



LEARN

PREVIEW PLANS

APPLY

RENEW

Monday Weeks



START

## OVERVIEW



Welcome to Covered California. We will guide you through these steps for getting health insurance.

Overview

Start Here

Consent For Verificatio...



### Enter Your Information:

Tell us who wants health insurance. If you want to apply for help paying for health insurance, we will also ask about your household and your total income.



### See Your Results:

We will show your health insurance options and explain the next steps. If you apply for help paying for health insurance, we will also show whether you qualify.



### Find Health Insurance Plans:

Depending on your results, you can see what health insurance plans are available, compare them and enroll in the health insurance plan you choose.

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Save & Exit

Continue



START

✓ Overview

Start Here

Consent For Verificatio...

## APPLY FOR BENEFITS



### Start Here

Apply now to see if you are eligible for Medi-Cal or AIM for pregnant women or ongoing enrollment opportunities through Covered California.

Still need health insurance, but missed open enrollment? Did you lose your health insurance or have a big change in your life recently? You may be eligible for Covered California if you have a qualifying life event like getting married, having a baby or losing other coverage.

If none of these apply, don't worry, you should still apply, since you may be eligible for Medi-Cal, or AIM for pregnant women based on your income. Regardless of which life event you select, your application will still be reviewed for coverage through Medi-Cal and AIM.

If you want to see if you qualify for free or low cost plans, select "yes" on Question #1. You will answer questions about your income to see what help you qualify for. If you just want coverage without financial help, select "no."

1. Do you want to see if you qualify for free or low cost plans? \*  Yes  No

2. Do any of the following qualifying life events apply to you? \* American Indian/Alaskan I

3. Enter today's date or the date of your qualifying life event if you have one \* 04/01/2014

4. How many members are in the household? \* 4

5. How did you hear about Covered California? TV

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RENEW

Mark Gibbs

Application #: 1000001014

Case #: 5000000809



## PERSONAL DATA

## Introduction

✓ Address &amp; Contact

✓ Demographic Data

✓ Tax Information

✓ Health Care

✓ Optional Data

✓ Summary



## PERSONAL DATA INTRODUCTION

## Coming Up In This Section

In this section, you will be asked additional questions about the people in your household. We ask about this information to let you know the health insurance you qualify for and whether you can get help paying for it.

You will also be asked optional questions that we collect to make sure that everyone has the same access to health care. This information is confidential. It will not be used to decide what health insurance you qualify for.

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Save &amp; Exit

## You may need:

- Latest tax information
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family

## Estimated time to complete:

- 15 minutes

Continue





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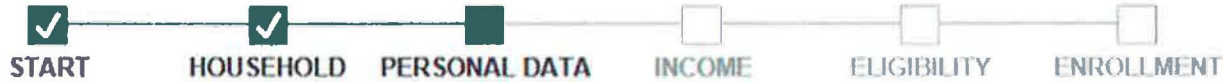
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### ADDRESS & CONTACT

Please answer all required questions (\*) for each household member.

January Month

#### Home Address

Is this person's residence address the same as your address?  Yes  No

#### Mailing Address

Is this person's mailing address the same as the household primary contact's address?  Yes  No



**Contact Phone & Email**

Home Phone

Work Phone

Extension

Cell Phone Number

Email

▼ February Month

**Home Address**

Is this person's residence address the same as your address?  Yes  No

**Mailing Address**

Is this person's mailing address the same as the household primary contact's address?  Yes  No

**Mailing Address**

Is this person's mailing address the same as the household primary contact's address?  Yes  No

**Contact Phone & Email**

Home Phone

Work Phone

Extension

Cell Phone Number

Email

▼ March Month

**Home Address**

Is this person's residence address the same as your address?  Yes  No

▼ March Month

**Home Address**

Is this person's residence address the same as your address?  Yes  No

**Mailing Address**

Is this person's mailing address the same as the household primary contact's address?  Yes  No

**Contact Phone & Email**

Home Phone

Work Phone

Extension

Cell Phone Number

Email



**Home Address**

Is this person's residence address the same as your address?  Yes  No

**Mailing Address**

Is this person's mailing address the same as the household primary contact's address?  Yes  No

**Contact Phone & Email**

Home Phone

Work Phone

Extension

Cell Phone Number

Email

**Mailing Address**

Is this person's mailing address the same as the household primary contact's address?  Yes  No

**Contact Phone & Email**

Home Phone

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### PERSONAL DATA - DEMOGRAPHIC INFORMATION i

Please answer all the required (\*) questions for each household member

▼ **January Month**

What is this person's marital status? \*

Married

Does this person have a physical, mental, emotional, or developmental disability? \*

Yes  No

Did this person have a medical expense in the last 3 months? \*

Yes  No

Is this person a member of a Federally-recognized Indian Tribe? \*

Yes  No

▼ **February Month**

What is this person's marital status? \*

Married

Does this person have a physical, mental, emotional, or developmental disability? \*

Yes  No



▼ February Month

What is this person's marital status? \*

Married ▼

Does this person have a physical, mental, emotional, or developmental disability? \*

Yes  No

Did this person have a medical expense in the last 3 months? \*

Yes  No

Is this person pregnant? \*

Yes  No

What is the expected date of delivery? \*

12/01/2014 

Number of babies expected \*

1 ▼

Is this person a member of a Federally-recognized Indian Tribe? \*

Yes  No

▼ March Month

What is this person's marital status? \*

Single ▼

Does this person have a physical, mental, emotional, or developmental disability? \*

Yes  No

Did this person have a medical expense in the last 3 months? \*

Yes  No

Is this person a member of a Federally-recognized Indian Tribe? \*

Yes  No

Who is the primary caretaker of this child? 

