



Marketplace application checklist

Before creating account/starting application
☐ Department of Consumer and Business Services/Oregon Health Authority consent form
☐ Privacy Notice Statement
☐ Is a translator needed? ☐ Are there any physical or other limitations?
☐ Assess current insurance situation
☐ Is this their first time applying? ☐ Do they need to submit a renewal?
☐ Does anyone in the household have current health coverage? If so, what kind?
☐ Is anyone offered coverage through their employer or a family member's employer?
☐ Determine tax household ☐ Who is applying for coverage?
☐ Are they ready for the appointment?
☐ Income ☐ Immigration/personal information ☐ Employer coverage information
☐ Explain the application and enrollment process
☐ Help consumer calculate estimated annual income and current month's income
Create account and submit application
 Create account, log in, or recover account information, if needed (do not create new account)
Verify identity (if creating account for the first time)
☐ Complete application
☐ Download and read Eligibility Notice
☐ Premium tax credits? ☐ Cost-sharing reductions ☐ Special enrollment period
Select a plan and enroll
☐ Explain tax credits; help consumer select amount to use
☐ Enter prescriptions, doctors, and/or facilities they want to be covered
☐ Select a plan
Offer to print a copy of the Summary of Benefits and Coverage document
☐ Enroll in the selected plan
☐ Help choose/enroll in dental plan (optional)
Post-enrollment
☐ Upload verification required by Marketplace
☐ Complete Enrollment Records form and provide to consumer
☐ Explain when first premium is due
☐ Write down any next steps that were not completed
☐ Remind them to report any changes that occur throughout the year

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