

# ACA Enrollment Checklist



To make enrolling in an Affordable Care Act (ACA) plan easier, here is a checklist of information you will need. Use this checklist to get all the information you need ready.

If you aren't applying for cost savings, you won't need all the information listed below.

Topic	Details
<b>About You</b>	<ul style="list-style-type: none"><li>• Your name</li><li>• Your date of birth</li></ul>
<b>About Your Household</b>	Even if you are the only person who is enrolling in a plan, you need to list the names of everyone in your household: <ul style="list-style-type: none"><li>• Your spouse</li><li>• The children who live with you, even if they make enough money to file their own taxes</li><li>• Anyone included as dependents on your tax return, even if they don't live with you</li><li>• Anyone under 21 who lives with you that you take care of</li><li>• Your unmarried partner, but only if one or both apply:<ul style="list-style-type: none"><li>• Is your dependent for tax purposes</li><li>• Is the parent of your child</li></ul></li></ul>
<b>Home and Mailing Addresses</b>	Where you live affects the plans available to you. You need: <ul style="list-style-type: none"><li>• Your home address, including the state</li><li>• Your mailing address if it isn't the same as your home address</li><li>• The address of anyone in your household whose home or mailing addresses are not the same as yours</li></ul>
<b>Social Security Numbers</b>	<ul style="list-style-type: none"><li>• Your 9-digit Social Security Number</li><li>• The Social Security Number of all members of your household, even if they are not applying for coverage</li></ul>
<b>Citizenship</b>	<ul style="list-style-type: none"><li>• US Passport</li><li>• Certificate of Naturalization (N-550 or N-570)</li><li>• Certificate of Citizenship (N-560 or N-561)</li><li>• State-issued enhanced driver's license (only if you are from Michigan, New York, Vermont, or Washington)</li><li>• Documentation from a federally recognized Indian tribe</li></ul> <p>Click here for a complete list of proof of <a href="#">citizenship documents</a>.</p>
<b>Immigration Status</b>	If you or anyone else on your application is a lawfully present immigrant, provide: <ul style="list-style-type: none"><li>• Information from your and their immigration documents</li></ul> <p>Click here for a complete list of proof of <a href="#">immigration status documents</a>.</p>
<b>Tax Filing Status</b>	If you are married and file income taxes: <ul style="list-style-type: none"><li>• How you file:<ul style="list-style-type: none"><li>• Married filing separately</li><li>• Married filing jointly</li></ul></li><li>• The number of dependents you claim</li></ul>

Topic	Details
<b>Your Employer and Income Information</b>	<p>You must provide income, expenses, and deductions for you and everyone in your household, even if they are not applying for coverage. Income includes:</p> <p>Wages and salaries, as reported on your W-2 form and pay stubs</p> <ul style="list-style-type: none"> <li>• Tips</li> <li>• Net income from any self-employment or business</li> <li>• Unemployment compensation</li> <li>• Social Security payments, including disability payments</li> <li>• You don't need to provide Supplemental Security Income (SSI)</li> <li>• Alimony</li> <li>• Retirement or pension income, including most IRA or 401(k) withdrawals</li> <li>• Investment income, like dividends or interest</li> <li>• Rental income</li> <li>• Other taxable income</li> </ul>
<b>Household Income</b>	<p>Your total household income. You can use:</p> <ul style="list-style-type: none"> <li>• W2 or 1099 form that has your first and last name, income amount, and tax year</li> <li>• 1040 federal or state tax return that has your first and last name, income amount, and tax year</li> <li>• Pay stubs that have your first and last name, income amount, pay period, and frequency of pay with the dates of payment.</li> <li>• If you are self-employed, Schedule C, the most recent quarterly or year-to-date profit lost statement, or a self-employment ledger</li> <li>• Social Security Administration statement or benefits letter that has your first and last name, benefit amount, and frequency of pay.</li> <li>• Unemployment benefits letter that has your first and last name, source/agency, benefits amount, and start and end dates.</li> </ul> <p>If you don't know, give your best estimate. If the estimate is off or if your or anyone in your household's income changes, you will have to update this information later.</p>
<b>Health Coverage</b>	<p>Policy information for you and anyone in your household who has health insurance:</p> <ul style="list-style-type: none"> <li>• This includes Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, PeaceCorps, or coverage through an employer or individual insurance, like ACA Marketplace® coverage</li> </ul> <p>Find the information on insurance cards or plan documents.</p>
<b>Information about Employer Health Coverage</b>	<ul style="list-style-type: none"> <li>• Information about health coverage offered through your job</li> <li>• Information about health coverage offered by the employers of everyone in your household</li> <li>• Employer contact information for you and everyone else in your household who is eligible for healthcare coverage through their jobs</li> </ul> <p>The <a href="#">employer coverage tool</a> can help you gather all the information before you start your application.</p>
<b>HRA Notice</b>	<ul style="list-style-type: none"> <li>• If you or someone in your household's employer offers help paying for a health plan or healthcare costs through an Health Reimbursement Arrangement (HRA), use the notice from the employer to complete your application</li> </ul> <p>Click here to learn more about <a href="#">Health Reimbursement Arrangements</a>.</p>
<b>You Got Help to Enroll</b>	<p>You will need information about a navigator, certified application counselor, in-person assistant, agent, or broker who is helping you to enroll.</p>

**Need help enrolling in a plan? Contact American Exchange.**

**1.888.995.1674**

**[enroll@americanexchange.com](mailto:enroll@americanexchange.com)**

**[americanexchange.com](http://americanexchange.com)**