abisong ito ay may mahalagang impormasyon tungkol sa apela mo sa pagiging nararapat sa Marketplace. Maghanap ng mga pangunahing petsa sa abisong ito. Maaaring kailanganin mong kumilos bago sumapit ang mga partikular na deadline. May karapatan kang makuha ang impormasyong ito sa wika mo ng wala kang gagastusin. Tumawag sa 1-855-231-1751 at sabihin sa agent ang kailangan mong wika at ikokonekta ka sa tagapagsalin ng wika.

**Tiếng Việt (Vietnamese) Thông Báo Này có chứa Thông Tin Quan Trọng.** Thông báo này có thông tin quan trọng về kháng cáo tính đủ điều kiện của Thị Trường. Tìm những ngày quan trọng trong thông báo này. Quý vị có thể cần phải thực hiện theo thời hạn nhất định. Quý vị có quyền nhận thông tin này và nhận được trợ giúp miễn phí bằng ngôn ngữ của quý vị. Vui lòng gọi số 1-855-231-1751 và báo cho đại lý biết ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

