

**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? (See instructions.) 3. Date of birth (mm/dd/yyyy) 4. Sex  
 Male  Female

5. Social Security number (SSN)  -  -  **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?  Yes  No

If no, list address: \_\_\_\_\_

**7. Does this person plan to file a federal income tax return NEXT YEAR?**

(You can still apply for health insurance even if this person doesn't file a federal income tax return.)

**YES. If yes**, please answer questions a-c.  **NO. If no**, skip to question c.

a. Will this person file jointly with a spouse?  Yes  No

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

b. Will this person claim any dependents on his or her tax return?  Yes  No

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

c. Will this person be claimed as a dependent on someone's tax return?  Yes  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?  Yes  No a. If yes, how many babies are expected during this pregnancy?

**9. Does this person need health coverage?**

(Even if this person has insurance, there might be a program with better coverage or lower costs.)

**YES. If yes**, answer all the questions below.  **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?  Yes  No

11. Is this person a U.S. citizen or U.S. national?  Yes  No

12. If this person isn't a U.S. citizen or U.S. national, do they have eligible immigration status? (See instructions.)

Yes. Fill in this person's document type and ID number below.

a. Immigration document type:

\_\_\_\_\_

b. Document ID number

c. Has this person lived in the U.S. since 1996?

Yes  No

d. Is this person, or this person's spouse or parent, a veteran or an active-duty member of the U.S. military?  Yes  No

13. Does this person want help paying for medical bills from the last 3 months?

Yes  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?

Yes  No

15. Was this person in foster care at age 18 or older?

Yes  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?  Yes  No

a. If yes, end date: \_\_\_\_\_ b. Reason the insurance ended: \_\_\_\_\_

17. Is this person a full-time student?

Yes  No

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

Mexican  Mexican American  Chicano/a  Puerto Rican  Cuban  Other \_\_\_\_\_

**19. Race (OPTIONAL—check all that apply.)**

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

( ) -

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

( ) -

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? \_\_\_\_\_  
Type: \_\_\_\_\_ 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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