



Your destination for affordable, quality health care, including Medi-Cal



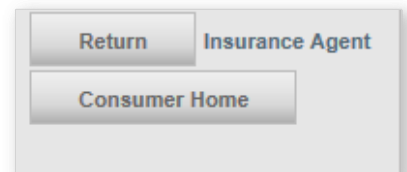
JOB AID: SINGLE STREAMLINED APPLICATION

March 17, 2015

The Covered California Single Streamlined Application (SSA) supports all online applications, whether processed during Special Enrollment, Open Enrollment, or as a Report a Change or re-application. The SSA is aligned with the paper application and provides online help to inform and improve the Consumer experience. This Job Aid provides an overview of the SSA, with a focus on highlighting new features and pages for Certified Insurance Agents (Agents), Certified Enrollment Counselors (CECs), County Eligibility Workers (CEWs), Plan Based Enrollers (PBEs), and Service Center Representatives (SCRs).

For Agents, CECs, CEWs, PBEs and SCRs Only:

For users performing tasks on behalf of the Consumer, the user type displays in the upper left corner above the Global Header after signing in. For example, 'Administration' displays for CEW and SCR users with the Admin role, 'Enrollment Counselor' displays for CECs and PBEs, and 'Insurance Agent' displays for Agents.



Get Help with Costs

The Single Streamlined Application opens with the *new Apply for Benefits - Get Help With Costs* page.

The *Apply for Benefits - Get Help With Costs* page provides links to access information about help with costs and guides selection of the application type (either subsidized or unsubsidized) that best matches the Consumer's situation.

Return Administration
Consumer Home

APPLY FOR HEALTH INSURANCE

EXPLORE What's Right For You | PREVIEW Health Plans | APPLY To Get Covered | GET HELP Find Answers

03 tm03@admin_verify_09
application # : 1000001165

START HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

APPLY FOR BENEFITS - GET HELP WITH COSTS

Learn More ⓘ

Apply now to see if you are eligible for Medi-Cal or ongoing enrollment opportunities through Covered California. Still need health insurance, but missed open enrollment? Did you lose your health insurance or recently have a big change in your life? 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 based on your income. Regardless of which life event you select, your application will still be reviewed for coverage.

If you currently have Medi-Cal with a share of cost, you can also enroll in a Covered California plan at the same time and see which option is best for you.

If you are only applying for an infant under one, click [here](#) to learn more. If you are applying for someone who was previously in foster care, click [here](#) to learn more. If you're pregnant, click [here](#) to learn more about your health care options.

If you want to see if you qualify for free or low cost plans, select "yes" below. You will answer questions about your income to see what you qualify for. If you just want coverage without financial help, select "no." If you are unsure, click on the [Help me decide](#) link.

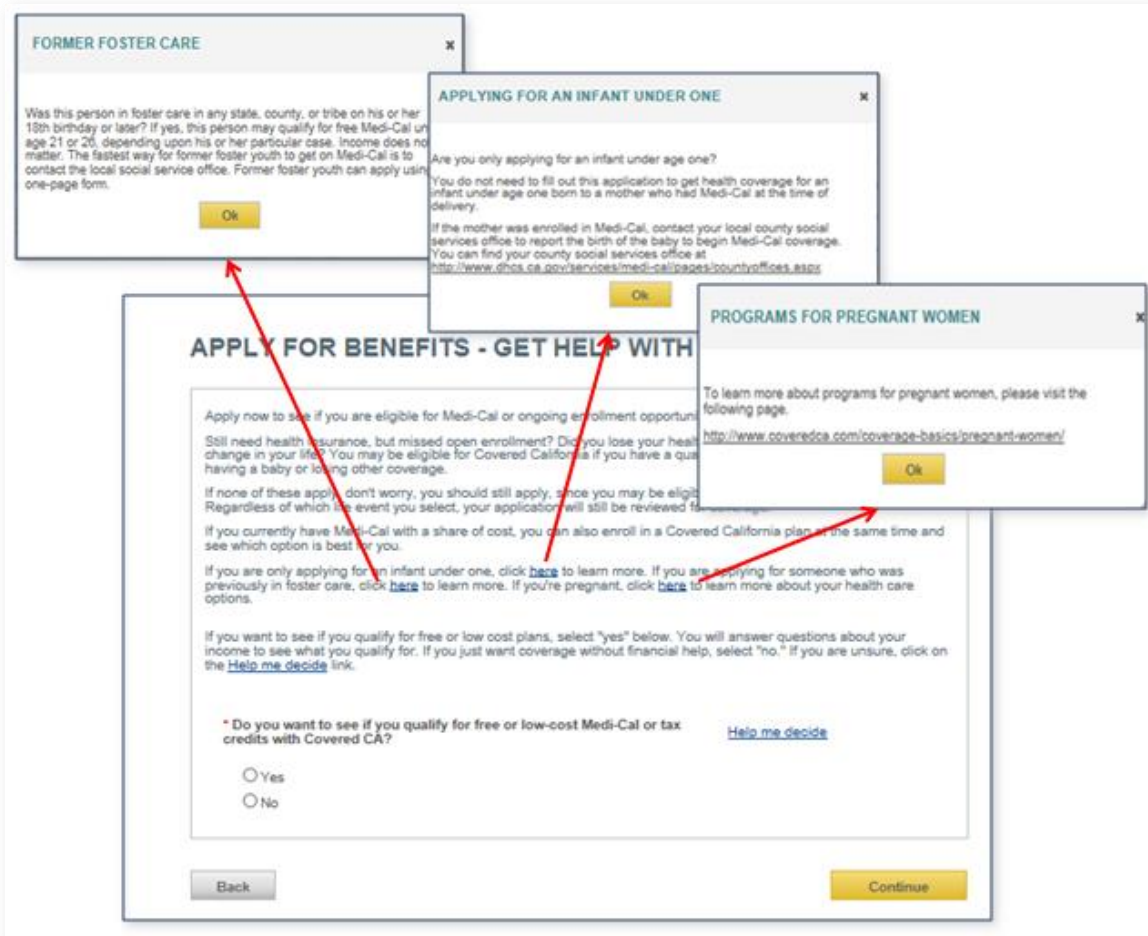
* Do you want to see if you qualify for free or low-cost Medi-Cal or tax credits with Covered CA? [Help me decide](#)

Yes
 No

Back Continue

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Clicking links on the *Apply for Benefits – Get Help With Costs* page allows the user to view popups with information about applications for Former Foster Care youth, applying for an infant under the age of one (Deemed Infants), and programs for pregnant women. Clicking a link on a popup opens a new window. Clicking the **OK** button on a popup closes the popup.



To begin an application, select either the **Yes** or **No** radio button, and then click the **Continue** button.

- Select the **Yes** radio button to see if you qualify for free or low cost Medi-Cal or tax credits through Covered California (also known as a subsidized application).
- Select the **No** radio button if you do not want to see if you qualify for free or low costs Medi-Cal or tax credits (also known as an unsubsidized application).

To help the Consumer decide if they might qualify for Medi-Cal or tax credits to help with the cost of health coverage, an optional Help Me Decide feature is available to walk through the decision process.

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The Help Me Decide feature asks a series of questions that result in suggesting a Yes or No response for the question on the Apply for Benefits – Get Help With Costs page.

When this feature is accessed, the information is not retained and no eligibility determination takes place as a result.

Click the **Help Me Decide** link to view the first of set of interactive panels.

- **Help Me Decide – Panel 1**

Enter the zip code and the number of people in the household on the first **Help Me Decide** panel, and then click the **Next** button. **Note:** The household zip code may be prepopulated from account creation.

- **Help Me Decide – Panel 2**

Select **Yes**, **No**, or **I don't know** radio buttons on the second **Help Me Decide** panel to indicate whether the household income will be less than the amount shown, and then click the **Next** button.

Note: The amount of annual income shown on Panel 2 equals 420% of the Federal Poverty Level (FPL) for the household size and zip code entered in Panel 1.

- **Help Me Decide – Panel 3**

If the **Yes** radio button was selected on Panel 2, the third **Help Me Decide** panel appears with the following message: *'We encourage you to apply for help paying for health insurance. Based on what you have told us, you may be eligible for a \$0 premium plan or a new kind of tax credit that lowers your monthly premiums right away. To begin the application, select 'yes' on the next question.'* Click the **OK** button to return to the *Apply for Benefits – Get Help With Costs* page to select the application type and begin the application.

If the **No** radio button was selected on Panel 2, the third **Help Me Decide** panel appears with the following message: *'Based on what you told us, your income may be too high to get help paying for insurance. You can still get a good deal on insurance from Covered California and you won't pay higher costs for pre-existing conditions.'*

HELP ME DECIDE

You maybe eligible for a free or low cost plan, or a new kind of premium assistance that lowers your monthly premiums right away. Answer 3 questions to see if you can get help paying for health insurance.