February Month ▼

Who is the primary caretaker of this child? 

February Month 

Does this child have a parent living outside the home, a deceased parent, or is this child adopted by a single parent?

Yes  No

▼ April Month

What is this person's marital status? \*

Single 

Does this person have a physical, mental, emotional, or developmental disability? \*

Yes  No

Did this person have a medical expense in the last 3 months? \*

Yes  No

Is this person pregnant? \*

Yes  No

Is this person a member of a Federally-recognized Indian Tribe? \*

Yes  No

Who is the primary caretaker of this child? 

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### TAX INFORMATION

Please answer all required (\*) questions for each household member.

▼ January Month

Is this person the Primary Tax Filer? \*  Yes  No

Did this person file taxes last year? \*  Yes  No

What was this person's tax filing status last year? \*

Was this person claimed as a dependent on any tax return last year? \*  Yes  No

Does this person plan to file taxes this year? \*  Yes  No

What will this person's tax filing status be this year? \*

Is this person expected to be claimed as a dependent on any tax return for the benefit year? \*  Yes  No



▼ February Month

Is this person the Primary Tax Filer? \*   Yes  No

Did this person file taxes last year? \*  Yes  No

Was this person claimed as a dependent on any tax return last year? \*  Yes  No

Does this person plan to file taxes this year? \*  Yes  No

Is this person expected to be claimed as a dependent on any tax return for the benefit year? \*  Yes  No

▼ March Month

Is this person the Primary Tax Filer? \*   Yes  No

Did this person file taxes last year? \*  Yes  No

Was this person claimed as a dependent on any tax return last year? \*  Yes  No

Does this person plan to file taxes this year? \*  Yes  No

Is this person expected to be claimed as a dependent on any tax return for the benefit year? \*  Yes  No

Who claims this person as a tax dependent? \*

January Month



Who claims this person as a tax dependent? \*

January Month



Is this person claimed by a non-custodial parent? \*

Yes

No

Is this person expected to be required to file taxes this year? \*

Yes

No

What is the custodial parent's contact phone number? \*

9161234567

▼ April Month

Is this person the Primary Tax Filer? \*

Yes

No

Did this person file taxes last year? \*

Yes

No

Was this person claimed as a dependent on any tax return last year? \*

Yes

No

Does this person plan to file taxes this year? \*

Yes

No

Is this person expected to be claimed as a dependent on any tax return for the benefit year? \*

Yes

No

Who claims this person as a tax dependent? \*

January Month



Is this person claimed by a non-custodial parent? \*

Yes

No

Is this person expected to be required to file taxes this year? \*

Yes

No

What is the custodial parent's contact phone number? \*

9161234567

▼ April Month

Is this person the Primary Tax Filer? \*   Yes  No

Did this person file taxes last year? \*  Yes  No

Was this person claimed as a dependent on any tax return last year? \*  Yes  No

Does this person plan to file taxes this year? \*  Yes  No

Is this person expected to be claimed as a dependent on any tax return for the benefit year? \*  Yes  No

Who claims this person as a tax dependent? \*  

Is this person claimed by a non-custodial parent? \*   Yes  No

Is this person expected to be required to file taxes this year? \*  Yes  No

What is the custodial parent's contact phone number? \*

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### HEALTH CARE INFORMATION

Please answer all the required (\*) questions for each household member.

▼ January Month

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? \* ?

Tribal Health Program

Does this person need help with long-term care or home and community-based services? \*

Yes  No

Does this person receive Medicare benefits? \*

Yes  No

▼ February Month

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? \* ?

Indian Health Service

Does this person need help with long-term care or home and community-based services? \*

Yes  No

Does this person receive Medicare benefits? \*

Yes  No



▼ **March Month**

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? \* ?

None of the Above



Does this person need help with long-term care or home and community-based services? \*

Yes  No

Does this person receive Medicare benefits? \*

Yes  No

▼ **April Month**

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? \* ?

None of the Above



Does this person need help with long-term care or home and community-based services? \*

Yes  No

Does this person receive Medicare benefits? \*

Yes  No

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### PERSONAL DATA

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## OPTIONAL DATA



Please tell us about yourself. This information is confidential and will only be used to make sure that everyone has the same access to health care. It will not be used to decide what health insurance you qualify for.

### January Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in?

English

What language do you want us to speak to this person in?

English

Is this person of Hispanic, Latino, or Spanish Origin?

Yes  No


What is this person's origin? (check all that apply)

- Cuban
- Mexican/Mexican American/Chicano
- Puerto Rican
- Other

American Indian or Alaska Native

Optional Data

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What is this person's race? (check all that apply)  
(check all that apply) 

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

Is this person a member of a Federally-recognized Indian Tribe?

Yes  No

What state is the tribe recognized in? \*

CA 

What is the name of the tribe? \*

Alturas Indian Ranche 

 February Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in?

English 

What language do you want us to speak to this person in?

English 


Is this person of Hispanic, Latino, or Spanish Origin? 

Yes  No



What language do you want us to speak to this person in?


English 

Is this person of Hispanic, Latino, or Spanish Origin? 

Yes  No

What is this person's origin? (check all that apply)

- Cuban
- Mexican/Mexican American/Chicano
- Puerto Rican
- Other

What is this person's race? (check all that apply)  
(check all that apply) 

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


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What state is the tribe recognized in? \*

CA 

What is the name of the tribe? \*

Alturas Indian Ranche 

▼ March Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in?

English



What language do you want us to speak to this person in?

