



## Hardship Categories and Documentation

Look at the hardship categories and the required documents listed below to see if you qualify for a hardship exemption.

Hardship number	Category	Required documentation (Send <i>COPIES</i> of one of the documents listed below for your hardship.)
1	You were homeless.	None.
2	You were evicted in the past 6 months or were facing eviction or foreclosure.	Eviction or foreclosure notice. The date of the notice must be within the last 6 months.
3	You received a shut-off notice from a utility company.	Shut-off notice from a utility company which states service has or will be shut-off.
4	You recently experienced domestic violence.	None.
5	You recently experienced the death of a close family member.	Death certificate, death notice from newspaper, funeral service program, funeral expenses, coroner's report, military notification of death, or other official notice of death.
6	You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.	Police or fire report, insurance claim, or other document from government agency, private entity, or news source about the event.
7	You filed for bankruptcy in the last 6 months.	Official bankruptcy filing documents from a date within the last 6 months.
8	You had medical expenses you couldn't pay in the last 24 months.	Medical bills from a date within the last 24 months.
9	You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.	Receipts for bills or services related to care, like medical bills, home care services, or transportation receipts.
10	You expect to claim a child as a tax dependent who's been denied coverage in Medicaid and the Children's Health Insurance Program (CHIP), and another person is required by court order to give medical support to the child.	Court order that covers the time period for which you want the exemption AND copies of eligibility notices for Medicaid and CHIP which show that the child has been denied coverage.
11	As a result of an eligibility appeals decision, you're eligible either for: 1) enrollment in a qualified health plan (QHP) through the Marketplace, 2) lower costs on your monthly premiums, or 3) cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace.	Notice of appeals decision.
12	You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act.	Notice of denial of eligibility for Medicaid. The notice must be from a date during the time period for which you're requesting the exemption.
13	You received a notice saying that your current health insurance plan purchased on the individual market (non-group coverage) will be cancelled, and you consider the other plans available unaffordable.	Notice of cancellation from the insurance company.
14	You experienced a hardship that kept you from getting health insurance that's NOT listed in categories #1-13.	There are a limited number of other hardships that qualify. Go to <a href="https://www.healthcare.gov/fees-exemptions/hardship-exemptions/">HealthCare.gov/fees-exemptions/hardship-exemptions/</a> to see this list, and follow the instructions to claim another hardship on page 3.

**NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov), or call us at 1-800-318-2596. Para obtener una copia de este formulario en Español, llame 1-800-318-2596. If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-855-889-4325.

HARDSHIP