Letter of Explanation: Confirm Life Events

Who can use this form?

Use this form if you got a letter from the Marketplace asking for documents to confirm a life event, but you don't have any of the documents we asked for. Visit HealthCare.gov/verify-information/documents-and-deadlines to get a list of documents you can submit. Send in a separate form for each household member asked to submit documents.

What happens next?

- Print this form or download it to your computer
- Fill out sections 1 and 2 in the form below, then fill out the section that applies to your life event.
- Upload or mail your completed form. Uploading is faster.

How to upload:

- Log in to your Marketplace account at HealthCare.gov.
- Select your current application.
- Select "Application details," then "Upload documents."
- Choose "Letter of explanation" from the list of document types, and follow the instructions.

How to mail:

- Send a copy only **(not the original)**.
- Include the printed bar code page that came with your letter. If you don't have a bar code, include your printed name and the application ID on each page of your form. Your application ID is near your mailing address at the top of your letter.
- Mail the form to:
  Health Insurance Marketplace
  Attn: Coverage Processing
  465 Industrial Blvd.
  London, KY 40750

Get help with this form

- **Online:** Visit HealthCare.gov/verify-information for more information.
- **Phone:** Call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.
- **In-person:** An assister, agent, or broker near you may be able to help. Visit HealthCare.gov/find-local-help for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al 1-800-318-2596.
- **Other languages:** You have the right to get help and information in your language at no cost. If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need.

Letter of Explanation: Confirm Life Events

1. Today's date: (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

2. Name of primary contact: (This is the person listed first on your Marketplace application.)

First name | Middle name | Last name | Suffix

2a. Primary contact's date of birth: (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

2b. State:

2c. Application ID number: (Find this number at the top of the letter you got from the Marketplace, or in your Marketplace account at HealthCare.gov.)

Loss of Coverage

3. Date your coverage is ending (or will end): (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

3a. Type of coverage ending:

3b. Why is this coverage ending?

3c. Why can't you submit the documents we asked for?

Move

4. Date of move: (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

☐ 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.

4a. What's your old address?

4b. What's your new address?

4c. Why can't you submit the documents we asked for?

Marriage

☐ Check this box if either of these people had health coverage at least one day during the 60 days before getting married.

5. Names of people who got married.

5a. Date of marriage: (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

5b. Is there any information you'd like to include about this marriage?

5c. Why can't you submit the documents we asked for?

Denial of Medicaid or CHIP Coverage

6. Name of each person on your application who was denied coverage through Medicaid or CHIP.

6a. Date of denied coverage: (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

6b. Why can't you submit the requested documents?

Adoption, Foster Care Placement, or Court Order

7. Name of each person on your application who became a new dependent due to adoption, foster care placement, or a court order.

7a. Date they became a new dependent: (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

7b. Is there any other information you'd like to include about the adoption, foster care placement, or court order?

7c. Why can't you submit the requested documents?

CMS Product No. 12008 7•2025

HealthCare.gov