English



Is this person of Hispanic, Latino, or Spanish Origin? [?](#)

Yes  No

What is this person's origin? (check all that apply)

- Cuban
- Mexican/Mexican American/Chicano
- Puerto Rican
- Other

What is this person's race? (check all that apply)  
(check **all** that apply) [?](#)

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

Is this person a member of a Federally-recognized Indian Tribe?

Yes  No

What state is the tribe recognized in? \*

CA 

What is the name of the tribe? \*

Alturas Indian Ranche 

▼ April Month

We collect this information to improve our quality of service. You may choose to fill in this information or not.

What language should we write to this person in?

English 

What language do you want us to speak to this person in?


English 

Is this person of Hispanic, Latino, or Spanish Origin? 

Yes  No

What is this person's origin? (check all that apply)

- Cuban
- Mexican/Mexican American/Chicano
- Puerto Rican
- Other

What is this person's race? (check all that apply)   
(check all that apply)

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian

What is this person's race? (check all that apply)  
(check all that apply) 

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

Is this person a member of a Federally-recognized Indian Tribe?

Yes  No

What state is the tribe recognized in? \*

CA 

What is the name of the tribe? \*

Alturas Indian Ranche 

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PERSONAL DATA

PERSONAL DATA SUMMARY



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▼ Tax Information - January Month

Primary Tax Filer	Yes	<input type="button" value="Edit"/>
Person filed taxes last year	Yes	
Tax Filing Status	Married Filing Jointly	
Planning to file taxes this year	Yes	

▼ Health Care - January Month

Long-Term Care	No	<input type="button" value="Edit"/>
Enrollment in other insurance	Tribal Health Program	
Receiving Medicare benefits	No	



▼ Demographic Data - January Month

**Home Address** 123 abc street Sacramento CA, Sacramento 95843  
**Mailing Address** 123 abc street Sacramento CA, Sacramento 95843  
**Home Phone Number** (916)123-4567  
**Work Phone Number** N/A  
**Extension** N/A  
**Cell Phone Number** N/A  
**Email** abc@abc.com  
**Marital Status** Married  
**Disability** Yes

Edit

▼ Optional Information - January Month

**Preferred Written Language** English  
**Preferred Spoken Language** English  
**Hispanic, Latino, or Spanish Origin** Yes  
**Ethnicity** Cuban  
**Race** AI/AN

Edit

▼ Tax Information - February Month

▼ Tax Information - February Month

**Primary Tax Filer** No  
**Person filed taxes last year** No  
**Tax Filing Status**  
**Planning to file taxes this year** No

Edit

▼ Health Care - February Month

**Long-Term Care** Yes  
**Enrollment in other insurance** Indian Health Service  
**Receiving Medicare benefits** No

Edit

▼ Demographic Data - February Month

**Home Address** 123 abc street Sacramento CA, Sacramento 95843  
**Mailing Address** 123 abc street Sacramento CA, Sacramento 95843  
**Home Phone Number** N/A  
**Work Phone Number** N/A  
**Extension** N/A  
**Cell Phone Number** N/A  
**Email**

Edit

**Cell Phone Number** N/A  
**Email**  
**Marital Status** Married  
**Disability** Yes

▼ **Optional Information - February Month**

**Preferred Written Language** English  
**Preferred Spoken Language** English  
**Hispanic, Latino, or Spanish Origin** Yes  
**Ethnicity** Mexican/Mexican American/Chicano  
**Race** AI/AN

Edit

▼ **Tax Information - March Month**

**Primary Tax Filer** No  
**Person filed taxes last year** No  
**Tax Filing Status**  
**Planning to file taxes this year** No

Edit

▼ **Health Care - March Month**

▼ Health Care - March Month

Long-Term Care Yes  
Enrollment in other insurance None of the Above  
Receiving Medicare benefits Yes

Edit

▼ Demographic Data - March Month

Home Address 123 abc street Sacramento CA, Sacramento 95843  
Mailing Address 123 abc street Sacramento CA, Sacramento 95843  
Home Phone Number N/A  
Work Phone Number N/A  
Extension N/A  
Cell Phone Number N/A  
Email  
Marital Status Single  
Disability Yes

Edit

▼ Optional Information - March Month

Preferred Written Language English  
Preferred Spoken Language English

Edit

▼ **Optional Information - March Month**

Preferred Written Language English  
Preferred Spoken Language English  
Hispanic, Latino, or Spanish Origin Yes  
Ethnicity Puerto Rican  
Race AI/AN

Edit

▼ **Tax Information - April Month**

Primary Tax Filer No  
Person filed taxes last year No  
Tax Filing Status  
Planning to file taxes this year No

Edit

▼ **Health Care - April Month**

Long-Term Care No  
Enrollment in other insurance None of the Above  
Receiving Medicare benefits No

Edit



▼ Demographic Data - April Month

Home Address 123 abc street Sacramento CA, Sacramento 95843  
Mailing Address 123 abc street Sacramento CA, Sacramento 95843  
Home Phone Number N/A  
Work Phone Number N/A  
Extension N/A  
Cell Phone Number N/A  
Email  
Marital Status Single  
Disability No

Edit

▼ Optional Information - April Month

Preferred Written Language English  
Preferred Spoken Language English  
Hispanic, Latino, or Spanish Origin Yes  
Ethnicity Other  
Race AI/AN

Edit

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Mark Gibbs

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### HOUSEHOLD INCOME

#### Introduction

- ✓ Employment Income
- ✓ Self-Employment In...
- ✓ Other Income
- ✓ Income Deductions
- ✓ Income Summary



## INCOME INTRODUCTION

### Coming Up In This Section

In this section, you will be asked about your household income. We will walk you through 4 sections: employment income, self-employment income, other income and income deductions. You can enter information about each type of income for each person in your household. If nobody in your household has a particular type of income, you can skip that step and move to the next type of income. When you have entered all your information, we will show your household income.

