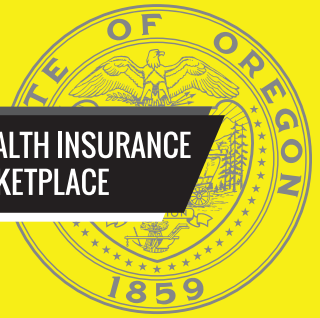




# COFA Health Insurance Checklist



**OREGON HEALTH INSURANCE  
MARKETPLACE**

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.**

## Passport Information

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

\_\_\_\_\_

- Passport Expiration Date:

\_\_\_\_\_

- I-94 Document (this document shows your arrival and departure record into and out of the United States). You may be able to find your I-94 online at <https://i94.cbp.dhs.gov/I94/consent.html>.

- I-94 must show entry under the Compact of Free Association

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## Oregon Health Plan (OHP)

Visit [OregonHealthCare.gov](http://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.

- COFA Premium Assistance Program Application  
Date:

\_\_\_\_\_

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

\_\_\_\_\_

- Proof of Oregon Residency:

\_\_\_\_\_

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

## 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. You must earn less than 138 percent to qualify for the COFA Premium Assistance Program. You must take the full amount of APTC eligibility to qualify for COFA premium assistance.

Full Name of Insurance Agent:

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Program-approved Plan Name:

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Insurance Agent Phone Number:

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Program-approved Plan Carrier Name:

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Full Name of Assister

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Program-approved Plan Effective Date:

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Assister Phone Number:

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Program-approved Plan Carrier Telephone Number:

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Date of Eligibility Notice:

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Advanced Premium Tax Credit (APTC) Amount:

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## Tax Information

It is important you file taxes, to report the tax credits paid for your premiums even if you had little or no income. Failure to file taxes to reconcile APTC may result in loss of future tax credits and premium assistance. If you do not file taxes you could lose your health insurance.

United States Taxes File Date:

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**Always be sure to open your mail for important information from Health Insurance Marketplace and the COFA Premium Assistance Program**

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