* What is your Zip code?

95816

* How many people are on your federal income tax return this year? (if you didn't file taxes last year tell us how many people live with you, including yourself.)

Select One

1 2 3

Cancel Next

HELP ME DECIDE

* Do you think your total household income will be less than \$100170 this year?

Yes

No

I don't know

1 2 3

Cancel Next

HELP ME DECIDE

We encourage you to apply for help paying for health insurance. Based on what you told us, you may be eligible for a \$0 premium plan, or a new kind of tax credit that lowers your monthly premiums right away. To begin the application, select "yes" on the next question.

1 2 3

Cancel Ok

HELP ME DECIDE

Based on what you told us, your income may be too high to get help paying for health insurance. You can still get a good deal on insurance from Covered California and you won't pay higher costs for pre-existing conditions.

1 2 3

Cancel Ok

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Click the **OK** button to return to the *Apply for Benefits - Get Help With Costs* page to select the application type and begin the application.

If the **I don't know** radio button is selected on Panel 2, the third **Help Me Decide** panel appears with the following message: *'We encourage you to apply for help paying for health insurance. We will walk you through questions to find out if you may be eligible for a \$0 premium plan, or a new kind of tax credit that lowers your monthly premiums right away. To begin the application, select "yes" on the next question.'* Click the **OK** button to return to the *Apply for Benefits - Get Help With Costs* page to select the application type and begin the application.

Select either the **Yes** or **No** radio button on the *Apply for Benefits - Get Help With Costs* page, then click the **Continue** button to begin the application. The *Apply for Benefits* page appears.

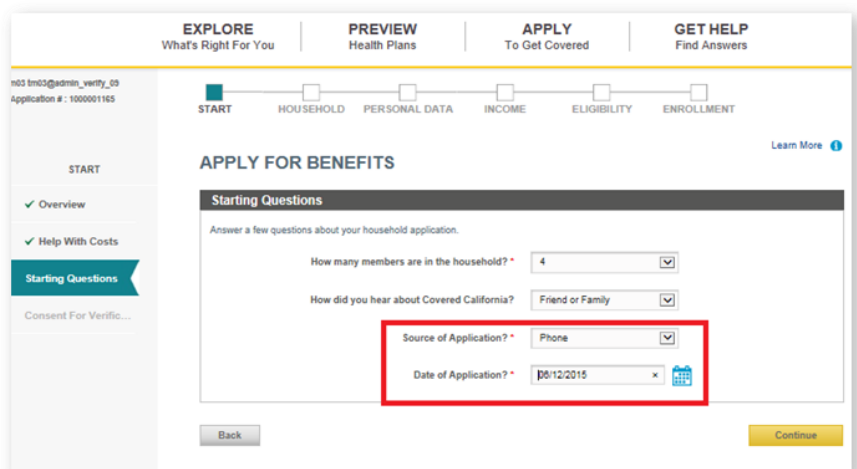
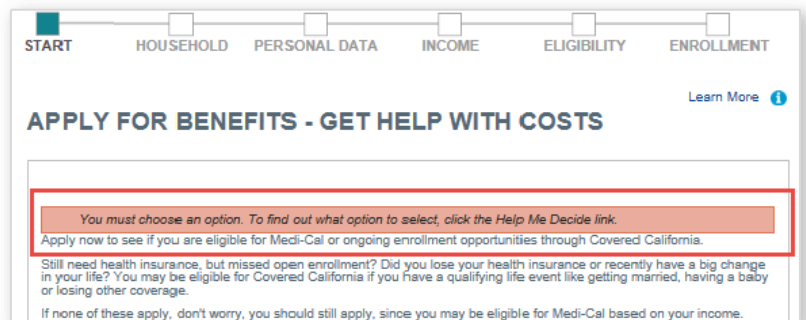
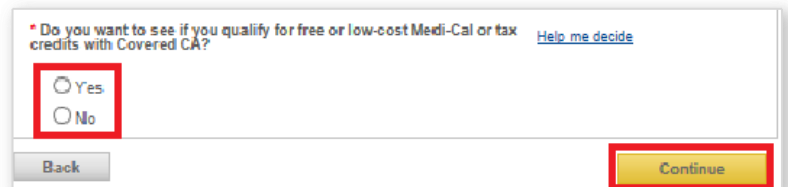
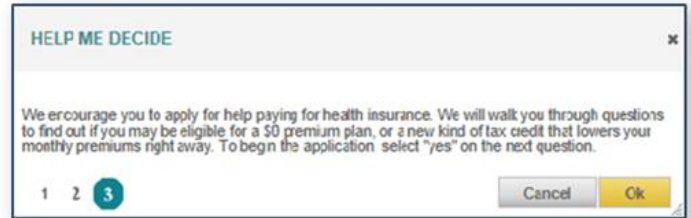
Note: Clicking the **Continue** button before selecting either the **Yes** or **No** radio button results in the following error message on the *Apply for Benefits - Get Help With Costs* page: *'You must choose an option. To find out what option to select, click the Help Me Decide link.'*

Apply for Benefits Page

The *Apply for Benefits* page captures basic application information such as the number of members in the household.

For Admin users, Agents, CECs, and PBEs Only:

The **Source of Application** (Email, Mail, Fax, or Phone), **Date of Application**, and **Document ID** (if the application source is Email, Mail, or Fax) fields display.



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After these fields are completed as appropriate, clicking the **Continue** button navigates the user to the next page. **Note:** If the **Document ID** field is populated, the Document ID displays in the **Application Type** section on the *Application Review* page at the end of the application process.

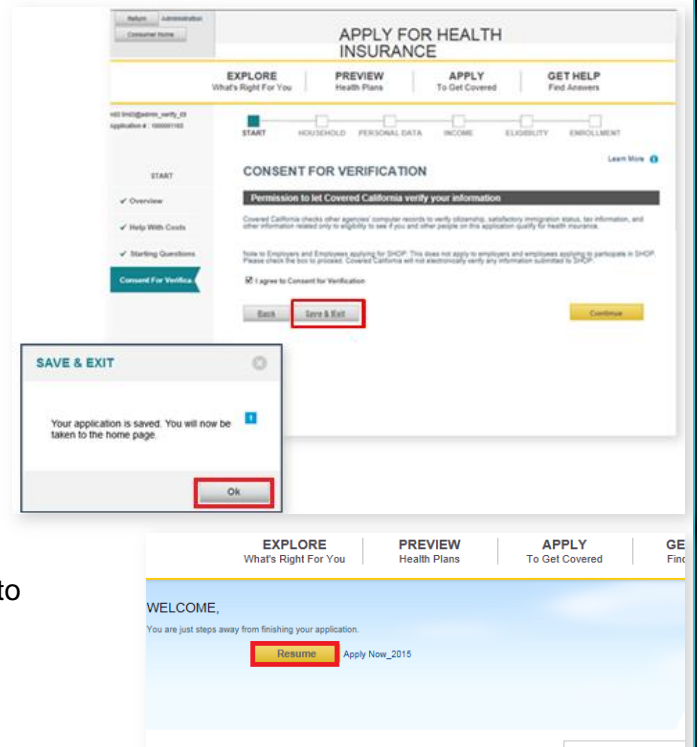
The *Consent for Verification* page is the next page in the application. Selecting the **I agree** checkbox and clicking the **Continue** button on the *Consent for Verification* page allows the user to proceed to the Household information pages of the application.

Save and Exit

Keep in mind, clicking the **Save & Exit** button at the bottom of a page allows the user to save the application progress and exit.

Click the **OK** button on the **Save & Exit** popup that appears to return to the *Individual Home* page.

Click the **Resume** button on the *Individual Home* page to resume a saved application.