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[Save & Exit](#)

### You may need:

- Most recent tax filing
- Pay stubs

### Estimated time to complete:

- 10 minutes

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## HOUSEHOLD INCOME

✓ Introduction

Employment Income

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**EMPLOYMENT INCOME**

Total current monthly household income: \$ 0.00

On this page, enter employment income for this month for everyone in your household. Employment income means payments for full-time, part-time or one-time work (before taxes are taken out). To add an income item, click the "Add Income" button. If no one in the household has any employment income, click the "Continue" button.

Person	Source of Employment Income	Amount	Frequency	Edit	Delete
--------	-----------------------------	--------	-----------	------	--------

[Add Income](#)[Back](#)[Save and Exit](#)[Continue](#)



HOUSEHOLD INCOME

Introduction

**Employment Income**

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**Add Employment Income**

Household Member:

Employer:

How much does this person get paid (before taxes)? (\$)

How often:



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HOUSEHOLD INCOME

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EMPLOYMENT INCOME

Total current monthly household income: \$ 2000.00

On this page, enter employment income for this month for everyone in your household. Employment income means payments for full-time, part-time or one-time work (before taxes are taken out). To add an income item, click the "Add Income" button. If no one in the household has any employment income, click the "Continue" button.

Person	Source of Employment Income	Amount	Frequency	Edit	Delete
January Month	Calendar	\$ 2000.00	Monthly	<a href="#">Edit</a>	<a href="#">Delete</a>

Add Income

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HOUSEHOLD INCOME

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### SELF-EMPLOYMENT INCOME

Total current monthly household income: \$ 2000.00

On this page, enter self-employment income for this month for everyone in your household. Self-employment income means the net earnings from a business that you own or from work as an independent contractor. For this type of income, enter the net income - your profits after you have paid the expenses of running the business. See "Instructions for Schedule C" at [www.irs.gov](http://www.irs.gov) for more information. If costs exceeded earnings, you can enter a negative number.

To add an income item, click the "Add Income" button. If no one in the household has any self-employment income, click the "Continue" button.

Person	Type of Work	Amount	Frequency	Edit	Delete
--------	--------------	--------	-----------	------	--------

Add Income

Back

Save and Exit

Continue



HOUSEHOLD INCOME

✓ Introduction

✓ Employment Income

**Self-Employment Income**

Other Income

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### Add Self-Employment Income

Household Member:

Type of work:

How much net income (profits after expenses) will this person get from this source this month (\$):

Cancel

OK



HOUSEHOLD INCOME

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Self-Employment Income

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### SELF-EMPLOYMENT INCOME

Total current monthly household income: \$ 2500.00

On this page, enter self-employment income for this month for everyone in your household. Self-employment income means the net earnings from a business that you own or from work as an independent contractor. For this type of income, enter the net income - your profits after you have paid the expenses of running the business. See "Instructions for Schedule C" at [www.irs.gov](http://www.irs.gov) for more information. If costs exceeded earnings, you can enter a negative number.

To add an income item, click the "Add Income" button. If no one in the household has any self-employment income, click the "Continue" button.

Person	Type of Work	Amount	Frequency	Edit	Delete
February Month	Babysitting	\$ 500.00	Monthly	<a href="#">Edit</a>	<a href="#">Delete</a>

Add Income

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- ✓ Introduction
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- ✓ Self-Employment In...

**Other Income**

**OTHER INCOME**

Total current monthly household income: \$ 2500.00

Other income includes any income you have not already entered, such as income from unemployment benefits, Social Security, retirement or pension accounts, rents or royalties, alimony received, investments, capital gains, farming or fishing income, canceled debts, court awards, jury duty pay and other types of income.

Note: You do not need to tell us about child support payments you receive, veteran's payments, or Supplemental Security Income (SSI).

To add an income item, click the "Add Income" button. If no one in the household has any income of these types, click the "Continue" button.

Person	Source of Other Income	Amount	Frequency	Edit	Delete
--------	------------------------	--------	-----------	------	--------

Add Income

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Continue



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Employment Income

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### Add Other Income

Household Member:

What type of income?

How much net income (profits after expenses) will this person get from this source this month (\$):

Source:

How much (\$):

How often:

Cancel

OK



## HOUSEHOLD INCOME

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## OTHER INCOME



Total current monthly household income: \$ 3283.50

Other income includes any income you have not already entered, such as income from unemployment benefits, Social Security, retirement accounts, rents or royalties, alimony, investments, capital gains, and other types of income.

Note: You do not need to tell us about child support, veteran's benefits, or Supplemental Security Income (SSI) income.

To add an income item, click the "Add" button. If no one in the household has any income of these types, click the "Continue" button.

Person	Source of Other Income	Amount	Frequency	Edit	Delete
Mark Gibbs	Stock Market	\$ 200.00	Monthly	<a href="#">Edit</a>	<a href="#">Delete</a>

Add Income

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Build Version Id 5.0.0.DEV.26 | Runmode: dev | Current date/time from TimeShifter: Tue Apr 29 11:02:27 PDT 2014 |

Env name: env05 | TimeShifter | Developer Console |

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### INCOME DEDUCTIONS

Total current monthly household income: \$ 2500.00

If a person pays for certain expenses that can be deducted on an income tax return, telling us about these expenses could make the cost of health insurance a little lower. Examples of these expenses include alimony you pay, student loan interest, tuition and fees, educator expenses, IRA contributions, moving expenses, penalties on early withdrawal of savings, and health savings account deductions. Note: If you have already included an expense when you calculated your net self-employment or rental property income, do not include it here. You also should not include deductions for home mortgage interest.

