Letter of Explanation to Confirm Life Events

If you get a notice from the Marketplace saying that you need to submit documents to confirm a life event, you can upload or mail the Marketplace certain documents. If you don't have any of these documents, you can submit a "letter of explanation."

To do this, save this file to your computer, fill out the section that's related to your life event, and upload it to your Marketplace account on **HealthCare.gov**. If you need more room, you can continue on a blank sheet of paper.

On **HealthCare.gov**, select "Letter of explanation" from the drop-down menu of document types. Or, you can mail it to the Marketplace with your printed bar code page from your eligibility notice. Here's the mailing address: Health Insurance Marketplace, Attn: Supporting Documentation, 465 Industrial Blvd., London, KY 40750-0001. Visit **HealthCare.gov/help/how-to-upload-documents** for more information.

Your Name _____

Your Application ID _____
(You only need to write your application ID if you're mailing this document. To find your application ID, look at your notice. It's at the top near your mailing address.)

Loss of Coverage

What kind of coverage did you/do you have?	When did you/will you lose your coverage? ___ / ___ / _____ MM DD YYYY
Why are you losing your coverage?	
Why can't you submit the requested documents?	

Move

☐ Check this box if you had health coverage at least one day during the 60 days before your move.

☐ Check this box if you moved from a foreign country or U.S. territory.

What's your old address?	When did you move? ___ / ___ / _____ MM DD YYYY
What's your new address?	
Why can't you submit the requested documents?	

Marriage

☐ Check this box if you or your spouse had health coverage at least one day during the 60 days before getting married.

Who was married? List their names.	When were these people married?
	____ / ____ / _____ MM DD YYYY

Is there any other information you'd like to include about this marriage?

_____

_____

Why can't you submit the requested documents?

_____

_____

Denial of Medicaid or CHIP Coverage

Who was denied coverage through Medicaid or CHIP? List names of everyone on your application who was denied.	When were these people denied coverage?
	____ / ____ / _____ MM DD YYYY

Why can't you submit the requested documents?

_____

_____

Adoption, Foster Care Placement, or Court Order

Who was adopted, placed in foster care, or became a dependent through a court order? List names of everyone on your application who this applies to.	When did this event happen?
	____ / ____ / _____ MM DD YYYY

Is there any other information you'd like to include about the adoption, foster care placement, or court order?

_____

_____

Why can't you submit the requested documents?

_____

_____