

Application for a Hardship Exemption

If you are unable to afford health insurance coverage, you may want to enroll in a “catastrophic” plan, which offers lower-cost coverage that mainly protects you from high medical costs if you get seriously hurt or injured. If you are under the age of 30, you can enroll in a catastrophic plan without the need for an exemption. If you are 30 years or older and want to enroll in a catastrophic plan, you must use this form to claim a hardship exception because Pennie determined that you are unable to afford health coverage.

Use this application to apply for a hardship exemption

- The Shared Responsibility Payment no longer applies. You don’t need to apply for an exemption unless you’re planning to purchase catastrophic coverage.
- You can enroll in a catastrophic health plan if you qualify for a hardship exemption.
- For more information on catastrophic health plans, please see “Step 4” of this application.

Who can use this application?

Use this application only if you or anyone in your tax household experiences a hardship and you want to enroll in a catastrophic plan.

NOTE: You do not have to apply for an exemption if you are younger than 30 years of age.

What you need to apply

You can provide documents or written explanation to support your claim of hardship. See the table below for document examples.

Why do we ask for this information?

We ask for Social Security numbers and other information to make sure your exemption information is sent to the Internal Revenue Service (IRS) to match your tax return and to correctly match to your coverage application. We’ll keep all the information private and secure, as required by law. To view the Pennie Privacy Policy, go to agency.pennie.com/policies.

Get help with this application

Online: www.pennie.com

Phone: Pennie Call Center 1-844-844-8040

In Person: There may be trained assisters in your area who can help.

Visit enroll.pennie.com/hix/broker/search or call the Pennie Call Center.

Hardship categories and documentation

1	You were homeless.	None
2	You were evicted or were facing eviction or foreclosure.	Eviction or foreclosure notice. The document must show that the event happened in this calendar year or up to two calendar years prior.
3	You received a shut-off notice from a utility company.	Shut off notice from an electric, water/sewer, or gas utility company that says service has been or will be shut off. The document must show that the shut off happened in this calendar year or up to two calendar years prior.
4	You recently experienced domestic violence.	None
5	You experienced the death of a close family member.	Death certificate, death notice from newspaper, funeral service program, funeral expenses, coroner's report, military notification of death, or other official notice of death. The document must show that the death happened in this calendar year or up to two calendar years prior.
6	You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.	Police or fire report, insurance claim, or other document from a government agency or news source about the disaster. The document must show that the event happened in this calendar year or up to two calendar years prior.
7	You filed for bankruptcy.	Bankruptcy filing document from a court or other legal authority. The document must show that the bankruptcy happened in this calendar year or up to two calendar years prior.
8	You had medical expenses you couldn't pay.	One or more medical bills. The bill(s) must be for this calendar year or up to two calendar years prior.
9	You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.	Receipts for bills or services related to a family member's care, like medical bills, home care services, or transportation receipts. The receipts must be from this calendar year or up to two calendar years prior.
10	A child you expected to claim as a tax dependent has been denied coverage in Medicaid and the Children's Health Insurance Program (CHIP), and another person is required by court order to provide health coverage to the child.	Court order that covers the time period for which you want the exemption for the child and copy of eligibility notice that shows the child was denied Medicaid and CHIP coverage from your state. The Medicaid/CHIP document must show eligibility determination for this calendar year or up to two calendar years prior.

11	As a result of a Health Insurance Marketplace or state-based Marketplace appeals decision, you're not eligible for: 1) enrollment in a qualified health plan through the Marketplace; 2) lower costs on your monthly premiums; or 3) cost-sharing reductions for a time period when you weren't enrolled in a Marketplace plan.	Notice of appeal from the Health Insurance Marketplace or your state-based Marketplace. The appeals notice must be from this calendar year or up to two calendar years prior.
12	An adult in your tax household was determined ineligible for Medicaid because your state did NOT expand eligibility for Medicaid under the Affordable Care Act.	None. This exemption is available only for the most recent calendar year.
13	You got a notice from a health insurance plan you purchased on the individual market (not job-based coverage) saying your policy was cancelled because it didn't meet Affordable Care Act requirements and you considered other plans unaffordable.	This category is no longer available for 2017 and future years.
14	You experienced a hardship NOT listed in categories 1-13 that kept you from getting health insurance.	Include any documentation that explains why you're requesting a hardship exemption NOT listed in categories 1-13. The documentation must show that the hardship happened within this calendar year or up to two calendar years prior.

STEP 1: Tell us about yourself

The person who files a federal income tax return in your household should be the contact person for this application, and its known as "Person 1." If you're applying for an exemption for a child, an adult who claims the child on his or her federal income tax return should fill out and sign this application even if the adult doesn't need the exemption.

First Name	Middle Name	Last Name	Suffix
Home Address Line 1			
Home Address Line 2			
City	State	Zip Code	
Mailing Address Line 1 <input type="checkbox"/> (Select if same as home address)			
Mailing Address Line 2			
City	State	Zip Code	
Please provide a phone number so we can contact you if necessary. We won't use your number for anything else.			
Mobile Phone Number		Home Phone Number	
	-		-
Do you want to get correspondence from Pennie? Yes No			
Email Address			
What is your preferred spoken language?		What is your preferred written language?	
Optional:	If Hispanic/Latino ethnicity: <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chicano <input type="checkbox"/> Cuban Other		
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Indian or Alaskan Native <input type="checkbox"/> Filipino <input type="checkbox"/>		
(Select all that apply)	Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinse <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawiian <input type="checkbox"/> Guamanian or		
	Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other		

STEP 2: Tell us about your tax household and the hardship events you experienced

Who to include on this application:

- The adult who files the federal income tax return for this household – list this person, who will be known as “Person 1”, on the first line of the table on the next page.
- A spouse who’s filing taxes jointly with you.
- Anybody Person 1 claims as a dependent on the federal income tax return.
- You should apply for this exemption based on how you file taxes, with the following exception: If you’re 21 or older and included as a dependent on someone else’s tax return, submit your own exemption application.