To add a deduction, click the "Add Deduction" button. If no one in the household has any adjustments, click the "Continue" button.

Person	Type of Income Deduction	Amount	Frequency	Edit	Delete
--------	--------------------------	--------	-----------	------	--------

Add Deduction

Back

Save and Exit

Continue

Income Deductions

Income Summary



- ✓ Introduction
- ✓ Employment Income
- ✓ Self-Employment In...
- ✓ Other Income
- Income Deductions**
- ✓ Income Summary

### Add Deduction

Household Member:

Type of Deduction:

Paid to:

How much (\$):

How often:



HOUSEHOLD INCOME

- ✓ Introduction
- ✓ Employment Income
- ✓ Self-Employment In...
- ✓ Other Income
- Income Deductions**
- ✓ Income Summary

## INCOME DEDUCTIONS



Total current monthly household income: \$ 3083.50

If a person pays for certain expenses that can be deducted on an income tax return, telling us about these expenses could make the cost of health insurance a little lower. Examples of these expenses include alimony or student loan interest. (If you have already included an expense when you calculated your net self-employment or rental property income, do not include it here.)

To add a deduction, click the "Add" button. If no one in the household has any adjustments, click the "Continue" button.

Person	Type of Income Deduction	Amount	Frequency	Edit	Delete
Mark Gibbs	Student Loan Interest Paid	\$ 200.00	Monthly	<a href="#">Edit</a>	<a href="#">Delete</a>

**Add Deduction**

**Back**

**Save and Exit**

**Return To Summary**

**Continue**





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START

✓ Overview

✓ Start Here

Consent For Verification

## CONSENT FOR VERIFICATION i

### Permission to let Covered California verify your information

Covered California checks other agencies' computer records to verify citizenship, satisfactory immigration status, tax information, and other information related only to eligibility to see if you and other people on this application qualify for health insurance.

Note to Employers and Employees applying for SHOP: This does not apply to employers and employees applying to participate in SHOP. Please check the box to proceed. Covered California will not electronically verify any information submitted to SHOP.

I agree to Consent for Verification

Back

Save & Exit

Continue



January Month

Application # : 1000001220



HOUSEHOLD INCOME

INCOME SUMMARY

- ✓ Introduction
- ✓ Employment Income
- ✓ Self-Employment In...
- ✓ Other Income
- ✓ Income Deductions

Income Summary

Income Type	Amount	
Employment Income	\$ 2000.00	Edit
Self-Employment Income	\$ 500.00	Edit
Other Income	\$ 0	Edit
<b>Subtotal</b>	<b>\$ 2500.00</b>	
<b>Deductions</b>	<b>\$ 0</b>	Edit
???householdIncome.incomeSummary.entiretext???	\$ 2500.00	
???householdIncome.incomeSummary.totalProjected.entiretext???	\$ 30000.00 <sup>?</sup>	

Back Save and Exit

Continue



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ELIGIBILITY

### SUBMIT APPLICATION FOR ELIGIBILITY



Read all your information. Check to be sure it is correct. Click "Edit" to make changes.

Application Type

Want help paying for health insurance?	Yes	<input type="button" value="Edit"/>
SHOP Employer Coverage	No	
How did you hear about Covered California?	TV	
Apply for	Self and Household	

Primary Contact

Name	January Month	<input type="button" value="Edit"/>
Home Phone Number	(916)123-4567	

Review Application

Application Signature

Eligibility Results

▼ Household Member - April Month

<b>Name</b>	April Month
Does this person want health insurance?	Yes
<b>Gender</b>	Female
<b>Date of Birth</b>	04/01/2014
<b>Social Security number</b>	***-**-9012
<b>US Citizen</b>	Yes

Edit

▼ April Month - Demographic Data

<b>Home Address</b>	123 abc street Sacramento CA, Sacramento 95843
<b>Mailing Address</b>	<b>123 abc street Sacramento CA, Sacramento 95843</b>
<b>Home Phone Number</b>	N/A
<b>Work Phone Number</b>	N/A
<b>Extension</b>	N/A
<b>Cell Phone Number</b>	N/A
<b>Email</b>	
<b>Marital Status</b>	Single
<b>Disability</b>	No

Edit

▼ Tax Information - April Month

▼ Tax Information - April Month

Head of the Household No  
Person filed taxes last year No  
Tax Filing Status  
Planning to file taxes this year No

Edit

▼ Health Care - April Month

Long-Term Care No  
Enrollment in other insurance No  
Receiving Medicare benefits No

Edit

▼ April Month - Optional Information

Preferred Written Language English  
Preferred Spoken Language English  
Hispanic, Latino, or Spanish Origin Yes  
Ethnicity Other  
Race AI/AN

Edit

▼ Health Care - April Month

Long-Term Care	No
Enrollment in other insurance	No
Receiving Medicare benefits	No

Edit

▼ April Month - Optional Information

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Other
Race	AI/AN

Edit

Save & Exit

Continue





▼ Primary Contact

<b>Name</b>	January Month	<a href="#">Edit</a>
<b>Home Phone Number</b>	(916)123-4567	
<b>Work Phone Number</b>		
<b>Extension</b>		
<b>Cell Phone Number</b>		
<b>Email</b>	abc@abc.com	
<b>Home Address</b>	123 abc street Sacramento CA, Sacramento 95843	
<b>Receive notices by</b>	<b>Email</b>	
<b>Preferred Written Language</b>	<b>English</b>	
<b>Preferred Spoken Language</b>	<b>English</b>	

▼ Household

<b>Member 1</b>	January Month	<a href="#">Edit</a>
<b>Member 2</b>	February Month	
<b>Member 3</b>	March Month	
<b>Member 4</b>	April Month	