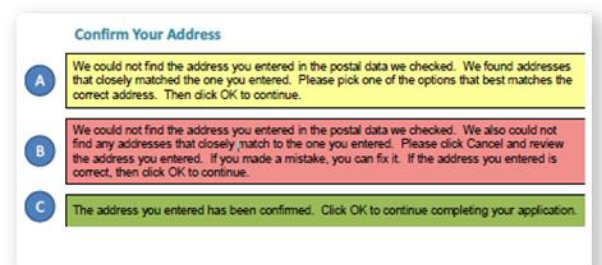
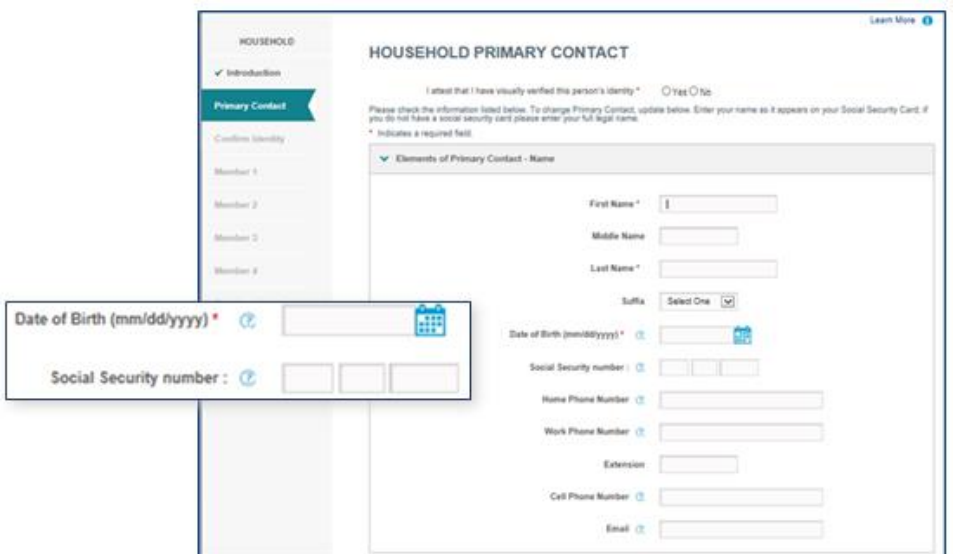


Household Primary Contact Page

The *Household Primary Contact* page now displays the correct format for entering a Date of Birth (**mm/dd/yyyy**) and provides data collection textboxes to guide the entry of the Social Security number.

After the physical address information is entered and the user clicks the **Continue** button, the *Confirm Your Address* popup appears.

A message displays on the **Confirm Your Address** popup based on the postal verification results. If the postal check confirms the address entered, the user clicks the **OK** button on the popup to continue. If the address is not confirmed,

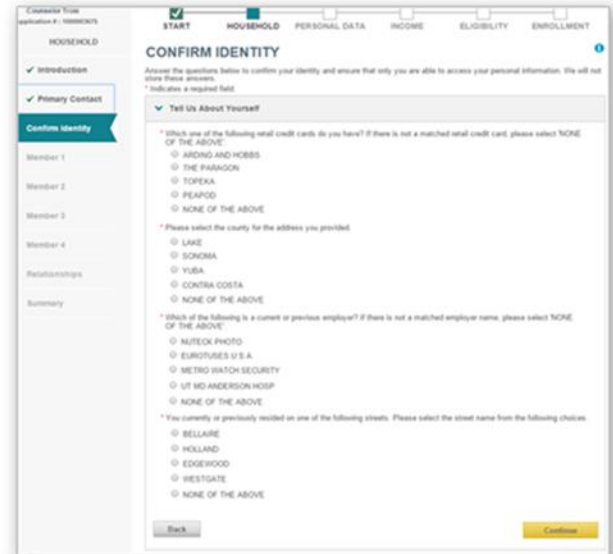


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the user must select the closest match from a list of alternates or correct any errors to continue with the application.

If the option to use the Federal Hub to validate the Consumer's identity was selected, the *Confirm Identity* page appears once the *Household Primary Contact* page is completed.

Once the *Confirm Identity* page is completed, clicking the **Continue** button navigates the user to the *Household Member* page to enter information for each household member on the application.



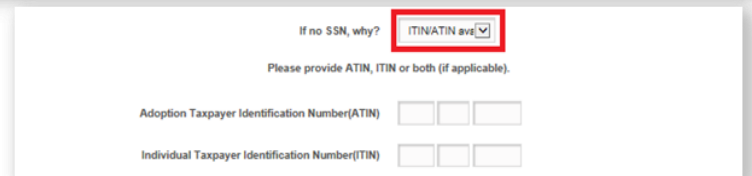
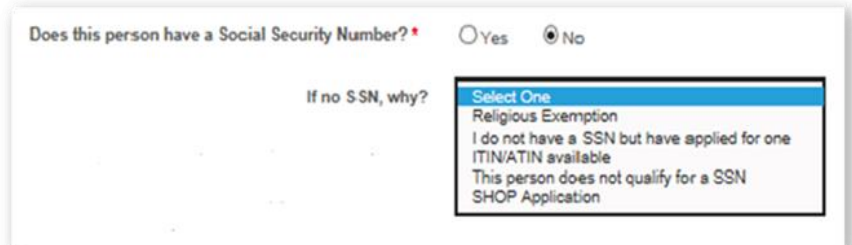
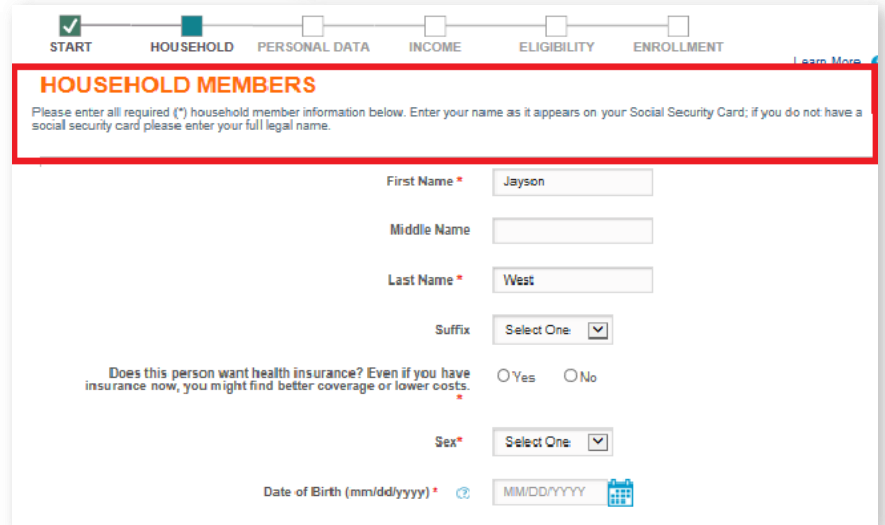
Household Members Page

The Household Members page introductory text has been updated.

Other key changes on this page include:

Social Security Number

- The 'Child under 1' option has been removed and an 'I do not have a SSN but have applied for one' option has been added to the **If no SSN, why?** dropdown list
- If **ITIN/ATIN available** is selected from the **If no SSN, why?** dropdown list, additional fields appear to enter the ATIN and/or ITIN



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Citizenship

- If the **Yes** radio button is selected to answer: 'Is this person a U.S. Citizen or National', a second citizenship question no longer appears

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.

Eligible Immigration Status

- If the **No** radio button is selected to answer: 'Is this person a U.S. Citizen or National?', the **Eligible immigration status** checkbox appears as an optional field. **Note:** If the **Eligible immigration status** checkbox is not checked, clicking the **Continue** button at the bottom of the *Household Members* page allows the user to proceed to the next page of the application

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

- If the **Eligible immigration status** checkbox is checked, additional fields appear, such as the **Document Type** dropdown. Select an option from the **Document Type** dropdown list and enter information in the additional fields that display, based on the option selected from the dropdown list. **Note:** 'Other document with an Alien Number' and 'Other document with an I-94 Number' options have been added to the **Document Type** dropdown list.

Check the box if this person has satisfactory immigration status. ⓘ Eligible immigration status

Document Type* Select One

First name on the document *

Middle name on the document

Last name on the document *

Suffix on the document

Is this person a qualified non-citizen? * ⓘ

Has this person lived in the U.S. since August 22, 1996? *

Is this person an honorably discharged veteran or active duty member of the military? *

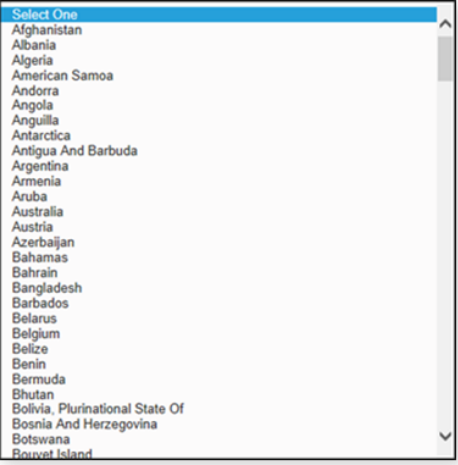
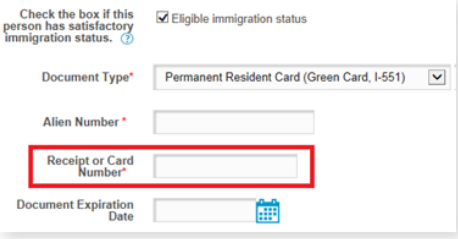
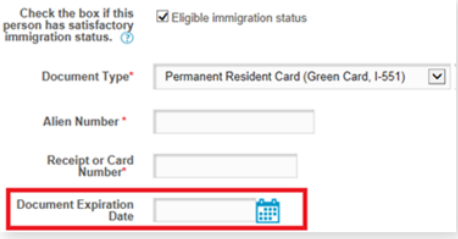
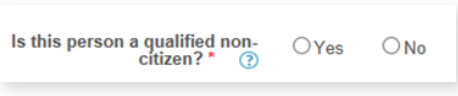
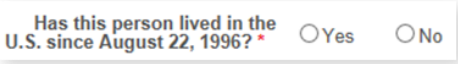
Back Save & Exit Add Another Member Continue

