

STEP 2: PERSON

Use these pages if you have more than two people to include on your application.
Fill in the number of the person you're adding (Person 3, Person 4, etc.).

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? <i>(See instructions.)</i>		3. Date of birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Social Security number (SSN) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		We need this if you want health coverage for this person and this person has an SSN.	
6. Does this person live at the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , list address: _____			
7. Does this person plan to file a federal income tax return NEXT YEAR? <i>(You can still apply for health insurance even if this person doesn't file a federal income tax return.)</i> <input type="checkbox"/> YES. If yes , please answer questions a-c. <input type="checkbox"/> NO. If no , skip to question c.			
a. Will this person file jointly with a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , name of spouse: _____			
b. Will this person claim any dependents on his or her tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , list name(s) of dependents: _____			
c. Will this person be claimed as a dependent on someone's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please list the name of the tax filer: _____ How is this person related to the tax filer? _____			
8. Is this person pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes , how many babies are expected during this pregnancy? <input type="text"/>			
9. Does this person need health coverage? <i>(Even if this person has insurance, there might be a program with better coverage or lower costs.)</i> <input type="checkbox"/> YES. If yes , answer all the questions below.  <input type="checkbox"/> NO. If no , SKIP to the income questions on page 5.  Leave the rest of this page blank.			
10. Does this person 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Is this person a U.S. citizen or U.S. national? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. If this person isn't a U.S. citizen or U.S. national , do they have eligible immigration status? <i>(See instructions.)</i> <input type="checkbox"/> Yes. Fill in this person's document type and ID number below.			
a. Immigration document type: _____		b. Document ID number <input type="text"/> <input type="text"/>	
c. Has this person lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No		d. Is this person, or this person's spouse or parent, a veteran or an active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does this person want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Does this person live with at least one child under the age of 19, and is this person the main person taking care of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Was this person in foster care at age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please answer the following questions if this person is 22 or younger:			
16. Did this person have insurance through a job and lose it within the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes , end date: _____ b. Reason the insurance ended: _____			17. Is this person a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.) <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____			
19. Race (OPTIONAL—check all that apply.) <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other _____			

Now, tell us about any income from this person on the back. 

 **NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov) or call us at 1-800-318-2596. Para obtener una copia de este formulario en Español, llame 1-800-318-2596. 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. We'll get you help at no cost to you. TTY users should call 1-855-889-4325.

STEP 2: PERSON _____**Current job & income information**

Employed: If this person is currently employed, tell us about his or her income. Start with question 20.

Not employed: Skip to question 30.

Self-employed: Skip to question 29.

CURRENT JOB 1:

20. Employer name

a. Employer address

b. City

c. State

d. ZIP code

21. Employer phone number

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22. Wages/tips (before taxes)

\$

 Hourly Weekly Every 2 weeks Twice a month Monthly Yearly

23. Average hours worked each WEEK

CURRENT JOB 2: (If this person has more jobs, attach another sheet of paper.)

24. Employer name

a. Employer address

b. City

c. State

d. ZIP code

25. Employer phone number

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26. Wages/tips (before taxes)

\$

 Hourly Weekly Every 2 weeks Twice a month Monthly Yearly

27. Average hours worked each WEEK

28. **In the past year, did this person:** Change jobs Stop working Start working fewer hours None of these29. **If this person is self-employed, answer the following questions:**

a. Type of work: _____

b. How much net income (profits once business expenses are paid) will this person get from this self-employment this month? (See instructions.)

\$

30. **OTHER INCOME THIS MONTH:** Check all that apply, and give the amount and how often this person gets it. Check here if none. **NOTE:** You don't need to tell us about this person's child support, veteran's payment, or Supplemental Security Income (SSI). Unemployment \$ How often? _____ Alimony received \$ How often? _____ Pension \$ How often? _____ Net farming/fishing \$ How often? _____ Social Security \$ How often? _____ Net rental/royalty \$ How often? _____ Retirement accounts \$ How often? _____ Other income \$ How often? _____
Type: _____31. **DEDUCTIONS:** Check all that apply, and give the amount and how often this person gets it. If this person pays 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 29b). Alimony paid \$ How often? _____ Other deductions \$ How often? _____ Student loan interest \$ How often? _____32. **YEARLY INCOME:** Complete only if this person's income changes from month to month. If you don't expect changes to this person's monthly income, skip to the next person. ➔This person's total income **this year**

\$

This person's total income **next year** (if you think it will be different)

\$

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

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