

What you need to enroll in the Health Insurance Marketplace

Open enrollment is the period of time when you and your family can enroll in a health insurance plan in the Marketplace. Find the dates for open enrollment at www.healthcare.gov.

Here is what you'll need to prepare:

Gather as much of this information as you can. The more you fill out, the faster your enrollment session is likely to go. If there's not enough room, write on another sheet.

Once you have filled in your personal information on this worksheet, keep it in a secure place until you take it to your appointment.

Step 1: Basic information

Household information

For every member of your household who is enrolling, take:

- A social security card or Permanent Resident Card, and
- Basic information including full name and date of birth

Estimated income

Fill in the yearly income for each household earner whose income is reported on your federal tax return, even if the household earner is not applying for health insurance. If you need help calculating your yearly income, take whatever income information you have and an assister will help you.

Name	Wages (income shown on a W-2 form)	Self-employment income (business income or income shown on a 1099 form)	Social Security income	Other income (unemployment benefits, investment earnings, veteran's benefits or other)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$



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When you go to your enrollment session, it helps to take documents that show income for each household earner. Here are some examples of documents you can take with you:

If employed:

- Most recent W-2 form or a recent pay stub
- A letter from the earner’s employer
- A copy of a check paid as wages
- Signed time sheets

If self-employed:

- Most recent 1099-MISC form
- Most recent quarterly or year-to-date profit and loss statement
- Bookkeeping records or a ledger that shows income and deductible expenses
- Bank statement showing deposits and expenses from the business

If an earner gets Social Security income:

- Form SSA-1099 Social Security benefits statement
- Any mail from the Social Security Administration that shows the earner’s benefit amount

If an earner gets income another way:

- Unemployment benefits statement
- Bank or investment fund statement
- A lease agreement that shows income from rental property
- Proof that the earner qualifies for food stamps, Temporary Assistance (TA) or Medicaid
- Veterans Benefit statement

Step 2: Current health insurance

Health insurance

Fill in information for anyone in your household who:

1. Already has any health insurance, and
2. Wants to enroll in a Marketplace plan (or wants to change to a different Marketplace plan).

Name	Health insurance policy number	Current health insurance company	Phone number of current health insurance company	Date coverage started

Please note: Ask your assister if the current health insurance plan will need to be cancelled and on what date it will need to be cancelled.

Employer insurance

If any of the health insurance listed above is through an employer, take:

- Employer name, and
- Employer address and phone number



Step 3: Current doctors and medicines

Your doctors

List below any doctors you or anyone in your household may need to see in the coming year. This is to make sure they are covered by the plan you choose.

1. _____
2. _____
3. _____
4. _____

Your medicines

List below any medicines you or anyone in your household may take in the coming year. This is to make sure they are covered by the plan you choose.

1. _____
2. _____
3. _____
4. _____

Step 4: Marketplace account information

If you already have an account on the Missouri Health Insurance Marketplace, fill in your account information.

Email username	
Email password	
Marketplace account username	
Marketplace account password	

Have questions?

Find free help

Find free in-person or virtual help from trained assisters near you. Visit covermissouri.org or call **1-800-466-3213** to set up an appointment to learn more or enroll.

Contact the Marketplace

The Marketplace Call Center is open 24 hours a day, 7 days a week. Call **1-800-318-2596 (TTY 1-855-889-4325)**. You can also have a live online chat at healthcare.gov.

Para El Español

Encuentre ayuda gratuita de personas capacitadas cerca de usted llamando **1-800-318-2596** o visitando cuidadodesalud.gov.



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