

Consultation Checklist

Please bring the following information to your scheduled consultation:

- Names, Dates of Birth, and Social Security Numbers of all members of the household, even if they are waiving coverage
- The attached Marketplace Tax Credit Questionnaire
- The attached 2020 Income Estimate Worksheet
- Income Information-A copy of the 2019 Federal Tax Return is helpful. Many times, the Marketplace will require proof of income and a current tax return will usually be sufficient. Occasionally they will also request a few weeks' worth of paycheck stubs if they are available.
- Payment-Plans will not begin until payment is made. Most carriers require EFT payment. Please bring a copy of a voided check for the account from which you will want payments made.
- Marketplace Account Log-In Information- If you have previously enrolled in the Marketplace, or you have created an account to research options, please be sure to bring your username and password. PLEASE test the log-in prior to the meeting. Visit www.healthcare.gov to make sure your log-in is active. If not, please follow their instructions to reset your password or call the Marketplace and have them assist with the reset. We MUST be able to log into your account at the meeting.

If you have never enrolled on the Marketplace it would be very helpful if you are able to create an account prior to the consultation. If you can simply visit www.healthcare.gov and enter your basic information to create a username and password and then check your email to click the link to confirm you have started the process, we will help with the rest when you come in. Be sure to bring the log-in info with you. If you have problems creating this on-line account, we are happy to help set this up the first time during your consult. (If you have frozen your credit, please make sure that it is unfrozen for the meeting. The Marketplace cannot verify identity if there is a credit freeze on the account. Please feel free to call our office for additional explanation on this.)

Marketplace Tax Credit Questionnaire

Individuals that meet certain criteria may be eligible to receive assistance with advanced tax credits to help pay the cost of premiums. If you would like to see if you qualify for these credits, please answer the questions below.

1. Do you have medical insurance available to you through your employer or your spouse's employer?
(If the answer is yes, most of the time assistance is unavailable but there are certain circumstances that may allow. You can speak with your broker at your consultation for additional information.)

YES or NO

2. Are you are married?

YES or NO

3. Will you be filing a joint tax return with your spouse in 2020?

YES or NO

4. How many children/tax dependents will you claim on your 2020 taxes?

5. Based upon your household size, for those that you will file on your 2020 taxes, will your estimated 2020 Modified Adjusted Gross Income fall between 100%-400% of the Federal Poverty Guidelines?
(You must include income of everyone in your household for which you will be claiming on your taxes, even if they are not applying for the coverage. Children that are **required** to file a tax return should be included. See attached Federal Poverty Guidelines Chart, Modified Gross Income cheat sheet, and 2020 Income Estimate Worksheet for determination.)

YES or NO

2020 Income Estimate Worksheet

To be completed for entire household for anyone **required** to file a tax return, even if they are waiving coverage. Speak with your accountant or tax preparer to confirm this number for dependent children.

Federal Taxable Wages (from your job)	_____
Tips	_____
Self-Employment Income (Include net self-employment income you expect, what you will make minus business expenses)	_____
Unemployment Compensation	_____
Social Security (Include both taxable and non-taxable and enter the full amount before any deductions.)	_____
Social Security Disability Income (SSDI) (Do NOT include Supplemental Security Income (SSI))	_____
Retirement or Pension Income (Include most IRA and 401K withdrawals. Do not include qualified distributions from a Roth)	_____
Alimony (Do NOT include Child Support)	_____
Capital Gains	_____
Investment Income (Include expected interest and dividends earned on investments, including tax exempt interest)	_____
Rental and Royalty Income	_____
Excluded (untaxed) Foreign Income	_____
TOTAL	_____

The following do not need to be included: Child Support, SSI, Qualified Distributions from a designated Roth, Gifts, Veterans Disability Payments, Workers Compensation, Proceeds from Loans