

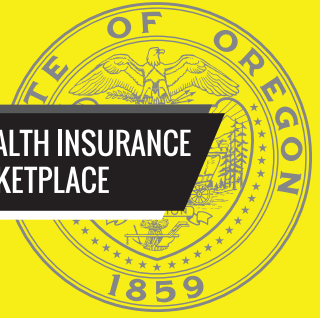


COFA Health Insurance Checklist

As you go through the experience of signing up for health insurance, use this checklist to make sure you have all the right documents and information you will need.

This is for your own use and records. Filling out this document is optional. If you do fill this out with your personal information, make sure to keep it in a safe place.

**OREGON HEALTH INSURANCE
MARKETPLACE**



Passport Information

Republic of the Marshall Islands, Federated States of Micronesia and the Republic of Palau Passport Number:

Republic of the Marshall Islands, Federated States of Micronesia and the Republic of Palau Passport Expiration Date:

I-94 Number (This number shows your arrival and departure record into and out of the United States. You can find your I-94 Number on your passport or online at <https://i94.cbp.dhs.gov/i94/consent.html>.)

Oregon Health Plan (OHP)

Visit OregonHealthCare.gov to see if you are eligible for OHP+ (full Medicaid). If you are not, write down the following information and move on to apply for the Compact of Free Association (COFA) Premium Assistance Program.

Oregon Health Plan (OHP) Application Date:

Oregon Health Plan Eligibility Notice Date:

Compact of Free Association (COFA) Premium Assistance Program

Oregon's health insurance sponsorship program for eligible citizens of the Republic of the Marshall Islands, Federated States of Micronesia and the Republic of Palau.

Proof of Enrollment in a Program-approved Plan Submission Date:

COFA Premium Assistance Program Application Date:

COFA Premium Assistance Program ID Number:

**Remember, this document contains your personal information.
Please keep this document in a safe and secure place.**

HealthCare.gov

A website where you can sign-up for health insurance and find out if you are eligible for tax credits or special programs.

HealthCare.gov Username:

HealthCare.gov Password:

Security Question #1 Answer:

Security Question #2 Answer:

Security Question #3 Answer:

Proof of Enrollment

The Advanced Premium Tax Credit (APTC) is a federal subsidy that is available if you earn less than 400 percent of the Federal Poverty Level. Visit HealthCare.gov to get the following information. You must take the full amount of APTC eligibility to qualify for COFA premium assistance.

Income for Everyone Included on Application:

HealthCare.gov Application ID Number:

Date of Successful Enrollment:

Full Name of Insurance Agent or Assister:

Advanced Premium Tax Credit (APTC) Amount:

Program-approved Plan Name:

Program-approved Plan Carrier Name:

Program-approved Plan Effective Date:

Program-approved Plan ID:

Program-approved Plan Carrier Telephone Number:

Tax Information

2017 United States Taxes File Date:

Final Advanced Premium Tax Credit (APTC) Amount:

**Remember, this document contains your personal information.
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