



# Guide to Confirming Your Income Information

This official government booklet explains:

- How income affects your eligibility for financial help through the Marketplace
- How the Marketplace confirms your financial information
- How to submit documents requested by the Marketplace, including the best documents to send

# Contents

How does income affect my eligibility for savings on coverage? . . . . .	2
How do I know if I need to submit documents to verify income? . . . . .	4
Steps to confirm your household income information . . . . .	5
Estimate income based on last year's job . . . . .	8
Estimate self-employment income . . . . .	9
Reporting a change . . . . .	10

## How does income affect my eligibility for savings on coverage?

The Health Insurance Marketplace® uses annual household income and other information to decide if you qualify for savings on health coverage through the Marketplace (like the premium tax credit) and other cost savings, like lower copayments, coinsurance, and deductibles (also called cost-sharing reductions).

After you apply, you may be asked to submit documents to confirm your income information. This happens when the Marketplace can't immediately confirm your information with its trusted data sources. It's important to give accurate and up-to-date information, so the Marketplace can estimate the right amount of savings for your household. **If you use more savings than you qualify for, you may have to pay some or all of it back when you file your federal income taxes.**

When you apply for savings through the Marketplace, your application includes information for each person listed on your federal income tax return (also called your "tax household"). You may also need to enter information about others in your family. The amount of savings you (and your household) may qualify for is based on your family size and any income you tell us that you expect your household members to make during the year you want health coverage.

### Modified Adjusted Gross Income

The Marketplace uses a measure of income called Modified Adjusted Gross Income (MAGI). It isn't a line on your tax return. Your total household MAGI amount includes countable income for each person listed on your federal income tax return for the year you're applying for help paying for coverage.

Your MAGI is the total of:

Adjusted Gross Income (AGI) amount from your household's federal income tax return

- + Any foreign income excluded from AGI
- + Nontaxable Social Security benefits, including tier 1 railroad retirement benefits
- + Tax-exempt interest received or accrued during the tax year

MAGI **doesn't** include Supplemental Security Income (SSI), child support payments, gifts, veteran's disability payments, workers' compensation, alimony for divorces or separations finalized on or after January 1, 2019, or proceeds from loans, like student loans.

When you apply for coverage, do your best to account for any changes that may affect total household income expected in the year you need coverage.

- Consider things like expected raises, new jobs, or other employment changes; changes in income from self-employment; and higher or lower tax deductions.
- Make sure you include income changes for a spouse you file jointly with or anyone you'll list as a dependent on your federal income tax return for the year you want coverage.
- Also account for any expected changes to your household size, like if your adult child will no longer be claimed as a dependent on your tax return and will file their own tax return for the first time next year.

This document includes worksheets to help you estimate income and send documents to confirm your information, starting on [page 8](#). To learn more, visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report).

## How does the Marketplace confirm my annual household income?

When you fill out your application, the Marketplace matches the income information you provide with information it gets from trusted data sources, like the Internal Revenue Service (IRS), Social Security, and income databases like the one maintained by the private consumer reporting company, Equifax.

The Marketplace uses different information, including Social Security Numbers (SSNs), to verify its accounting for all members of your household. Even if someone in your household doesn't need health coverage through the Marketplace, it's important to include their names, birth dates, income information, and SSN (for those who have one) on your application so the Marketplace can verify your total annual household income.

You don't have to provide SSNs for household members who aren't applying for coverage and who aren't the tax filer for the household, or who don't have an SSN. However, providing SSNs even when not required can help us match your annual household income information with our data sources so you don't have to send extra documents.

The Marketplace will ask you to submit documents to confirm your annual household income if:

- The Marketplace can't find a record of your income with its data sources.
- The expected income you listed on your application doesn't match the amount shown in Marketplace data sources.

# How do I know if I need to submit documents to verify income?

After you apply, the Marketplace will let you know if you need to verify income.

When you submit your application, you'll get an "Eligibility results" screen that shows your next steps, like the example shown here. If you need to submit documents, you'll find instructions here. You can choose a plan first and submit documents later.

Your eligibility is temporary. By [the deadline shown on the screen], you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

Your Eligibility Notice will provide more information. It will also include a list of documents you can send.

The Marketplace needs documents that confirm information in your application.

By [the deadline shown on your notice], submit documents to confirm household income.

- **Don't send original documents. Keep your original documents and send copies only.**
- You have **90 days** from the date on your Eligibility Notice to send documents that match the income you put on your application. If the Marketplace can't verify your expected annual household income, you may lose some or all of your savings on a Marketplace plan.
- The Marketplace will make multiple attempts to reach you about verifying your income through letters, phone calls, emails, and text messages, depending on your communication preferences.

# Steps to confirm your household income information

## Step 1: Read your Marketplace letter(s) and submit your documents by the deadline.

Submit copies of your documents right away so the Marketplace can confirm your information before the deadline. The deadline is 90 days from the date of your Eligibility Notice. That's usually the date you completed your application, not the date your coverage started.

