


 **Application for Health Coverage**



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| <b>Use this application to see what coverage choices you qualify for</b> | <ul style="list-style-type: none"> <li>▪ Free or low-cost insurance from Medicaid or the Children’s Health Insurance Program (CHIP), known as Talking Folio</li> <li>▪ Private health insurance plans that offer comprehensive coverage to help you stay well</li> <li>▪ A new tax credit that can help pay your premiums for health coverage</li> </ul>   |
| <b>Who can use this application?</b>                                     | <ul style="list-style-type: none"> <li>▪ Use this application to apply for anyone in your family</li> <li>▪ Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.</li> <li>▪ If you’re single, you may be able to use a short form. Visit -----</li> <li>▪ Families that include immigrants can apply. You can apply for your child even if you aren’t eligible for coverage. Applying won’t affect your immigration status or chances of becoming a permanent resident or citizen</li> <li>▪ If someone is helping you fill out this application, you may need to complete Appendix C.</li> </ul> |
| <b>Apply faster online</b>   | <ul style="list-style-type: none"> <li>▪ Apply faster online at <a href="http://talkingfolio.com">talkingfolio.com</a></li> </ul>  |
| <b>What you may need to apply</b>  | <ul style="list-style-type: none"> <li>▪ Social Security Numbers (or document numbers for any legal immigrants who need insurance)</li> <li>▪ Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)</li> <li>▪ Policy numbers for any current health insurance</li> <li>▪ Information about any job-related health insurance available to your family</li> </ul>   |
| <b>Why do we ask for this information?</b>                               | <ul style="list-style-type: none"> <li>▪ We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We’ll keep all the information you provide private and secure, as required by law. To view the Privacy Act Statement, go to <a href="http://talkingfolio.com">talkingfolio.com</a></li> </ul>  |
| <b>What happens next?</b>  | <p>Send your complete, signed application to the address on page 7. If you don’t have all the information we ask for, sign and submit your application anyway. We’ll follow up with you within 1-2 weeks. You’ll get instructions on the next steps to complete your health coverage. If you don’t hear from us, visit <a href="http://talkingfolio.com">talkingfolio.com</a> or call 800-555-1212. Filling out this application doesn’t mean you have to buy health coverage.</p>   |
| <b>Get help with this application</b>                                    | <ul style="list-style-type: none"> <li>▪ Online: <a href="http://talkingfolio.com">talkingfolio.com</a></li> <li>▪ Phone: Call our Help Center at 800-555-1212</li> <li>▪ In person: There may also be counselors in your area who can help. Visit our website or call 800-555-1212 for more information</li> <li>▪ En Español: Llame a nuestro centro de ayuda gratis al 800-555-1212</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>▪</li> </ul>  |

 **NEED HELP WITH YOUR APPLICATION?** Visit [talkingfolio.com](http://talkingfolio.com) or call us at 800-555-1212. Para obtener una copia de este formulario en Español, llame 800-555-1212. If you need help in a language other than English, call 800-555-1212 and tell the customer service representative the language you need. We’ll get you help at no cost to you. TTY users should call 800-555-1212

 **STEP 1: Tell us about yourself**

(We need one adult in the family to be the contact person for your application.)

1. First name, Middle Name, Last name, & Suffix

2. Home address (Leave blank if you don't have one.)

3. Apartment or suite number

4. City

5. State

6. Zip Code

7. County

8. Mailing address (if different from home address)

9. Apartment or suite number

10. City

11. State

12. Zip Code

13. County

14. Phone number

( ) —

15. Other phone number

( ) —

16. Do you want to get information about this application by email?  Yes  No

Email address \_\_\_\_\_

17. What is your preferred spoken or written language (if not English)?

 **STEP 2: Tell us about your family**

**Who do you need to include on this application?**

Tell us about all the family members who live with you. If you file taxes, we need to know about everyone on your tax return. (You don't need to file taxes to get health coverage).

**DO include:**

- Yourself
- Your spouse
- Your children under 21 who live with you
- Your unmarried partner who needs health coverage
- Anyone you include on your tax return, even if they don't live with you
- Anyone else under 21 who you take care of and lives with you

**You DON'T have to include:**

- Your unmarried partner who doesn't need health coverage
- Your unmarried partner's children
- Your parents who live with you, but file their own tax return (if you're over 21)
- Other adult relatives who file their own tax return

 **STEP 2: PERSON 1 (Start with yourself)**

Complete Step 2 for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First Name, Middle name, Last name, & Suffix \_\_\_\_\_

2. Relationship to you?  
**SELF**

3. Date of Birth (mm/dd/yyyy) \_\_\_\_\_

4. Sex  Male  Female

5. Social Security number (SSN) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**We need this if you want health coverage and have an SSN.** Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone wants help getting an SSN, call 1-800-555-1212 or visit [socialsecurity.gov](https://www.socialsecurity.gov). TTY users should call 1-800-555-1213.

**6. Do you plan to file a federal income tax return NEXT YEAR?**

*(You can still apply for health insurance even if you don't file a federal income tax return.)*

**YES. If yes,** please answer questions a-c.

**NO. If no,** skip to question c.

a. Will you file jointly or with a spouse?