Who NOT to include on your application:

- A spouse who files taxes separately from you. Spouses who file separately must fill out a separate exemption application for themselves and include every person they claim on their tax return.
- Anyone who lives with you but isn’t (or won’t be) listed on your tax return for the year(s) you want this exemption.

The person in line 1 below, who will be known as "Person 1", must be the person who files a federal income tax return for the household, even if the person doesn’t need an exemption.

For each person included on the federal income tax return, select their relationship to Person 1, the name, date of birth, Social Security Number (SSN), sex, and whether they want an exemption.

You must give your SSN if you have one. In the table below include the SSN for anyone requesting the exemption who has an SSN. An SSN is not necessary to qualify for the exemption. We use SSNs to match exemptions with the right tax returns and to correctly match to your coverage application. For help getting an SSN, visit socialsecurity.gov or call 1-800-772-1213. (TTY: 1-800-325-0778)

	Relationship to person 1 (Spouse or dependent)	First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Social Security Number (###-###-####)	Sex	Want exemption?
1	Self							
2								
3								
4								
5								
6								
7								

Select the type of hardship(s) you're applying for below. Note the date the hardship started, when it will end, or if it's ongoing. Then select each person in your tax household that has experienced that hardship type, if everyone in your household has experienced that hardship type, select all. Each person needs only one exemption for any given time period. You may apply for more than one hardship if the hardship events were at different times during the year.

Type of hardship (Select all that apply)	Tax year for which you need this exemption	Date hardship started (mm/dd/yyyy) (Note: Your hardship can't start on a date in the future)	Date hardship ended or will end? (mm/dd/yyyy)	Check if ongoing
1. Homeless				
2. Eviction/foreclosure				
3. Shut-off Notice				
4. Domestic Violence				
5. Death of family member				
6. Disaster				
7. Bankruptcy				
8. Medical Expenses				
9. Increase in expenses to care for family member				
10. Medical support for child				
11. Eligibility appeal decision				
12. Ineligible for Medicaid				
13. Cancellation of individual coverage				
14. You experienced another hardship				

STEP 3: Read, print, & sign this application

You won't be able to print and sign your application until you've filled out all required information. We can't process unsigned applications or accept digital signatures.

I agree that:

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under state and/or federal law if I intentionally provide false or untrue information.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).

The person on line 1, known as "Person 1", should sign this application.

The person who signs must be an adult over the age of 18 who files the federal income tax return for the household. If you're an Authorized Representative, you may sign here as long as Person 1 fills out and signs the "Help with this application" form on page 6 of this application.

Signature	Date
<div></div>	<div> / </div>

STEP 4: Mail completed application and documents

Note: A page that lists the documents you need to submit will print at the end of this application.

Mail your signed application and copies (do not send originals) of the documents listed on the page that will print at the end of this application to:

Pennie
P.O. BOX 2008
Birmingham, AL 35203

Or

Electronic Submission:

For faster processing upload this document directly to your online account at Pennie.com or you may email the form to customermatters@pennie.com.

Or

FAX:

You may also fax the form to a secure fax line: 1-866-350-8233.

What happens next?

We'll call you if we need more information. If we don't reach you by phone, we'll send a letter. You'll get a letter in the mail after we've processed your application.

- If your application is approved, we'll send an Exemption Certificate Number (ECN) for each approved member of your tax household to use on your federal income tax return for the year members of your tax household didn't have coverage. You'll provide the ECN when you file your return for the year your exemption has been approved.
- If you or other members of your tax household don't qualify for the exemption, the letter will explain why.
- If you don't hear from us within 30 days, contact the Pennie call center at 1-844-844-8040.

What if I think the results of my exemption application are wrong?

You can appeal. Important information about an appeal:

- Pennie must receive your appeal request within 90 days of the date of the application results notice.
- You may have a relative, friend, legal counsel, or another spokesperson, including an Authorized Representative, help you appeal or participate in your appeal. This is optional.
- The outcome of an appeal could change the eligibility of other members of your tax household.

To appeal your exemption application results, visit www.pennie.com/appeals. Or call the Pennie call center at 1-844-844-8040.

If you qualify for a hardship exemption, you can buy a "catastrophic" health plan

A "catastrophic" health plan offers lower-priced coverage that mainly protects you from high medical costs if you get seriously hurt or injured. If you get a hardship exemption, you can buy a catastrophic plan. You're not required to buy a catastrophic plan, it's just an option so you can get low-priced health coverage if you want to.

If your hardship exemption application is approved, the letter you get will include information on catastrophic health plans. For more information on catastrophic health plans, visit [Healthcare.gov/choose-a-plan/plans-categories/#catastrophic](https://www.healthcare.gov/choose-a-plan/plans-categories/#catastrophic) or call 1-800-318-2596. (TTY:1-855-889-4325)

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