Document Type dropdown list options:

- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Temporary I-551 Stamp (on passport or I-94, I-94A)
- Arrival/Departure Record (I-94, I-94A) issued by U.S. Citizenship and Immigration Services
- Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)
- Notice of Action (I-797)
- Document indicating American Indian born in Canada. LPR. I-551
- Document indicating member of a federally-recognized Indian tribe
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter
- Cuban/Haitian Entrant. Document indicating withholding of removal
- Resident of American Samoa
- Resident of Commonwealth of the Northern Mariana Islands
- Permanent Resident Card (Green Card, I-551)
- Arrival/Departure Record (I-94, I-94A) issued by U.S. Customs and Border Protection
- Machine Readable Immigrant Visa (with Temporary I-551 Language)
- Unexpired foreign passport
- Arrival/Departure Record in Unexpired Foreign Passport (I-94)
- Other Document with an Alien Number
- Other Document with an I94 Number

Other changes on the *Household Member* page which may display based on answers to eligible immigration status questions are shown in the table on the next page.

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Page Feature	Description
	<p>Country of Issuance is a required field if Temporary I-551 Stamp (on passport or I-94, I-94A) or Unexpired Foreign Passport is selected from the Document Type dropdown list.</p> <p>The Country of Issuance dropdown list includes the 196 countries recognized by the Department of Health Services, in alphabetical order.</p> <p>If the Country of Issuance is a required field, Passport Number is also a required field.</p>
	<p>The Card Number field is now labeled Receipt or Card Number.</p> <p>Consumers who may have applied but not yet received their Permanent Resident card can enter their receipt number instead of a card number.</p>
	<p>The Document Expiration Date field is optional for some document types such as the <i>Permanent Resident Card (Green Card)</i> but required for others, such as the <i>Employment Authorization Card (I-766)</i>.</p>
	<p>This question appears based on the household member citizenship situation (not a U.S. Citizen or National and the Eligible immigration status checkbox is checked). The field is optional for non-applicants and required for applicants, and allows Individuals to attest to qualified non-citizen status based on the hover text descriptions. Qualified non-citizenship status does not impact eligibility at this time.</p>
	<p>Has this person lived in the U.S. since August 22, 1996? displays if the Eligible immigration status checkbox is checked <u>and</u> the household member's date of birth is prior to 08/22/1996. This field has been updated with the addition of 'August 22' and is optional for non-applicants and required for applicants.</p>

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When the *Household Member* page is completed, clicking the **Continue** button navigates the user to the *Relationships* page. **Note:** Once the *Household Members* page is completed for all members on the application, CalHEERS performs the Lawful Presence Verification, if appropriate, using the Federal Hub.

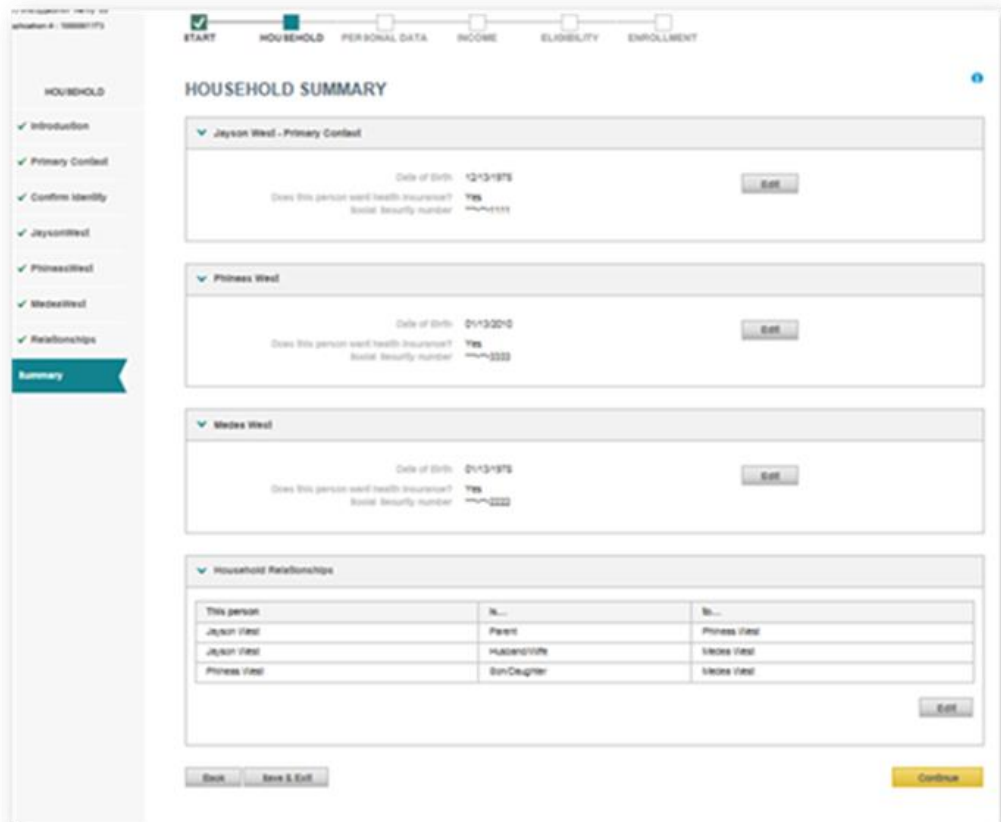
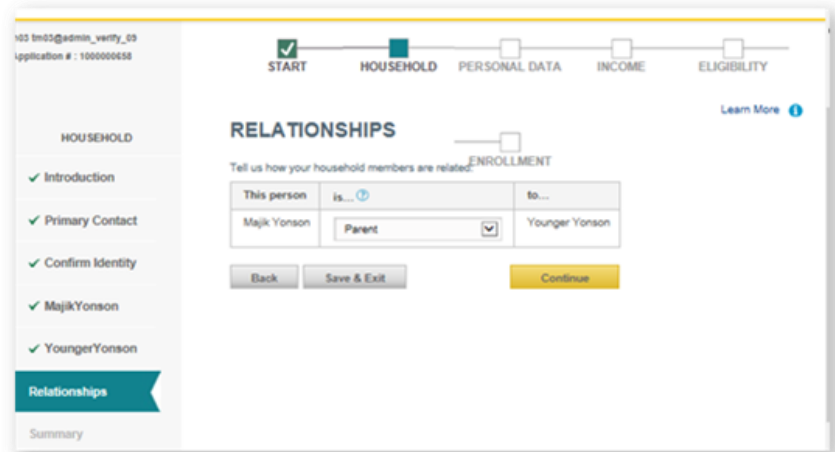
Once the *Relationships* page is complete, clicking the **Continue** button navigates the user to the *Household Summary* page.

Household Summary Page

Carefully review the information displayed for each household member on the *Household Summary* page.

If a change to the household member information is needed, clicking the **Edit** button in the appropriate section opens the section and allows the user to update information in that section.

When the review is complete, clicking the **Continue** button navigates the user to the Personal Data application pages.



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Personal Data – Demographic Information Page

The *Personal Data – Demographic Information* page collects demographic data about household members.

For applications requesting financial assistance, the **Former Foster Care** message now displays for household members between the ages of 18 and 26 with information regarding immediate coverage for former foster youth through the county human services agency

PERSONAL DATA - DEMOGRAPHIC INFORMATION

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

▼ Rose Garden

What is this person's marital status? *

Does this person have a physical, mental, emotional, or developmental disability? * Yes No

Does this person have a medical expense in the last 3 months that you need help paying for? * Yes No

Is this person pregnant? * Yes No

Is this person a member of a Federally-recognized Indian Tribe? * Yes No

Was this person in foster care in any state on his or her 18th birthday or later? If yes, this person may qualify for free Medi-Cal up to age 26 and income does not matter. For immediate coverage for former foster youth contact your county human services agency. Yes No

Back Save & Exit Continue

Once the *Personal Data – Demographic Information* page is complete, click the **Continue** button to navigate users:

- Who are not requesting financial assistance to the *Health Insurance Information* page.
- Who are requesting financial assistance to the *Tax Information* page to provide tax filing information before proceeding to the *Health Insurance Information* page.

