

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington)
- Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe. Documents you can provide include:
 - A Tribal enrollment card
 - A Certificate of Degree of Indian Blood
 - A Tribal census document
 - Documents on Tribal letterhead signed by a Tribal official

If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send in two documents: one from each of the lists below:

Send in one document from this list A:

- U.S. public birth certificate
- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing the person's name and U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child's name and U.S. place of birth
- Federal or State census record showing U.S. citizenship or U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

And one document from this list B:

- Driver's license issued by a State or Territory or Identification card issued by the Federal, State, or local government
- School identification card
- U.S. military card or draft record or Military dependent's identification card
- U.S. Coast Guard Merchant Mariner card
- Voter Registration Card
- For children under 19, a clinic, doctor, hospital, or school record, including preschool or day

care records

A consumer can also provide the following in combination with one document from list A:

- Two documents containing consistent information about an applicant's identity, such as employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles

- - If applicable, you need to send the Marketplace proof that you have an eligible immigration status. If you do not provide documentation by the following date, your eligibility for health coverage may end: March 10, 2017. Send a copy of one of the following documents:
 - Permanent Resident Card, "Green Card" (I-551)
 - Reentry Permit (I-327)
 - Refugee Travel Document (I-571)
 - Employment Authorization Card (I-766)
 - Machine Readable Immigrant Visa (with temporary I-551 language)
 - Temporary I-551 Stamp (on passport or I-94/I-94A)
 - Arrival/Departure Record (I-94/I-94A)
 - Arrival/Departure Record in foreign passport (I-94)
 - Foreign Passport
 - Certificate of Eligibility for Nonimmigrant Student Status (I-20)
 - Certificate of Eligibility for Exchange Visitor Status (DS2019)
 - Notice of Action (I-797)
 - Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
 - Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
 - Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
 - Document indicating withholding of removal
 - Administrative order staying removal issued by the Department of Homeland Security

How to send documents to prove eligibility

Uploading your documents is the fastest way to get them to us. Log into your Marketplace account and select "Start a new application or upload an existing one." Then select your current application, and click on "Application details." You'll see a button for each item to resolve. Click the button, then choose a document and start your upload. Or, you can mail copies to us. Keep the original documents and send copies with your name and Application ID on each page, along with the bar code page included with this notice. Send copies to:

Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Boulevard
London, Kentucky 40750-0001

For more information about choosing documents and uploading or mailing them to the Marketplace, see "2. How to send more information" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year. Be sure to save it, as it may not come with later notices.) You can also visit HealthCare.gov/tips-and-troubleshooting/uploading-documents. To find in-person help when submitting documents, visit LocalHelp.HealthCare.gov.

- **- Enroll in coverage now.** Compare health plans side by side, choose a health plan, and enroll in coverage. If you don't already have a Marketplace account, you'll need the Application ID that's printed on this notice. You can choose a plan 2 different ways:
 - Enroll right after you complete your application. In most cases, you can apply and get enrolled in one sitting. Or return to HealthCare.gov and log in again to compare plans and enroll.
 - If you applied a different way, like with a paper application or over the phone, you can:
 - Compare plans and enroll through HealthCare.gov. You'll need to create a Marketplace account if you don't already have one. Go to HealthCare.gov, click the "Log In" button in the top right of your screen, and then click "Create Account" before choosing your plan.
 - Compare plans and enroll over the phone. Call the Marketplace Call Center for assistance.
- Enroll by January 31, 2017
 - Open enrollment for the Marketplace ends on January 31, so you must enroll in a plan and pay the first month's bill (the "premium") by then.
 - If you miss the deadline, you may not be able to enroll in a health insurance plan through the Marketplace until the next Open Enrollment Period, unless you qualify for a Special Enrollment Period.
 - You and anyone in your household who doesn't have qualifying health coverage for three months or longer out of the year could owe a penalty, unless you qualify for an exemption.

- For more information, visit [HealthCare.gov/apply-and-enroll/how-to-apply/](https://www.healthcare.gov/apply-and-enroll/how-to-apply/).
- If your **Eligibility Results** say that you or any of your family members are or may be eligible for free or low-cost coverage through your state's Medicaid or CHIP programs, you'll get a notice from your state agency with more information about your health benefits and how much you pay for them. If you don't hear from them soon, call them at the phone number provided at the end of this notice. When you're eligible for Medicaid or CHIP, you can still purchase a Marketplace health plan, but you won't get help paying for it. Medicaid and CHIP are free or low-cost programs, so if you qualify for either of them, you don't qualify for premium tax credits. If someone's enrolled in Medicaid at the same time they're using advance payments of the premium tax credit, they may have to repay these tax credits when they file their tax return.

When will Marketplace coverage begin?

If you're eligible to buy a Marketplace plan, your plan's coverage start date depends on the date you select your plan (but no earlier than January 1, 2017).

- For coverage to start January 1, select a plan by December 15, 2016.
- For coverage to start February 1, select a plan by January 15.
- For coverage to start March 1, select a plan by January 31.
- You have to pay the first month's premium before your coverage starts.

What if information from my application changes during the year?

If your circumstances change and the information you gave us when you applied is no longer correct, you need to let us know within 30 days of the change. Changes may affect your eligibility for:

- Premium tax credits
- Enrollment in a plan with lower copayments, coinsurance, and deductibles
- Coverage through Oregon Health Plan or Oregon Health Plan

If you're eligible for and choose to use advance payments of the premium tax credit to help pay for your Marketplace coverage and you don't report a change that may affect your eligibility, you may have to pay back some or all of your premium tax credits when you file your taxes. Some changes may make you eligible for a larger tax credit or new help with costs. For a list of changes you must report, visit [HealthCare.gov/reporting-changes/](https://www.healthcare.gov/reporting-changes/), or see "1. Reporting changes" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year. Be sure to save it, as it may not come with later notices.)

