

# 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 this "letter of explanation."

To do this, save this file to your computer, fill out the section below and upload it to your Marketplace account on [HealthCare.gov](https://www.healthcare.gov). If you need more room, you can continue on a blank sheet of paper.

On [HealthCare.gov](https://www.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/submit-documents](https://www.healthcare.gov/submit-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.)

## 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? _____ _____	

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/about-website/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/about-website/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

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