Personal Data - Tax Information Page

Updates on the *Personal Data - Tax Information* page include:

- Member's previous year tax filing status question has been removed
- Warning messages appear when contradictory tax filing statuses are selected (For example, a warning message appears when one spouse selects 'Married Filing Jointly' and the other selects 'Head of Household')
- Warning messages appear when contradictory tax dependent and custodial parent statuses are entered. For example, if a health coverage applicant indicates

▼ Jayson West

This person's spouse is listed as Married Filing Jointly. You must choose Married Filing Jointly when your spouse selects Married Filing Jointly.

Is this person the Primary Tax Filer? Yes No

Is this person planning 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

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

► Phineas West

▼ Medea West

Is this person the Primary Tax Filer? Yes No

Is this person planning 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

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

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they are claimed by a Non-Custodial Parent not listed on this application and the applicant does not have any parent/caretaker relationships established on this application, the user will not be able to continue from the page

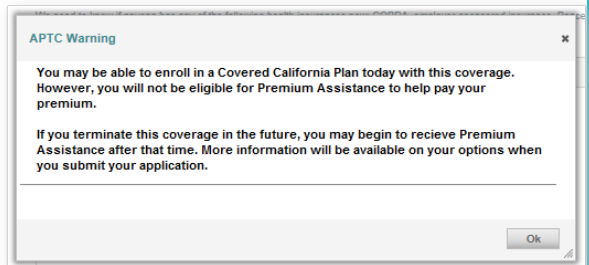
- ‘Is this person expected to be required to file taxes this year’ is a required question for all household members on the application

Personal Data – Health Insurance Information

Introductory text on the *Personal Data – Health Insurance Information* page has been updated.

Other changes to note on this page include:

- ‘Are you currently enrolled in any of these Plans/Coverage?’ displays as a required question for all applicants (**Note:** Hover over the question mark icon for descriptions of items in the **Are you Currently Enrolled in any of these Plans/Coverage?** list.)
- The **APTC Warning** popup appears if ‘Are you Currently Enrolled in any of these Plans/Coverage?’ is answered ‘Yes’



It is important to note that Consumers with certain types of Minimum Essential Coverage (MEC) may be eligible to receive APTC/CSR if they have been offered but turned down enrollment in these MECs, or if their enrollment will be terminated before their coverage in a subsidized Covered California plan starts.

Medicare

- ‘Does this person receive Medicare benefits?’ is a required question for all applicants and optional for non-applicants

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- ‘Medicare’ has been added and the ‘Indian Health Service’, ‘Tribal Health Program’ and ‘Urban Indian Health Program’ options have been removed from the **Does this person have or has this person been offered affordable, minimum standard health insurance for 20XX?** dropdown list

Changes to Coverage

- **Are you expecting any changes to your current health care coverage?** displays if the user selects either the **Yes** radio button to answer ‘Are you currently enrolled in any of these Plans/Coverage?’ or **None of the Above** from the **Does this person have or has this person been offered affordable, minimum standard health insurance for 20XX?** dropdown list
- The **What is the termination date, if applicable, of your current or offered coverage?** date field now displays if the user selects the **Yes** radio button to answer **Are you expecting any changes to your current health care coverage?**

This field allows the user to enter a termination date for current or offered MEC.

Does this person have or has this person been offered affordable, minimum standard health insurance for 2014? * ? Retiree Health Plan

Are you expecting any changes to your current health care coverage? * ? Yes No

What is the termination date, if applicable, of your current or offered coverage? ?

Does this person have or has this person been offered affordable, minimum standard health insurance for 2016? * ? Employer Sponsored Insurance outside Exchange

If you have insurance through an employer, we need you to answer a few questions. Please list the lowest cost plan available to you, which may differ from your current plan.

Name *

How much would an individual employee pay in premiums under the lowest cost plan the employer offers? *

How often are premiums taken out of an employee's paycheck? * Select One

Does the health plan meet the minimum standard value? * ? Yes No

Are you expecting any changes to your current health care coverage? ? Yes No

What is the termination date, if applicable, of your current or offered coverage? ?

Employer Sponsored Insurance

If **Employer Sponsored Insurance outside Exchange** is selected from the **Does this person have or has this person been offered affordable, minimum standard value health insurance for 20XX?** dropdown list, the following additional fields appear:

- **How much would an individual employee pay in premiums under the lowest cost plan the employer offers?**
- **How often are premiums taken out of an employee's paycheck?**

Once the *Household Insurance Information* page is complete, clicking the **Continue** button at the bottom of the page navigates the user to the *Optional Data* page.

From the *Optional Data* page, clicking the **Continue** button navigates the user to the *Personal Data Summary* page.

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Personal Data Summary Page

Once the information on the *Personal Data Summary* page has been reviewed, clicking the **Continue** button on the *Personal Data Summary* page navigates the user to the next page in the application, based on the application type:

- For unsubsidized applications, the user navigates to the *Review Application* page
- For subsidized applications, the user navigates to the Income pages and must enter the required income information before continuing to the *Review Application* page.

Consumer Income

APPLY FOR HEALTH INSURANCE

EXPLORE What's Right For You | PREVIEW Health Plans | APPLY To Get Covered | GET HELP Find Answers

START [checked] HOUSEHOLD [checked] PERSONAL DATA [active] INCOME [] ELIGIBILITY [] ENROLLMENT []

PERSONAL DATA SUMMARY

PERSONAL DATA

- Introduction
- Address & Contact
- Demographic Data
- Tax Information
- Health Care
- Optional Data
- Summary

Tax Information - Majik Yonson

Health Care - Majik Yonson

Demographic Data - Majik Yonson

Optional Information - Majik Yonson

Tax Information - Younger Yonson

Health Care - Younger Yonson

Demographic Data - Younger Yonson

Optional Information - Younger Yonson

Back Save & Exit Continue

Income Pages

Income pages collect data used to determine eligibility for help paying for coverage.

Key changes on the Income pages are highlighted below.

m03 tm03@admin_verify_09
Application #: 100000606

START [checked] HOUSEHOLD [checked] PERSONAL DATA [checked] INCOME [active] ELIGIBILITY [] ENROLLMENT []

EMPLOYMENT INCOME

Total current monthly household income: \$ 3000.00

On this page, click the "Add Income" button to enter all of gross taxable employment income expected for the entire benefit year, for everyone in your household.

For each employer, enter a record for the income at each pay rate during the year. Enter the First Date Paid as the date you started earning income at that pay rate. Do not enter a Date income Stopped for current employment.

If your pay rate changed during the benefit year add another entry for that employer where the First Date Paid is the date of your first paycheck at the new rate, and the Date income Stopped is the date of your last paycheck at that pay rate.

If no one in the household has any employment income, Click the "Continue" button.

Person	Source of Employment Income	Amount	Frequency	First Date Paid	Last Date Paid	Edit	Delete
Jan Uary	Pretty Pets Grooming Salon	\$ 3000.00	Monthly	07/25/2011		Edit	Delete

Add Income

Back Save and Exit Continue

Self-Employment Income

A negative number can be entered on the *Add Self-Employment Income* page to reflect situations where costs exceed income.

For example, if self-employment expenses exceed self-employment income by \$500, -\$500 can be entered in the **How much net income (profits after expenses) will this person get from this source this month(\$)** field on the *Add Self-Employment Income* page.

Type of work: Artist

How much net income (profits after expenses) will this person get from this source this month (\$): -500

First Date Paid - Estimate the date you first received income this year from this source: 01/01/2014

Last Date Paid - If you will continue to receive income from this source, please leave this blank. If this income source is ending, enter the date you will no longer receive income from this source. (Click the ? for help with this question) MM/DD/YYYY

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Other Income

Additional options now display in the **What type of income?** dropdown list on the *Add Other Income* page:

- Interest Income
- Ordinary Qualified Dividends
- Rental or Royalty Income
- Taxable Refund Credits
- Offsets of State/Local Income Taxes

Social Security Benefits Source

When **Social Security Benefits** is selected from the **What type of income?** dropdown list, the **Source** dropdown now appears.

The user must select one of three options to indicate the type of Social Security Benefits received:

- Social Security Retirement
- Social Security Disability
- Social Security Survivors

Add Deduction Page

There are additional types of deductions that now display in the **Type of Deduction** dropdown list on the *Add Deduction* page, such as:

- Educator expenses
- Health Savings Account
- IRA deduction

Add Other Income

Household Member:

What type of income?

Source:

How much (\$):

How often:

First Date Paid - Estimate the date you first received income this year from this source.