▼ Family Relationships

January Month	Husband/Wife	February Month	<a href="#">Edit</a>
---------------	--------------	----------------	----------------------

▼ Family Relationships

January Month  
 January Month  
 Parent  
 March Month  
 March Month  
 Husband/Wife  
 January Month  
 March Month  
 Son/Daughter  
 March Month

Husband/Wife  
 Stepparent  
 April Month  
 February Month  
 Stepbrother/Stepsister  
 January Month  
 April Month  
 Son/Daughter  
 February Month

February Month  
 March Month  
 February Month  
 Parent  
 April Month  
 March Month  
 Son/Daughter  
 February Month  
 April Month

January Month  
 Parent  
 April Month  
 February Month  
 Stepson/Stepdaughter  
 January Month  
 April Month  
 Stepbrother/Stepsister

Edit

▼ Household Income

Employment Income \$2000.00  
 Self-Employment Income \$500.00  
 Other Income \$100.00  
 Deductions Claimed \$100.00

Edit

▼ Household Member - January Month

Name January Month  
 Does this person want health insurance? Yes

Edit

▼ Household Member - January Month

<b>Name</b>	January Month
<b>Does this person want health insurance?</b>	Yes
<b>Gender</b>	Male
<b>Date of Birth</b>	04/01/1974
<b>Social Security number</b>	***-**-6789
<b>US Citizen</b>	Yes

Edit

▼ January Month - Demographic Data

<b>Home Address</b>	123 abc street Sacramento CA, Sacramento 95843
<b>Mailing Address</b>	123 abc street Sacramento CA, Sacramento 95843
<b>Home Phone Number</b>	(916)123-4567
<b>Work Phone Number</b>	N/A
<b>Extension</b>	N/A
<b>Cell Phone Number</b>	N/A
<b>Email</b>	abc@abc.com
<b>Marital Status</b>	Married
<b>Disability</b>	Yes

Edit

▼ Tax Information - January Month

▼ Tax Information - January Month

Head of the Household	Yes
Person filed taxes last year	Yes
Tax Filing Status	Married Filing Jointly
Planning to file taxes this year	Yes

Edit

▼ Health Care - January Month

Long-Term Care	No
Enrollment in other insurance	Yes
Receiving Medicare benefits	No

Edit

▼ January Month - Optional Information

Preferred Written Language	English
Preferred Spoken Language	English
Hispanic, Latino, or Spanish Origin	Yes
Ethnicity	Cuban
Race	AI/AN

Edit

▼ Household Member - February Month

<b>Name</b>	February Month
Does this person want health insurance?	Yes
<b>Gender</b>	Female
<b>Date of Birth</b>	04/01/1974
<b>Social Security number</b>	***-**-7890
<b>US Citizen</b>	No

Edit

▼ February Month - Demographic Data

<b>Home Address</b>	123 abc street Sacramento CA, Sacramento 95843
<b>Mailing Address</b>	123 abc street Sacramento CA, Sacramento 95843
<b>Home Phone Number</b>	N/A
<b>Work Phone Number</b>	N/A
<b>Extension</b>	N/A
<b>Cell Phone Number</b>	N/A
<b>Email</b>	
<b>Marital Status</b>	Married
<b>Disability</b>	Yes

Edit

▼ Tax Information - February Month



▼ **Tax Information - February Month**

Head of the Household No  
Person filed taxes last year No  
Tax Filing Status  
Planning to file taxes this year No

Edit

▼ **Health Care - February Month**

Long-Term Care Yes  
Enrollment in other insurance Yes  
Receiving Medicare benefits No

Edit

▼ **February Month - Optional Information**

Preferred Written Language English  
Preferred Spoken Language English  
Hispanic, Latino, or Spanish Origin Yes  
Ethnicity Mexican/Mexican American/Chicano  
Race AI/AN

Edit

▼ Household Member - March Month

<b>Name</b>	March Month
<b>Does this person want health insurance?</b>	Yes
<b>Gender</b>	Male
<b>Date of Birth</b>	04/01/2004
<b>Social Security number</b>	***-**-8901
<b>US Citizen</b>	Yes

Edit

▼ March Month - Demographic Data

<b>Home Address</b>	123 abc street Sacramento CA, Sacramento 95843
<b>Mailing Address</b>	123 abc street Sacramento CA, Sacramento 95843
<b>Home Phone Number</b>	N/A
<b>Work Phone Number</b>	N/A
<b>Extension</b>	N/A
<b>Cell Phone Number</b>	N/A
<b>Email</b>	
<b>Marital Status</b>	Single
<b>Disability</b>	Yes

Edit

▼ Tax Information - March Month

▼ Tax Information - March Month

Head of the Household No  
Person filed taxes last year No  
Tax Filing Status  
Planning to file taxes this year No

Edit

▼ Health Care - March Month

Long-Term Care Yes  
Enrollment in other insurance No  
Receiving Medicare benefits Yes

Edit

▼ March Month - Optional Information

Preferred Written Language English  
Preferred Spoken Language English  
Hispanic, Latino, or Spanish Origin Yes  
Ethnicity Puerto Rican  
Race AI/AN

Edit



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ELIGIBILITY

## APPLICATION SIGNATURE

Please read the information below. Then check the boxes and sign (Electronic Signature). Click "Submit" to send your completed application.

### Maintaining Your Verification

I understand that the Covered California will use my tax return at renewal time each year for the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my answer later.

Maintain My Consent for:

I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

### Review and Sign

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This means that I have understood all the questions on this application and provided true and correct answers to such questions to the best of my knowledge. Where I do not have personal knowledge of an answer, I have made every reasonable attempt to verify (or confirm) the information with someone who has personal knowledge of the answer.