**If yes,** name of spouse: \_\_\_\_\_

b. Will you claim any dependents on your tax return?

**If yes,** list name(s) of dependents: \_\_\_\_\_

c. Will you be claimed as a dependent on someone's tax return?

**If yes,** please list the name of the tax filer: \_\_\_\_\_

How are you related to the tax filer? \_\_\_\_\_

**7. Do you need health coverage?**

*(Even if you have insurance, there might be a program with better coverage or lower costs.)*



**YES. If yes,** please answer all the questions below.



**NO. If no,** SKIP to the income questions on page 3.

Leave the rest of this page blank.

8. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?  Yes  No

9. Are you a U.S. citizen or U.S. national?  Yes  No

**10. If you aren't a U.S. citizen or U.S. national,** do you have eligible immigration status?

Yes. Fill in your document type and ID number below.

a. Immigration document type \_\_\_\_\_

b. Document ID number \_\_\_\_\_

c. Have you lived in the U.S. since 1996?

d. Are you, or your spouse or parent a veteran of an active-duty member of the U.S. military?

Yes  No

Yes  No

11. Do you want help paying for medical bills from the last three months?  Yes  No

12. Do you live with at least one child under the age of 19, and are you the main person taking care of this child?  
 Yes  No

13. Are you a full-time student?  Yes  No

14. Were you in foster care at age 18 or older?  Yes  No

15. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)

Mexican  Mexican American  Chicano/a  Puerto Rican  Cuban  Other

16. Race (OPTIONAL—check all that apply.)

White  Native American Indian  Filipino  Vietnamese  Guamanian or Chamorro  
 Black or African American  or Alaska Native  Japanese  Other Asian  Samoan  
 Asian Indian  Korean  Native Hawaiian  Other Pacific Islander  
 Chinese  Other

## STEP 2: PERSON 1 (Continue with yourself)

### Current Job & Income Information

**Employed**

If you're currently employed, tell us about your income. Start with question 18.

**Not Employed**

Skip to question 28.

**Self-employed**

Skip to question 27.

#### CURRENT JOB 1:

17. Employer name and address.

18. Employer phone number  
( ) --

19. Wages/tips (before taxes)  Hourly  Weekly  Every 2 weeks  Twice a month  Monthly  Yearly  
\$ \_\_\_\_\_

20. Average hours worked each WEEK

#### CURRENT JOB 2: (If you have more jobs and need more space, attach another sheet of paper.)

21. Employer name and address.

22. Employer phone number  
( ) --

23. Wages/tips (before taxes)  Hourly  Weekly  Every 2 weeks  Twice a month  Monthly  Yearly  
\$ \_\_\_\_\_

24. Average hours worked each WEEK

25. In the past year, did you:  Change jobs  Stop working  Start working fewer hours  None of these

26. In self-employed, answer the following questions:

a. Type of work

b. How much net income (profits once business expenses are paid) will you get from this self-employment this month?  
\$ \_\_\_\_\_

28. **OTHER INCOME THIS MONTH:** Check all that apply and give the amount and how often you get it.

**NOTE:** You don't need to tell us about child support, veterans' payment, or Supplemental Security Income (SSI).

- |  |          |  |          |   |          |            |       |
|--|----------|--|----------|---|----------|------------|-------|
| <input type="checkbox"/> None                |          | <input type="checkbox"/> Net farming/fishing | \$ _____ | How often?                                  | _____    |            |       |
| <input type="checkbox"/> Unemployment        | \$ _____ | How often?                                   | _____    | <input type="checkbox"/> Net rental/royalty | \$ _____ | How often? | _____ |
| <input type="checkbox"/> Pensions            | \$ _____ | How often?                                   | _____    | <input type="checkbox"/> Other income       | \$ _____ | How often? | _____ |
| <input type="checkbox"/> Social Security     | \$ _____ | How often?                                   | _____    | Type:                                       | _____    |            |       |
| <input type="checkbox"/> Retirement accounts | \$ _____ | How often?                                   | _____    |   |          |            |       |
| <input type="checkbox"/> Alimony received    | \$ _____ | How often?                                   | _____    |   |          |            |       |

29. **DEDUCTIONS:** Check all that apply and give the amount and how often you get it.

If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

**NOTE:** You shouldn't include a cost that you already considered in your answer to net self-employment (question 27b).

- |  |          |   |          |            |       |
|--|----------|---|----------|------------|-------|
| <input type="checkbox"/> Alimony paid          |          | <input type="checkbox"/> Other deductions | \$ _____ | How often? | _____ |
| <input type="checkbox"/> Student loan Interest | \$ _____ | How often?                                | _____    | Type:      | _____ |
|  | \$ _____ | How often?                                | _____    |            |       |

29. **YEARLY INCOME:** Complete only if your income changes from month to month. If you don't expect changes to your monthly income. Skip to the next person. 

Your total income **this year**  
\$ \_\_\_\_\_

Your total income **next year** (if you think it will be different)  
\$ \_\_\_\_\_

**THANKS! This is all we need to know about you.**