

Instructions to Help You Complete the Applications for Health Coverage & Help Paying Costs for Individuals or Families

You can apply for health coverage through the **CoverME.gov** website. Coverage begins as soon as January 1, 2025 if you apply by December 15, 2024. **CoverME.gov** is designed to help you find health coverage that fits your budget and meets your needs.

Completing this application will let you know what health coverage choices you qualify for and if you can get help with costs. You'll be asked about income and other information to make sure you get the most benefits possible.

For your convenience, there are different ways to apply for coverage. The fastest way is to apply online at **CoverME.gov**. If you apply online, you'll also get your eligibility results right away.

These instructions include additional help for some, but not all, of the items in the application.

Before you begin, it may help to have the following information ready for each person in your household:

- Full legal names, birth dates, social security numbers (SSN), and addresses
- Document number, if you're an eligible immigrant who wants health coverage
- Tax filing plans for the year you want coverage. For example:
 - Who will file federal taxes?
 - Who will be claiming dependents on their tax return?
 - If anyone is married, will they file taxes jointly?
- Paystubs, W-2 forms, or other information about your income, such as recent statements for benefits like social security or unemployment or recent bank and brokerage statements that show interest, capital gains, dividends, or retirement distributions

COVERME.gov



**AFFORDABLE HEALTH
COVERAGE FOR MAINE**



There are 5 steps in this application.

Use blue or black ink to complete the application.

STEP 1 Tell Us About Yourself

An adult (18 or older) must complete the contact information. This information is needed so we can follow up with you if we have questions about your application and to let you know what plans or programs you qualify for.

Item 1

To prevent issues with filing your taxes, please use your full legal name.

Item 22

If you're not a U.S. citizen but have eligible immigration status, check "yes," and provide your document type and document ID number (see pages 5–6 of this document). **If you have more than one of these documents, list all of them.**

Item 24

A person may have a disability if one or more of these apply:

- They are blind, deaf, or hard of hearing
- They get Social Security Disability Insurance (SSDI) or Supplemental Security Insurance (SSI)
- They have a physical, cognitive, intellectual, or mental health condition, which may include one or more of the following:
 - o Difficulty doing errands, like visiting a doctor's office or shopping
 - o Serious difficulty concentrating, remembering, or making decisions
 - o Difficulty walking or climbing stairs

In addition to the above, children may have a disability if one or more of these apply:

- They have limited ability to do things most children of the same age can do
- They need or use more health care than most children of the same age
- They get special education services or services under a Section 504 plan

Answering "yes" won't increase your health care costs. If you tell us someone has a disabling condition, we'll send your application to the Office for Family Independence (OFI) to see if you qualify for MaineCare.

Items 25–26

Ethnicity and race questions are optional. This information will help the U.S. Department of Health and Human Services (HHS) better understand and improve the health and health care for all Americans. Providing this information won't impact your eligibility for health coverage, your health plan options, or your costs in any way.



STEP 2 Current Job & Income Information

Provide information about your current income to see if you're eligible for help paying for health coverage. Include how much you make in wages and tips before taxes are deducted.

If you're self-employed: Fill in the type of work you do and how much net income you'll get this month. Net income means the amount left over after you've taken out business expenses. The amount can be positive or negative. See page 8 of this instructional document to find out what you can subtract from your gross income.

STEP 3 Your Health Coverage

Item 1

If you're currently enrolled in a type of health coverage listed on the page, check "yes" and the type of coverage. Also include other information as requested.

STEP 4 Read and Sign This Application.

Read the statements on this page, sign your name, and write today's date. By signing, you're agreeing that the information you provided is true and correct.

If an authorized representative helped you fill out this application, they can sign the form for you, but they'll need to complete Appendix A: Assistance with Completing this Application, and submit it with your application.

STEP 5 Mail Completed Application

Mail your original, signed application (and appendices, if applicable) to:

CoverME.gov Consumer Assistance Center
P.O. Box 616
Augusta, ME 04332-6626

When you mail your application, be sure to use the correct amount of postage. The postage rate will depend on the weight of your application, which will be based on the number of pages you've included.

We'll follow up with you within 1–2 weeks.

