

Letter of Explanation to Confirm Application Information

If you get a notice from the Marketplace saying you need to send documents to confirm information on your application, you can upload or mail copies of those documents to the Marketplace. In some cases, you can submit a written explanation if you don't have any of the other documents we asked you to send us.

To do this, save this file to your computer, fill out the section that relates to the information requested in your Eligibility Notice, and upload it to your account on [HealthCare.gov](https://www.healthcare.gov). If you need more room, you can continue on another sheet of paper.

To upload your letter, log into your Marketplace account and select the application with the data matching issue. Select "Application details" on the left-hand menu. For each issue, choose the "Upload documents" button. In the document type list, select "other." Or, you can mail a copy to: Health Insurance Marketplace, Attn: Coverage Processing, 465 Industrial Blvd., London, KY 40750-0001. Include the printed bar code page from your notice. Visit [HealthCare.gov/tips-and-troubleshooting/uploading-documents](https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents) for more information.

Your Name _____

Your Application ID _____

You only need to write your Application ID if you're mailing this document. Your Application ID is at the top of your notice near your mailing address, or online in your Marketplace account.

I Don't Have Coverage Through Medicare

Check this box if you currently have Medicare Part B (Medical Insurance), but you're not eligible for premium-free Medicare Part A (Hospital Insurance).

When did your Part B coverage start?

____ / ____ / ____
MM DD YYYY

Tell us why you're not eligible for Part A.

Or

Check this box if you no longer have Medicare Part A coverage.

When did your Part A coverage end?

____ / ____ / ____
MM DD YYYY

Tell us about your recent health coverage, including that you no longer have coverage through Medicare Part A.

Or

Check this box if you had Medicare because of a disability, but are no longer enrolled.

When did your Medicare coverage end?

____ / ____ / ____
MM DD YYYY

I Don't Have Coverage Through TRICARE

Tell us about your recent health coverage, including when your TRICARE ended.

Check this box if you were never enrolled in TRICARE.

I Don't Have Coverage Through the Peace Corps

Tell us about your recent health coverage, including that you're not eligible for or enrolled in health coverage through the Peace Corps.

Check this box if you were never eligible for or enrolled in coverage through the Peace Corps.

I Don't Have Coverage Through the Department of Veterans Affairs (VA)

Tell us about your recent health coverage, including that you're not enrolled in VA health coverage.

Check this box if you were never eligible for or enrolled in coverage through the VA.

I'm Not Incarcerated

Tell us why you can't submit the requested documents to confirm you're not incarcerated.

You have the right to get Marketplace 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/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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