I acknowledge that if I am not truthful, I know that there may be a civil and/or criminal penalty for perjury (under California Penal Code Section 126, perjury is punishable by imprisonment for up to four years).

I know that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance on this application. The information will be

Review Application

Application Signature

Eligibility Results



I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

### Review and Sign

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This means that I have understood all the questions on this application and provided true and correct answers to such questions to the best of my knowledge. Where I do not have personal knowledge of an answer, I have made every reasonable attempt to verify (or confirm) the information with someone who has personal knowledge of the answer.

I acknowledge that if I am not truthful, I know that there may be a civil and/or criminal penalty for perjury (under California Penal Code Section 126, perjury is punishable by imprisonment for up to four years).

I know that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance on this application. The information will be kept private as required by federal and California law.

I know that I must tell Covered California or the County Social Services Office about anything changes from what I have provided on this application.

By entering my full name below, I agree that this digital signature shall have the same force and effect as if I signed this application by my own hand.

Electronic Signature \*

January Month

Electronic PIN \*

••••

[Forgot PIN](#)

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[Save & Exit](#)

[Submit](#)

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Mark Gibbs

Application #: 1000001014

Case #: 500000803



HOUSEHOLD

Introduction

✓ Primary Contact

Confirm Identity

✓ MarkGibbs

✓ MandyGibbs

✓ MobyGibbs

✓ MoppyGibbs

✓ Relationships

Summary



### HOUSEHOLD INTRODUCTION

#### Coming Up In This Section

In this section, you will be asked about your household members. You can apply for any of those people on this same application, even if they already have health coverage now; yourself, other family members, and anyone on your same federal income tax return (if you file one). This information helps us make sure everyone who wants health insurance gets as much help paying for it as possible.

#### You may need:

- Social Security numbers (if available) for the people who want health insurance
- Birth dates
- Document information for immigrants with satisfactory status who want health insurance

#### Estimated time to complete:

- 15 minutes

Save & Exit

Continue

## HOUSEHOLD PRIMARY CONTACT

[✓ Introduction](#)[Primary Contact](#)[✓ JanuaryWeekMonth](#)[✓ FebruaryMonth](#)[✓ MarchMonthJr](#)[✓ AprilMonth](#)[✓ Relationships](#)[Summary](#)

Please review the information listed below. To change Primary Contact, update below.

[✓ Elements of Primary Contact - Name](#)

First Name \*

Middle Name

Last Name \*

Suffix

Date of Birth \*

Social Security number

Home Phone Number

Work Phone Number

Extension

Cell Phone Number

Email \*

Extension

Cell Phone Number 

Email \* 

abc@abc.com

▼ Primary Contact - Home Address

If you do not have a permanent home address, please enter in the "Home Address" box, a temporary address with the City and Zip Code where you live. If you do not have a temporary address, please enter a mailing address with the City and Zip Code where you live. We need an address to find available plans in your area.

Street Address \*

123 abc street

Apartment or Suite Number

City \*

Sacramento

State \*

CA



Zip \* 

95843

▼ Primary Contact - Mailing Address

▼ Primary Contact - Mailing Address

Is this person's mailing address the same as the home address?

Yes  No

▼ Communication and Language Preferences

How would you like to receive your notices and other information? [?](#)

Email 

In what language should we write you? [?](#)

English 

In what language should we speak to you? [?](#)

English 

[Back](#)

[Save & Exit](#)

[Continue](#)





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START

HOU

HOUSEHOLD

✓ Introduction

Primary Contact

January Month

Member 2

Member 3

Member 4

Relationships

Summary

## HOUSEHOLD

Please review the info

▼ Elements of P

### Confirm Your Address

The RESIDENCE ADDRESS address you've entered is different from those on file. Please confirm which is correct.

#### The address you entered

- 123 abc street,  
Sacramento,  
CA,  
Sacramento,  
95843

#### Possible Address 1

- 123 Abc,  
St,  
Sacramento,  
CA,  
Sacramento,  
95823

Ok

Renew







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Preview Plans

APPLY

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HOUSEHOLD

HOUSEHOLD MEMBERS

Please enter all required (\*) household member information below.

✓ Introduction

✓ Primary Contact

January Month

Member 2

Member 3

Member 4

Relationships

Summary

First Name \*

Middle Name

Last Name \*

Suffix

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. \*  Yes  No

Sex\*

Date of Birth \*

Date of Birth \* 

04/01/1974



You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit [www.ssa.gov](http://www.ssa.gov).

Does this person have a Social Security Number? \*  Yes  No

Social Security number \* 

\*\*\* \*\* 6789

Is this person a U.S. Citizen or National? \*  Yes  No

Is this person a naturalized citizen? A naturalized citizen is someone who was not born a U.S. citizen but later became a U.S. citizen. \*  Yes  No

**Note to Employers and Employees applying for SHOP:** Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

[Back](#)

[Save & Exit](#)

[Add Another Member](#)

[Continue](#)





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HOUSEHOLD

HOUSEHOLD MEMBERS



Please enter all required (\*) household member information below.

- ✓ Introduction
- ✓ Primary Contact
- ✓ JanuaryMonth

Member 2

Member 3

Member 4

Relationships

Summary

First Name \* February

Middle Name

Last Name \* Month

Suffix Select One

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. \*  Yes  No

Sex\* Female

Date of Birth \* 04/01/1974

Date of Birth \* 

04/01/1974



You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit [www.ssa.gov](http://www.ssa.gov).

