2019 ACA Short Form

Primary Applicant	Street Address	City, State, Zip	Phone Number	Email
Who Is Applying? Including Self 1. 2. 3. 4.	**Date of Birth** 1. 2. 3. 4.	**Social Security Number** 1. 2. 3. 4.	**Relationship to Primary Applicant** 1. 2. 3. 4.	**U.S. Citizen? Yes/No** 1. 2. 3. 4.
Who Are Your De-pendents? 1. 2. 3. 4.	x**Date of Birth** 1. 2. 3. 4.	**Social Security Number** 1. 2. 3. 4.	**Relationship to Primary Applicant** 1. 2. 3. 4.	**U.S. Citizen? Yes/No** 1. 2. 3. 4.
Who Is Working? 1. 2.	**Employer?** 1. 2.	**Address** 1. 2.	**Phone Number** 1. 2.	**Monthly Income** 1. 2.
Federal Tax Return Yes/No	**Married or Single?*** *** If married, you must file a joint return.**			

Reporting life and income changes to the Marketplace:

Once you have Marketplace coverage, you must report certain life changes. This information may change the coverage of savings you're eligible for.

Life changes to report:

You must report a change if you:
- Get married or divorced
- Have a child, adopt a child, or place a child for adoption
- Have a change in income
- Get health coverage through a job or a program like Medicare or Medicaid
- Change your place of residence
- Have a change in disability status
- Gain or lose a dependent
- Become pregnant
- Experience other changes that may affect your income and household size

Other changes to report: change in tax filing status; change of citizenship of immigration status; incarceration or release from incarceration; change in status as an American Indian/Alaska Native or tribal status; correction to name, date of birth, or Social Security number.

How to report changes:

- **By phone.** Contact the Marketplace Call Center at 1-800-318-2596

Applicant Signature _____

Agent Signature _____

Date _____

External Use Only

Estimated Subsidy _____ Monthly Premium _____	Plan Effective Date _____ Plan Chosen _____	healthcare.gov TN _____ PW _____	Date Received _____	Date Completed _____