Last Date Paid - If you will continue to receive income from this source, please leave this blank. If this income source is ending, enter the date you will no longer receive income from this source.

What type of income? dropdown options:

- Select One
- Social Security Benefits
- Unemployment
- Retirement/Pension
- Capital gains
- Rental or Royalty income
- Farming or Fishing income
- Alimony Received
- Cancelled Debts
- Court Awards
- Jury Duty Pay
- Interest Income, 1099-INT
- Ordinary/Qualified Dividends, 1099-DIV
- Taxable Refund, Credits, or Offsets of State/Local Income Taxes
- Other Gains (or Losses), Form 4797
- Railroad Retirement Benefits (Taxable and non-Taxable), RRB-1099
- Foreign Earned Income (Taxable and non-Taxable), Form 2555
- Miscellaneous

Add Other Income

Household Member:

What type of income?

Source:

How much (\$):

How often:

First Date Paid - Estimate the date you first received income this year from this source.

Last Date Paid - If you will continue to receive income from this source, please leave this blank. If this income source is ending, enter the date you will no longer receive income from this source.

Source dropdown options:

- Select One
- Social Security Retirement
- Social Security Disability
- Social Security Survivors

Add Deduction

Household Member:

Type of Deduction:

Paid to:

How much (\$):

How often:

First Date Paid - Estimate the date you first made a payment for this type of income deduction.

Last Date Paid - If you will continue to make payments for this type of income deduction, please leave this blank. If your payments are ending or have ended, enter the date you will no longer make a payment for this deduction.

Type of Deduction dropdown options:

- Select One
- Alimony Paid
- Student Loan Interest
- Other
- Business expenses of reservists, performing artists, etc
- Deductible part of self-employment tax
- Domestic production activities
- Educator expenses
- Health Savings Account
- Hobby income expenses, or expenses from an activity you did not e
- IRA deduction
- Moving expenses
- Penalty on early withdrawal of savings
- Rental of personal property expenses
- Self-employed health insurance deduction
- Self-employed SEP, Simple, and qualified deduction
- Tuition and fees paid by individual (not paid by financial aid)

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Income Summary Page

Review the information on the *Income Summary* page.

Expected Yearly Household Income

The **Expected Yearly Household Income** section now displays on the *Income Summary* page and shows the total expected yearly household income based on the information entered in the Income pages.

If changes are needed, clicking the **Edit** button for the appropriate income type returns the user to the income page so that updates can be made.

Clicking the **Continue** button on the *Income Summary* page navigates the user to the *Review Application* page.

Clicking the **If you expect your total household income to be different from this in 20XX, then Click Here** link in the **Expected Yearly Household Income** section navigates the user to the *Expected Income* page.

Expected Income Page

The *Expected Income* page displays expected yearly income for each household member.

The amount in the **We Expect** column is based on information entered in the Income pages.

The amount in the **You Expect** column is the same as the amount displayed in the **We Expect** column.

A **Details** link and an **Edit** link displays for each household member listed.

The screenshot shows the 'INCOME SUMMARY' page. On the left is a sidebar with navigation links: Introduction, Employment Inco..., Self-Employment..., Other Income, Income Deductions, and Income Summary (highlighted). The main content area is titled 'INCOME SUMMARY' and has a 'Learn More' link. It displays 'Current Monthly Household Income' with a table:

Income Type	Amount	
Employment Income	\$ 3000.00	Edit
Self-Employment Income	\$ 0.00	Edit
Other Income	\$ 0.00	Edit
Subtotal	\$ 3000.00	
Deductions	\$ 0.00	Edit
Total Current Monthly household income		\$ 3000.00

Below this is the 'Expected Yearly Household Income' section, which shows 'Total Expected Yearly Household Income' as \$ 36000.00. A red arrow points to the 'Expected Yearly Household Income' section header. Below the total, there is a link: 'If you expect your total household income to be different from this in 2015, then Click Here'. At the bottom are 'Back', 'Save and Exit', and 'Continue' buttons.

This screenshot is a close-up of the 'Expected Yearly Household Income' section. It shows the total expected yearly household income as \$ 36000.00. A red box highlights the text: 'If you expect your total household income to be different from this in 2015, then Click Here'. Below this are 'Back', 'Save and Exit', and 'Continue' buttons.

The screenshot shows the 'EXPECTED INCOME FOR 2015' page. It includes a 'Learn More' link and a note: 'Based on the current monthly income you told us, we expect your total yearly income will be \$ 36000.00. If you expect your total yearly income for 2015 to be different, you can update the amount for each person below.' Below this is a table:

Household Member	We Expect	You Expect	Edit	Reset
Majik Yonson	\$36000.00 Details	\$35000.00	Edit	
Younger Yonson	\$0.00 Details	\$0.00	Edit	
Total	\$ 36000.00	\$ 35000.00		

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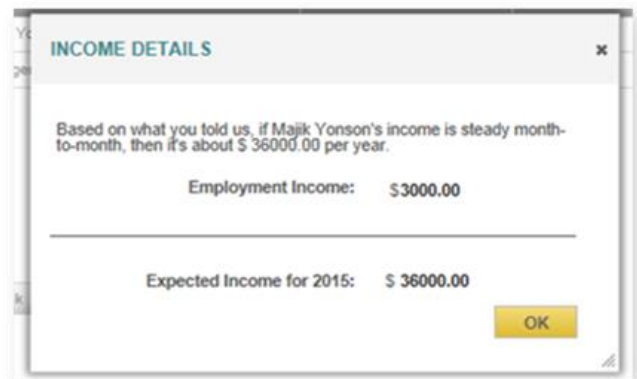
- View details about the amount of income displayed in the **We Expect** column by clicking the **Details** link. Keep in mind, the amount in the **We Expect** column can be changed before the application is submitted by returning to the Income pages and updating information.
- If the amount in the **You Expect** column is incorrect, the user has the option to edit the amount displayed by clicking the **Edit** link. Note that if the amount in the **You Expect** column is edited, a **Reset** link displays in the **Reset** column, allowing the user to return the amount to the original amount displayed (i.e., the same amount displayed in the **We Expect** column).

Income Details

Click the **Details** link, in the **We Expect** column, for a household member to view income details for that household member.

The **Income Details** popup appears with information about how the expected amount of income was calculated.

Click the **OK** button on the **Income Details** popup to return to the *Expected Income* page.

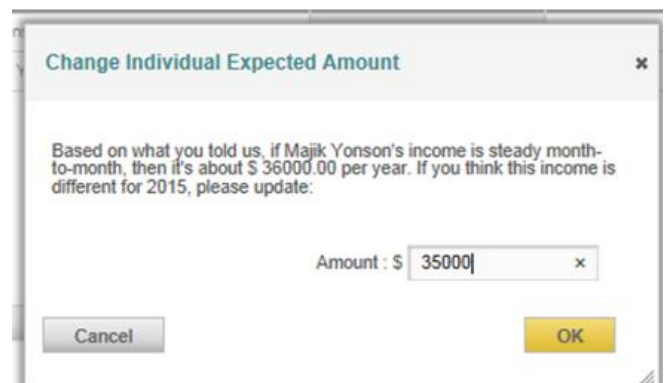


Change Individual Expected Amount

Click the **Edit** link in the **Edit** column of the *Expected Income* page for a household member to edit the amount in the **You Expect** column for that household member.

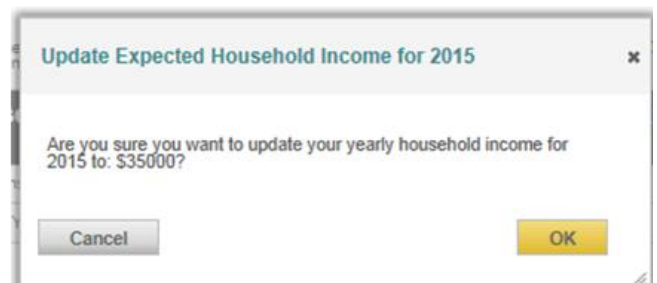
The **Change Individual Expected Amount** popup appears.

Enter the expected amount in the **Amount** field and click the **OK** button to update the amount in the **You Expect** column for the household member.



The **Update Expected Household Income** confirmation popup appears to confirm the change. Click the **Cancel** button to cancel the change and return to the *Expected Income* page.

Click the **OK** button to confirm the change. The edited amount displays in the **You Expect** column on the *Expected Income* page.



JOB AID: SINGLE STREAMLINED APPLICATION

Reset

If the amount in the **You Expect** column is edited, a **Reset** link displays in the **Reset** column. Clicking the **Reset** link allows the user to reset the amount displayed in the **You Expect** column to the original amount (before any edits), regardless of the number of times the amount may have been edited.

