




Feb 08, 2022

ACTION REQUIRED: The Health Insurance Marketplace® needs more information to verify your Social Security Number, or we may not be able to automatically verify your eligibility in the future.

This notice affects: 

You're getting this message because you recently submitted one or more documents requested by the Marketplace to confirm that the individual listed above has a valid Social Security Number. We still can't verify your information because your documents don't contain the information that we need. Please send us different documents so we can confirm your Social Security Number.

To verify the Social Security Number, we need you to submit a copy of one of the following documents. Please be sure that any document you submit from this list includes the first name, last name, and Social Security Number of the person listed above.

- Social Security card
- 1040 Tax Return (federal or state versions acceptable)
- W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)
- W4 Withholding Allowance Certificate (federal or state versions acceptable)
- 1095 (includes 1095A, 1095B, 1095C)
- Pay stub documentation
- Social Security Administration documentation (includes 4029)
- Military record
- U.S. Military ID card
- Military dependent's ID card
- Unemployment Benefits (Unemployment Benefits Letter)
- Court Order Granting a Name Change - Must contain original first and last name, new first and last name, and Social Security Number

- Divorce decree

How do I submit my documents?

You can upload OR mail copies. Uploading is faster and more efficient.

How to upload:

1. Log into your Marketplace account
2. Select "Continue."
3. Select your current application, and click on "Application details."
4. You'll see a button for each item that needs documentation.
5. Select the button, then choose a document to start your upload. Don't use the following characters in the name of the file that you upload: \: * ? " < > |.

How to mail:

1. Send copies only (not originals)
2. Write your name and Application ID on each page. Your application ID is on the first page of your Eligibility Notice, under your address.
3. Mail the document(s) to:
Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Blvd.
London, KY 40750

For more help

- Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get help in a language other than English. Information about how to access these services is included with this notice, and through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace® protects the privacy and security of the personally identifiable information (PII) that you have provided (see [HealthCare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace®. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).