Does this person have a Social Security Number? \*

Yes  No

Social Security number \* 

\*\*\* \*\* 7890

Is this person a U.S. Citizen or National? \*

Yes  No

Note to Employers and Employees applying for SHOP: Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

Check the box if this person has satisfactory immigration status. 

Eligible immigration status

Document Type\*

Permanent Resident Card (Green Card, I-551) 

Alien Number \*

I23444234

Card Number\*

C324123565436

Document Expiration Date \*





First name on the document \*

February

Middle name on the document



Card Number*	<input type="text" value="3241235"/>
Document Expiration Date*	<input type="text" value="04/01/2017"/> 
First name on the document*	<input type="text" value="February"/>
Middle name on the document	<input type="text"/>
Last name on the document*	<input type="text" value="Month"/>
Suffix on the document	<input type="text" value="Select One"/> 
Has this person lived in the U.S. since 1996?*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this person an honorably discharged veteran or active duty member of the military?*	<input type="radio"/> Yes <input checked="" type="radio"/> No

[Remove Member](#)

[Back](#) [Save & Exit](#)

[Add Another Member](#) [Continue](#)





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### HOUSEHOLD

## HOUSEHOLD MEMBERS



Please enter all required (\*) household member information below.

- Introduction
- Primary Contact
- JanuaryMonth
- FebruaryMonth

### MarchMonth

Member 4

Relationships

Summary

First Name \*

Middle Name

Last Name \*

Suffix

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. \*  Yes  No

Sex \*

Date of Birth \*

Date of Birth \* 

04/01/2004



You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit [www.ssa.gov](http://www.ssa.gov).

Does this person have a Social Security Number? \*

 Yes  NoSocial Security number \* 

\*\*\* \*\* 8901

Is this person a U.S. Citizen or National? \*

 Yes  No

Is this person a naturalized citizen? A naturalized citizen is someone who was not born a U.S. citizen but later became a U.S. citizen. \*

 Yes  No

Note to Employers and Employees applying for SHOP: Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

Document Type \*

Naturalization certificate 

Alien Number

Naturalization Number \*

7654321

First name on the document \*

March

Middle name on the document

Last name on the document \*

Month

Document Type \*

Naturalization certificate 

Alien Number

Naturalization Number \*

7654321

First name on the document \*

March

Middle name on the document

Last name on the document \*

Month

Suffix on the document

Jr 

Remove Member

Back

Save & Exit

Add Another Member

Continue

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### HOUSEHOLD

## HOUSEHOLD MEMBERS



Please enter all required (\*) household member information below.

- ✓ Introduction
- ✓ Primary Contact
- ✓ JanuaryMonth
- ✓ FebruaryMonth
- ✓ MarchMonthJr

Member 4

Relationships

Summary

First Name \*

Middle Name

Last Name \*

Suffix

Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. \*  Yes  No

Sex\*

Date of Birth \*  📅

Date of Birth \* 

04/01/2014



You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit [www.ssa.gov](http://www.ssa.gov).

Does this person have a Social Security Number? \*

Yes  No

Social Security number \* 

\*\*\*

\*\*

9012

Is this person a U.S. Citizen or National? \*

Yes  No

Is this person a naturalized citizen? A naturalized citizen is someone who was not born a U.S. citizen but later became a U.S. citizen. \*

Yes  No

Note to Employers and Employees applying for SHOP: Select "Yes" for U.S. Citizen/national and select "No" for Naturalized Citizen to proceed with your application. By doing so, you are not misrepresenting your current citizenship status.

Remove Member

Back

Save & Exit

Add Another Member

Continue





January Month

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HOUSEHOLD

RELATIONSHIPS

Tell us how your household members are related:

- ✓ Introduction
- ✓ Primary Contact
- ✓ JanuaryMonth
- ✓ FebruaryMonth
- ✓ MarchMonthJr
- ✓ AprilMonth

This person	is... ?	to...
January Month	Husband/Wife	February Month
January Month	Stepparent	March Month Jr
January Month	Parent	April Month
February Month	Parent	March Month Jr
February Month	Parent	April Month
March Month Jr	Stepbrother/Stepsister	April Month

Back

Save & Exit

Continue

Relationships

Summary





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HOUSEHOLD

HOUSEHOLD SUMMARY



- ✓ Introduction
- ✓ Primary Contact
- ✓ JanuaryMonth
- ✓ FebruaryMonth
- ✓ MarchMonthJr
- ✓ AprilMonth
- ✓ Relationships

▼ January Month - Primary Contact

Date of Birth	04/01/1974	<a href="#">Edit</a>
Does this person want health insurance?	Yes	
Social Security number	***-**-6789	

▼ February Month

Date of Birth	04/01/1974	<a href="#">Edit</a>
Does this person want health insurance?	Yes	
Social Security number	***-**-7890	

Summary

▼ March Month Jr

Date of Birth 04/01/2004

Edit

Does this person want health insurance? Yes

Social Security number \*\*\*-\*\*-8901

▼ April Month

Date of Birth 04/01/2014

Edit

Does this person want health insurance? Yes

Social Security number \*\*\*-\*\*-9012

▼ Household Relationships

This person	is...	to...
January Month	Husband/Wife	February Month
January Month	Stepparent	March Month Jr
January Month	Parent	April Month
February Month	Parent	March Month Jr
February Month	Parent	April Month
March Month Jr	Stepbrother/Stepsister	April Month

▼ Household Relationships

This person	is...	to...
January Month	Husband/Wife	February Month
January Month	Stepparent	March Month Jr
January Month	Parent	April Month
February Month	Parent	March Month Jr
February Month	Parent	April Month
March Month Jr	Stepbrother/Stepsister	April Month

Edit

Back Save & Exit

Continue