If you enroll in a Marketplace plan and later become eligible for other minimum essential coverage, like Medicaid, CHIP, Medicare, or coverage from a job, you won't be eligible for advance payments of the premium tax credits, although you can keep your Marketplace plan and pay the full premium. If you become eligible for other coverage, you must contact the Marketplace to end your advance payments of the premium tax credit and let the Marketplace know if you also want to end your health plan. If you don't stop the advance payments of your premium tax credit to your health insurance company, you may need to pay back the payments paid on your behalf.

To report life changes, visit [HealthCare.gov](https://www.healthcare.gov), select your most current application, and select "Report a life change." You can also contact the Marketplace Call Center. If this notice says you're eligible for Oregon Health Plan or Oregon Health Plan, contact the state agency at the phone number provided at the end of this notice.

If you use advance payments of the premium tax credit to help pay for your Marketplace premium, you must file a tax return to report these payments even if you don't usually file taxes.

What should I do if I think my Eligibility Results are wrong?

If you think we made a mistake, you can appeal a final determination of eligibility to the Marketplace Appeals Center. This includes your eligibility to purchase health coverage through the Marketplace, and for premium tax credits, cost-sharing reductions, and enrollment periods. See below for more information about appealing your eligibility for Oregon Health Plan or Oregon Health Plan. Please note that:

- If you need health services right away and a delay could seriously jeopardize your health, you can ask for a fast (expedited) appeal using the Appeal Request form or by sending a fax or a letter to the address below.
- You can represent yourself or appoint a representative to help you with your appeal. This person can be a friend, relative, lawyer, or someone else.
- You can ask to keep your eligibility during your appeal. If you were previously eligible for Marketplace coverage or financial assistance and your eligibility is changed, you can appeal this change. In this case, you may be able to keep your previous eligibility during your appeal.
- The outcome of an appeal could change the eligibility of other members of your household even if they don't ask for an appeal.

How much time do I have to request an appeal?

Generally you have 90 days from the date of your eligibility notice to request an appeal. However, if this notice says that someone needs to "send the Marketplace more information," then you must follow the steps described in the "What should I do next?" section of this notice. Until you upload or mail documents and your data matching issue is resolved, your eligibility notice isn't a final determination of eligibility and it can't be appealed.

How do I request an appeal?

- Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to get the Appeal Request form for your state; or
- Write a letter requesting an appeal. Include your name, address, and the reason you're requesting the appeal. If you're requesting an appeal for someone else (like your child), also include their name.

Then, fax your appeal request to a secure fax line: 1-877-369-0130, or mail it to:

Health Insurance Marketplace
ATTN: Appeals
465 Industrial Blvd.
London, KY 40750-0061

Appealing your eligibility for Medicaid or CHIP

If this notice says that you may be eligible for Medicaid or CHIP, or that your state is reviewing your eligibility for Medicaid or CHIP, your state Medicaid or CHIP agency will send a notice to let you know if you qualify for these free or low-cost programs.

If your state determines that you're not eligible for Medicaid or CHIP:

- Your state will tell you how to ask for a Medicaid fair hearing through the state fair hearing process.
- You may also be able to resubmit your Marketplace application for health coverage through the Marketplace and help with costs. If you then disagree with your updated **Eligibility Results**, you can request an appeal through the Marketplace Appeals Center.

For more information about your Medicaid or CHIP eligibility, including your right to appeal if your state determines you're not eligible for Medicaid or CHIP, contact your state Medicaid or CHIP agency at the phone number included at the end of this notice.

More about getting Medicaid or CHIP

If your Eligibility Results tell you that you're eligible to purchase health coverage through the Marketplace, we don't think you qualify for Oregon Health Plan. Some people may still qualify for Oregon Health Plan, but only Oregon Health Authority can make the final decision.

You might want to ask Oregon Health Plan to continue your application if you:

- Need a lot of medical services or have medical bills
- Have a family income close to the Oregon Health Plan income limit, or you don't agree with the income amount that was used to assess your eligibility
- Have a disability

You can keep your coverage described in this notice while Oregon Health Authority reviews your application.

Here's how to continue your application for Oregon Health Plan or Oregon Health Plan:

- Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account and select your most recent application, then select "Eligibility & Appeals." You can also log into your Marketplace account and select your most current application, then go through your application until you reach the "Eligibility Results" screen. Check the box for a "Full Medicaid Determination" and complete all steps.
- Call the Marketplace Call Center and request that Oregon Health Authority continue to review your Oregon Health Plan application.

It's recommended that you continue your application for Medicaid, even if you aren't sure that you're eligible. Because your Medicaid eligibility must ultimately be determined by the Oregon Health Authority -and not the Marketplace- you can only request an appeal once that final determination is made by Oregon Health Authority.

For more help

- Visit [HealthCare.gov](https://www.healthcare.gov). Or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Contact your state's Medicaid agency at toll-free: 1-800-699-9075 (TTY: 711) for information about Oregon Health Plan. For more information about your state's CHIP program, contact the Oregon Health Authority at toll-free: 1-800-699-9075 (TTY: 711).
- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. You can also call the Marketplace Call Center to get information on these services.
- Call the Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are available and provided at no cost to you.

For information including more about the premium tax credit, lower out-of-pocket costs, and Medicaid eligibility, visit [HealthCare.gov](https://www.healthcare.gov), or see "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year.)

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001