Make sure that the documents you submit support the annual household income that you said you expect on your application. You can find this amount in your Eligibility Notice. Your most recent application will also show the income amounts you entered for each person. If expected income has changed for anyone in your household, report that change to the Marketplace.

## Step 2: Check if you need to correct your Marketplace application.

If you've had changes in your income, or you think you made a mistake when you entered your household's income, update your application with correct information.

There are 2 ways to update your application information. [Go to "Reporting a change" \(page 10\)](#).

### Common application problems:

- **You didn't put your (or a family member's) Social Security Number (SSN) on the application.** The Marketplace may not be able to confirm your income, if you don't provide the SSNs for your household members.

**Solution:** Return to your Marketplace application and make sure you provided the correct name, birth date, and SSN for each member of your household, even if a household member isn't applying for coverage and/or doesn't have income.

- **You didn't update your annual household income from last year when you submitted your Marketplace application during Open Enrollment.** If you underestimate your income, you may have to pay back financial help when you file your taxes.

**Solution:** Return to the Marketplace during Open Enrollment and make sure your application reflects all current income, including sources of income for you and all household members. The Marketplace will check if your annual household income matches the most recent data from our data sources. This will happen even if you didn't update your income.

You may be asked if:

- You stopped working, worked fewer hours, or changed jobs since last year.
- There's another reason why the income on your application is lower than what our electronic data sources show. Be sure to provide an explanation.

- **Your application is missing income information.** You may be asked to submit more information if you forgot to include all of the income for someone listed on your federal income tax return.

**Solution:** Check that all Modified Adjusted Gross Income (MAGI) is reported. Your application needs to show estimated income for **all** household members.

- **Failure to file taxes.** For the Marketplace to match your annual household income data with IRS data, it's necessary for everyone in your household to have filed taxes, if they were required to do so.

If you don't file your taxes:

- You won't be eligible to get the premium tax credit or cost-sharing reductions if the IRS tells us that you previously got the premium tax credit and didn't file a tax return for that year.
- You may have gotten a letter from the IRS notifying you that they don't have a tax return on record. You may also get a letter from the Marketplace prior to Open Enrollment saying that you may be at risk for losing your financial help if you haven't yet filed your taxes for a previous year.

**Solution:** File the required federal tax return as soon as possible, and then let the Marketplace know that you've taken this step. Update your application and answer the question that asks you to attest to reconciling your past tax credit.

### Step 3: Choose the document(s) that you'll submit.

The most common reason why documents won't verify your expected annual household income is because the document doesn't show how much you usually make. For example, if you typically get paid \$500, don't submit a recent pay stub that's less than your usual \$500 (like if you were sick and only worked part of the week). Instead, send another recent pay stub that shows what you make in a typical pay period.

- **If you're asked to send documents to confirm your household income, be sure they closely match the total annual household income amount on your application.** For example, if you have a different job than you had last year, send the Marketplace recent pay stubs from the new job instead of last year's tax return or W-2. Don't send documents showing income from a job you retired from. If you only got the income for a limited time, write that on the document copy you send.

#### Get documents to confirm your income:

Visit [HealthCare.gov/help/how-do-i-resolve-an-inconsistency/#household-income](https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/#household-income) for the list of documents you can submit.

If you can't get the documents, you can fill out a "letter of explanation" form about why your household income is different than what our data sources have. Get the form at [HealthCare.gov/downloads/annual-income-letter-explanation.pdf](https://www.healthcare.gov/downloads/annual-income-letter-explanation.pdf).

## Step 4: Submit your documents and get a response from the Marketplace.

You can send documents one of these ways. Uploading is fastest.

### ■ Upload a copy to your Marketplace account.

1. Log into your Marketplace account.
2. Select your current application, then select “Application details.”
3. There will be a button for each item that needs documentation.
4. Select a button, then choose the document to start your upload.

### ■ Mail a copy to the Marketplace (don't mail original documents).

1. Include your printed bar code. If you don't have a bar code, include your printed name and the application ID number. (Your application ID is near your mailing address at the top of your notice.)
2. Send all copies of household documents together at one time.
3. Mail the copies of your documents(s) to:

Health Insurance Marketplace  
Attn: Coverage Processing  
465 Industrial Boulevard  
London, KY 40750-0001

The Marketplace will send you a letter after reviewing your document(s) if more information is needed.

Even if a member of your tax household isn't applying for coverage, it's important to submit their information so the Marketplace can confirm your total annual household income.

If you made a good faith effort to get the required documents, but need more time beyond the normal 90 days, you may request more time to submit them.

If you can't provide documents because of special circumstances, like a fire or a flood, you may submit a letter of explanation and ask for your information to be confirmed without submitting documents. Go to [page 6](#) to learn more about sending a letter.

## Estimate income based on last year's job

Use this worksheet to figure out what documents to send. You can use the income you calculate on this page to fill out the "letter of explanation" form listed on [page 6](#).

Be sure to include this household information when you submit documents. You don't need to submit this worksheet.