To reset the amount in the **You Expect** column, click the **Reset** link in the **Reset** column for the household member.

The **Update Expected Household Income** confirmation popup appears.

- Clicking the **OK** button resets the amount
- Clicking the **Cancel** button closes the popup without resetting the amount

Once the *Expected Household Income* page is complete, clicking the **Save & Continue** button returns the user to the *Income Summary* page. When all Income pages are complete, clicking the **Continue** button on the *Income Summary* page navigates the user to the *Review Application* page.

Household Member	We Expect	You Expect	Edit	Reset
Majik Yonson	\$36000.00 Details	\$35000.00	Edit	Reset
Younger Yonson	\$0.00 Details	\$0.00	Edit	
Total	\$ 36000.00	\$ 35000.00		

Update Expected Household Income for 2015

Are you sure you would like to reset your Projected Annual Income for this household member?

[Cancel](#) [OK](#)

Review Application Page

The *Review Application* page summarizes information from the application pages.

The *Review Application* page features new introductory text to inform users to be sure they selected 'Yes' to financial assistance if they want to see if they qualify for free or low-cost Medi-Cal or tax credits with Covered California, and that they have the option to go back to change their selection if they did not originally select 'Yes.'

Clicking the **Edit** button in the **Application Type** section returns the user to the *Help Paying for Coverage* page to change their application type selection. The user is then navigated through the application pages to enter information appropriate for the application type

REVIEW APPLICATION

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

If you would like to see if you qualify for free or low-cost Medi-Cal or tax credits with Covered California, make sure you selected "Yes" to Financial Assistance. You can click "Edit" to go back and change your answer to this question in the Start Application section.

Application Type

[Edit](#)

Want help paying for health insurance? Yes

SHOP Employer Coverage No

How did you hear about Covered California? Document Id

Apply for Self

JOB AID: SINGLE STREAMLINED APPLICATION

Once the application is complete, it is a good practice to review all the information summarized within the *Review Application* page for accuracy.

If needed, clicking the **Edit** button in a section opens the section and allows the user to make changes.

Once the application is complete, clicking the **Continue** button allows the user to proceed to the next page.

Voter Registration

The *Voter Registration* page displays once the **Continue** button on the *Review Application* page is clicked.

When the *Voter Registration* page is complete, clicking the **Continue** button navigates the user to the *Application Signature* page.

Application Signature

Complete the *Application Signature* page to submit the application.

- Complete the **Special Enrollment** section, if appropriate

REVIEW APPLICATION

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

If you would like to see if you qualify for free or low-cost Medi-Cal or tax credits with Covered California, make sure you selected "Yes" to Financial Assistance. You can click "Edit" to go back and change your answer to this question in the Start Application section.

- > Application Type
- > Household
- > Monthly Household Income
- > Household Member - Jan Uary
- > Primary Contact
- > Jan Uary - Demographic Data
- > Tax Information - Jan Uary

VOTER REGISTRATION

Covered California is a voter registration agency and is providing you the opportunity to register to vote. To register to vote, you must be a U.S. citizen and at least 18 years old by the next election. If you are not registered to vote where you live now, would you like to apply to register to vote today?

Yes, open the California Online Voter Registration website in a new tab.

Yes, please mail me a voter registration card

No

NOTE: IF YOU DO NOT MAKE A CHOICE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME AND A VOTER REGISTRATION CARD WILL BE MAILED TO YOU.

Important Notices

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1600 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.

APPLICATION SIGNATURE

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

Special Enrollment

You must have a qualifying life event to qualify for Covered California Special Enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal or Access for Infants and Mothers.

Do any of the following qualifying life events or situations apply to you? *

Click here for more information about qualifying life events.

This application qualifies for Special Enrollment as a result of a qualifying life event. *

Coverage Date Category *

Enter today's date or the date of your qualifying life event if you have one *

Special Enrollment Expiry Date *

JOB AID: SINGLE STREAMLINED APPLICATION

- Complete the **Maintaining your Verification and Review and Sign** sections, appropriate for the user type
- Click the **Submit** button at the bottom of the page to submit the application

Once the application is submitted and the eligibility results reviewed, the user can continue to the plan selection and enrollment.

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 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.

I certify that I have the permission of the Applicant to complete this Application on their behalf, have explained to them their Rights and Responsibilities in entering the Exchange, and obtained their signature or been previously granted the right to sign on their behalf.

Electronic Signature *

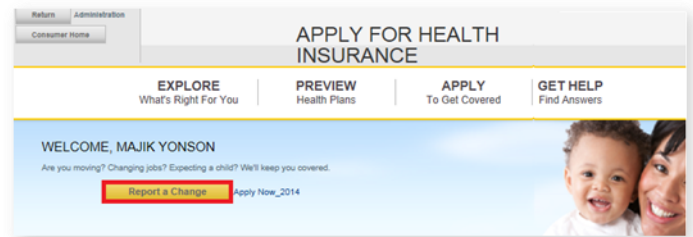
Electronic PIN * [Forgot PIN](#)

JOB AID: SINGLE STREAMLINED APPLICATION

Report a Change

To report a change, click the **Report a Change** button on the *Individual Home* page.

The *Report a Change Summary* page appears.



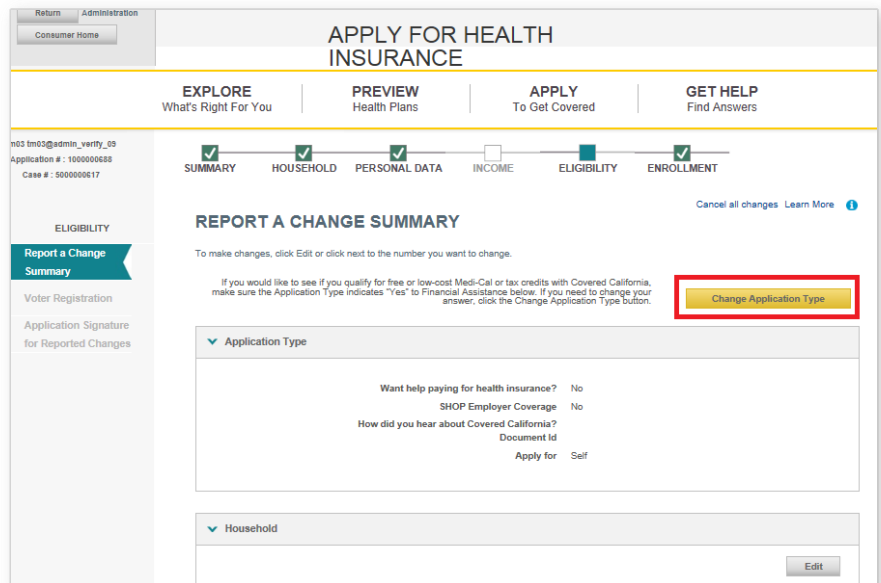
Change Application Type

If the initial application is unsubsidized (without premium tax credits or Medi-Cal), the **Change Application Type** button now displays in the **Application Type** section on the *Report a Change Summary* page to allow the user to change the application type to subsidized (with monthly premium assistance, tax credits or Medi-Cal).

Note: Only an application without financial assistance can be changed to an application with financial assistance.

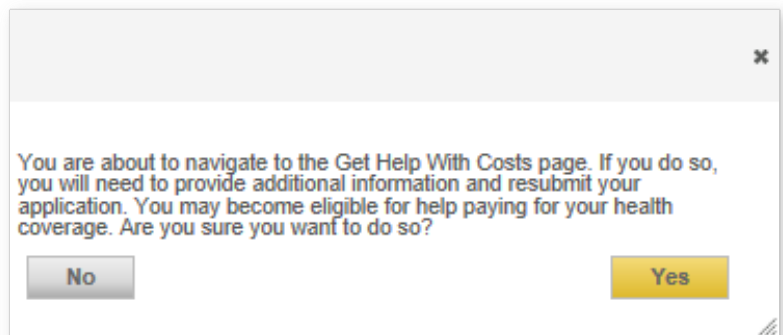
A submitted subsidized application cannot be changed to an unsubsidized application and the **Change Application Type** button does not display on the *Report a Change Summary* page for a subsidized case.

Click the **Change Application Type** button to change the application from an unsubsidized application to a subsidized application.



The **Get Help with Costs** popup appears.

- Click the **No** button to return to the *Report a Change Summary* page without changing the application type.
- Click the **Yes** button to return to the Apply for Benefits - *Get Help with Costs* page to change the application type then continue through the application pages to provide required information.



JOB AID: SINGLE STREAMLINED APPLICATION

Create an Account to Apply

Consumers completing an online Covered California application independently must first create an account.

To create an Individual account, click the **Apply** tab on the Global Header to navigate to the *Set up an Account* page to begin account creation.