Household contact	Aaron Turner
Other household members	Jane Ross-Turner
Eligibility notice "Application ID"	0123456789
State of application	TX
Phone	555-111-2222
Today's date	mm/dd/yyyy
My household's projected annual income as stated on my application for the year I need coverage is: \$31,000	

Send detailed income information for each person, and for all jobs.

Collect the documents that you'll submit to verify your annual household income. They'll need to reflect your expected total household income. This example is for a household with 2 sources of income. One person is paid every 2 weeks. The other is paid weekly. When you multiply the amounts by the corresponding number of pay periods, you can estimate the expected total household income for the whole year. You can also visit [HealthCare.gov/income-calculator](https://www.healthcare.gov/income-calculator) for help calculating each household member's yearly income.

Name	Income type	Document	Gross* amount	Multiply by how often this person gets the income		Total
				Weekly: x52 Twice a month: x24 Every 2 weeks: x26	Monthly: x12 Quarterly: x4 Annually: x1	
Aaron Turner	Job	Best Coffee pay stub	\$500	x 26		\$13,000
Jane Ross-Turner	Job	West Auto Parts pay stub	\$420	x 52		\$21,840
<b>Expected total household income</b>						<b>\$34,840</b>

In this example, these 2 documents may successfully verify Aaron's and Jane's household income. However, if the household has other job income for the year, they need to update their application with this information.

\* "Gross" is the number value before taxes or other deductions are taken out.

**Ready to upload or mail document copies?** Get instructions on [page 7](#).

## Estimate self-employment income

Use this worksheet to figure out what documents to send. You can use the income you calculate on this page to fill out the “letter of explanation” form listed on [page 6](#).

Be sure to include this household information when you submit documents. You don’t need to submit this worksheet.

Household contact	Joy Smith
Other household members	There are no other household members on my application.
Eligibility notice “Application ID”	000012355
State of application	FL
Phone	555-124-4567
Today’s date	mm/dd/yyyy
My household’s projected annual income as stated on my application for the year I need coverage is: \$18,300	

### Send detailed self-employment information for each person.

Collect the documents you’ll submit to verify self-employment income. Then use this table to be sure they reflect your expected total self-employment income. This example is for a person with 2 sources of self-employment income. There are 10 months of income from cleaning houses and 12 months of income from child care. When you multiply the amounts by the number of months you get this income, you can estimate the expected self-employment income for the whole year.

Self-employment business name or type of work	Net income each month	Multiply by the number of months each year this person gets the income	Total
Cleaning houses	\$1,375	10 months	\$13,750
Child care	\$150	12 months	\$1,800
<b>Total self-employment income</b>			<b>\$15,550</b>

In this example, these 2 documents may successfully verify Joy’s self-employment income. However, if she has other self-employment income for the year, she needs to update her application with this information.

To learn more, visit [HealthCare.gov/self-employed/income](https://www.healthcare.gov/self-employed/income).

**Ready to upload or mail document copies?** Get instructions on [page 7](#).

# Reporting a change

## When to report a life change

When changes happen, report them to the Marketplace within 30 days. New plans and prices may be available to you right away. For example, if your income goes down, you could qualify for more savings than you did when you first applied. If your income goes up, you could qualify for less savings than you're getting now. If you don't report the higher income, you may have to pay back some or all of the premium tax credit you used when you file your federal income tax for the year. The sooner you report income changes, the less you may have to pay back at tax time.

## How to report a life change

1. Log into your Marketplace account on [HealthCare.gov](https://www.healthcare.gov) and select your application.
2. Select "Report a Life Change."
3. Follow the steps to review your application information, make any changes, and submit your updated application.
4. Confirm your plan selection.

You can also call the Marketplace Call Center at 1-800-318-2596 to report your changes. TTY users can call 1-855-889-4325.

Learn more about reporting changes at [HealthCare.gov/reporting-changes/which-changes-to-report](https://www.healthcare.gov/reporting-changes/which-changes-to-report).

# CMS Accessible Communications

CMS provides free auxiliary aids and services, including information in accessible formats like braille, large print, data/audio files, relay services and TTY communications. If you request information in an accessible format you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

**1. Call us:**

For Medicare: 1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

For Marketplace: 1-800-318-2596

TTY: 1-855-889-4325

**2. Email us:**

[altformatrequest@cms.hhs.gov](mailto:altformatrequest@cms.hhs.gov)

**3. Send us a fax:**

1-844-530-3676

**4. Send us a letter:**

Centers for Medicare & Medicaid Services

Offices of Hearings and Inquiries (OHI)

7500 Security Boulevard, Mail Stop DO-01-20

Baltimore, MD 21244-1850

Attn: Customer Accessibility Resource Staff (CARS)

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

# Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare drug plan, state or local Medicaid, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- 1. Online:**  
[HHS.gov/civil-rights/filing-a-complaint/complaint-process/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)
- 2. By phone:** Call 1-800-368-1019. TTY users can call 1-800-537-7697.
- 3. In writing:** Send information about your complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