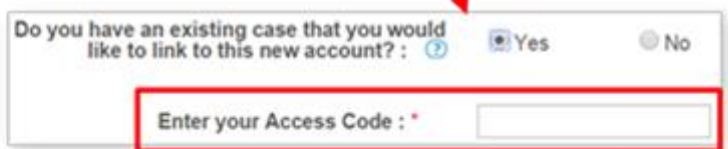
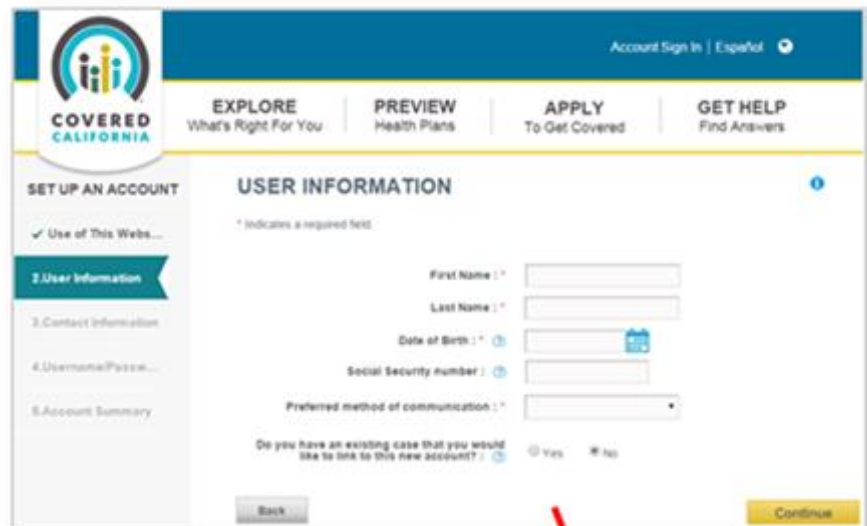
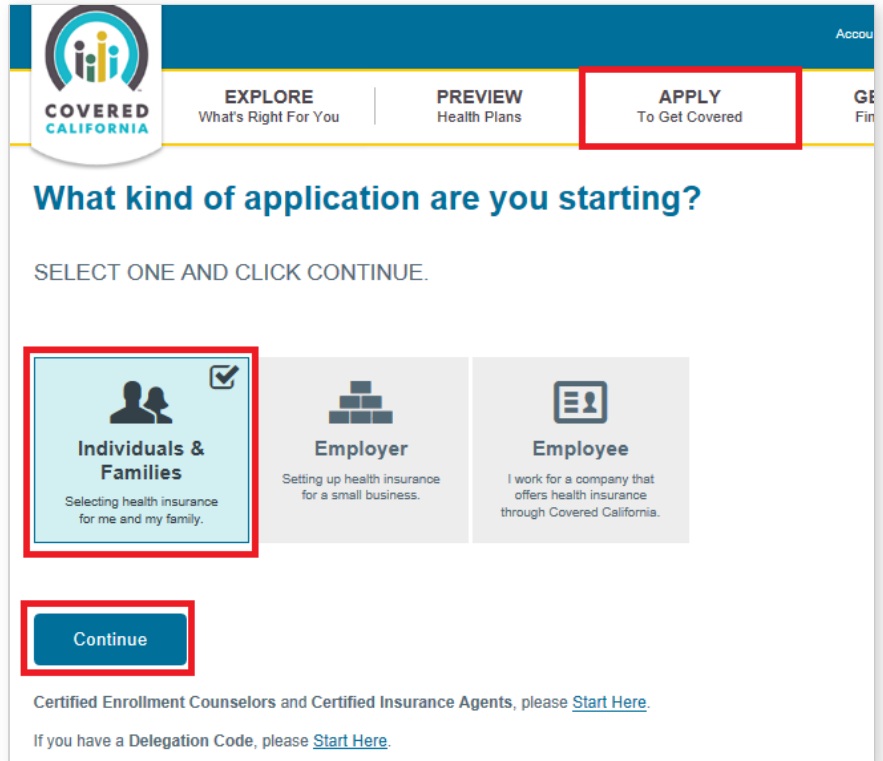
Hover or click the **Individual & Families** role on the *Set up an Account* page.

Once clicked, a checkbox displays in the panel and the **Continue** button appears.

Click the **Continue** button to begin the account creation process.

If an application has been submitted on the Consumer's behalf (for example, by a Covered California Service Center Representative, Certified Enrollment Counselor, or Certified Insurance Agent), the Consumer is given an Access Code to link that application to the account being created.

Consumers will be able to enter their Access Code during their account creation process.



JOB AID: SINGLE STREAMLINED APPLICATION

For Agents, CECs and PBEs Only:

To create an Agent or CEC account, click the **Apply** tab on the Global Header.

The *Set up an Account* page displays.

To begin the account creation process, click the **Certified Enrollment Counselors and Certified Insurance Agents, please Start Here** link to navigate to the *What type of User are you?* page.

Click the **Create Account** button for your user type to navigate to the *Set Up An Account* page and begin the process to create an account.

For PBEs (and Authorized Representatives):

If you have a delegation code, click the **If you have a Delegation Code, please Start Here** link to begin.

COVERED CALIFORNIA | What's Right For You | Health Plans | To Get Covered

What kind of application are you starting?

SELECT ONE AND CLICK CONTINUE.

- Individuals & Families**
Selecting health insurance for me and my family.
- Employer**
Setting up health insurance for a small business.
- Employee**
I work for a company that offers health insurance through Covered California.

Certified Enrollment Counselors and Certified Insurance Agents, please [Start Here](#).
If you have a Delegation Code, please [Start Here](#).

COVERED CALIFORNIA CERTIFIED ENROLLMENT COUNSELOR / COVERED CALIFORNIA CERTIFIED INSURANCE AGENT / COVERED CALIFORNIA CERTIFIED ENROLLMENT ENTITY

Helping others select high quality healthcare coverage. Enrollment Counselors, Insurance Agents, and Certified Enrollment Entities are comprised of trusted and known organizations and individuals. Enrollment Counselors and Agents help consumers learn, navigate, and apply for qualified health plans offered by Covered California. They provide one-on-one, in-person assistance to help California's diverse population learn about their health insurance options. Insurance Agents and Enrollment Counselors are knowledgeable of both subsidized and non-subsidized health coverage and qualified health plans. They are equipped with the information and expertise needed to assist families and individuals to enroll in coverage.

Log In

Log In

What type of User are you?

- CERTIFIED ENROLLMENT COUNSELOR**
I am interested in becoming a Certified Enrollment Counselor.
[Create Account](#)
- COVERED CALIFORNIA CERTIFIED INSURANCE AGENT**
I am a Covered California Certified Insurance Agent.
[Create Account](#)
- CERTIFIED ENROLLMENT ENTITY**
I am an Enrollment Entity Representative.
[Learn More](#)

COVERED CALIFORNIA | EXPLORE What's Right For You | PREVIEW Health Plans | APPLY To Get Covered | GET HELP Find Answers

What kind of application are you starting?

SELECT ONE AND CLICK CONTINUE.

- Individuals & Families**
Selecting health insurance for me and my family.
- Employer**
Setting up health insurance for a small business.
- Employee**
I work for a company that offers health insurance through Covered California.

Certified Enrollment Counselors and Certified Insurance Agents, please [Start Here](#).
If you have a Delegation Code, please [Start Here](#).

JOB AID: SINGLE STREAMLINED APPLICATION

After selecting the applicable panel for your role, a checkbox appears in the panel and a Continue button displays.

Clicking the **Continue** button will navigate the user to the applicable page based on their role.

PBEs are navigated to the **Set Up An Account** page to complete the page with the delegation code information.

CALIFORNIA

What type of representative are you?

SELECT ONE AND CLICK CONTINUE.

<input checked="" type="checkbox"/> Health Insurance Plan I am a representative from a Covered California Health Insurance Plan.	<input type="checkbox"/> Employer Representative I am a representative for my employer.	<input type="checkbox"/> Authorized Representative I have been authorized to help another person with their account.
---	--	---

Continue

Account Sign In | Español

EXPLORE What's Right For You | PREVIEW Health Plans | APPLY To Get Covered | GET HELP Find Answers

SET UP AN ACCOUNT

- 1. Delegation code
- 2. Use of This Website
- 3. User Information
- 4. Contact Information
- 5. Username/Passw...
- 6. Account Summary

SET UP AN ACCOUNT - WITH YOUR PROVIDED DELEGATION CODE

Write your delegation code and other information here:
* Indicates a required field.

*Delegation code ?

*Business Legal Name : ?

*HIOS ID ?

Back Continue