Next Steps

You'll get an Eligibility Notice that tells you if anyone in your household was assessed as potentially eligible for MaineCare (Maine's Medicaid program) or if they are eligible to enroll in health coverage through CoverME.gov.



Get Help in a Language Other Than English

You have the right to get help and information in your language at no cost to you. To request language assistance, call 1-866-636-0355 and select Option 4.

Eligible Immigration Status List

Use this list to answer questions about eligible immigration status on page 2 of this application. If you find your status on the list below, fill in the box that says "yes"

- Lawful permanent resident (LPR/Green Card holder)
- Lawful temporary resident
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Asylee
- Refugee
- Cuban/Haitian entrant
- Paroled into the U.S.
- Conditional entrant granted before 1980
- Battered spouse, child or parent
- Victim of trafficking and their spouse, child, sibling, or parent
- Granted Withholding of Deportation or Withholding of Removal under the immigration laws or under the Convention Against Torture (CAT)
- Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Including Deferred Action for Childhood Arrivals (DACA))
- Administrative order staying removal issued by the Department of Homeland Security
- Applicant for:
 - Special Immigrant Juvenile Status
 - Adjustment to LPR Status with an approved visa petition
 - Victim of trafficking visa
 - Asylum who has either been granted employment authorization, OR is under 14 and has had an application for asylum pending for at least 180 days
 - Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention Against Torture (CAT) who has either been granted employment authorization, OR is under 14 and has had an application for Withholding of Deportation or Withholding of Removal under the immigration laws or under the CAT pending for at least 180 days
- Certain individual with employment authorization document:
 - Registry applicant
 - Order of supervision
 - Applicant for Cancellation of Removal or Suspension of Deportation
 - Applicant for Legalization under Immigration Reform and Control Act (IRCA)
 - Applicant for Temporary Protected Status (TPS)
 - Applicant for Deferred Action for Childhood Arrivals (DACA)
 - Legalization under the LIFE Act



Consumer responsibility for resolving Data Matching Issues (DMIs): Consumers must submit accepted documentation to confirm the information in their application that was found to be inconsistent with the trusted data sources used by the Marketplace. Documentation may be submitted online or via mail.

In general, consumers have 90 days to submit documentation to resolve their DMI. They may enroll in health insurance and receive applicable financial help under temporary eligibility.

0 days	10 days	30 days	60 days	75 days	95+ Days
Application Submitted.	First Automatic Reminder	Second Automatic Reminder	Third Automatic Reminder	Final Automatic Reminder	Plan cancellation
Consumer receives Temporary Eligibility and DMI is created	Notice is sent to consumer by secure inbox and preferred communication	Notice is sent to consumer by secure inbox and preferred communication	Notice is sent to consumer by secure inbox and preferred communication	Notice is sent to consumer by secure inbox and preferred communication	OR Subsidy removal: Consumer receives automatic notice of updated eligibility due to the unresolved DMI by secure inbox and preferred communication

If the acceptable documentation to resolve the DMI has not been received after 90 days, the consumer may lose their enrollment or financial help.

Loss of enrollment	Loss of financial help
<ul style="list-style-type: none"> • Citizenship • Qualified Immigration Status • SSN 	<ul style="list-style-type: none"> • Income • No other minimum essential coverage (such as MaineCare, VA Coverage, or Medicare)



List of Accepted Documents by DMI Type:

Social Security Verification (SSN)
<ul style="list-style-type: none">• Social Security card• 1040 Tax Return (federal or state versions acceptable)• W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)• W4 Withholding Allowance Certificate (federal or state versions acceptable)• 1095 (includes 1095A, 1095B, 1095C)• Pay stub documentation• Social Security Administration documentation (includes 4029)• Military record• U.S. Military ID card• Military dependent's ID card• Unemployment Benefits (Unemployment Benefits Letter)• Court Order Granting a Name Change, that must have your original first and last name, new first and last name, and SSN• Divorce decree
Maine State Residency
<ul style="list-style-type: none">• A phone or utility bill within the past 2 months (must have name of at least one of the household members and a billing or residence address for the household within ME)• ME voter registration card (must have name of at least one of the household members on it)• Valid ME motor vehicle registration or ME DMV ID card (must have name of at least one of the household members on it)• Cancelled checks or receipts for mortgage or rental payments on a residential property within the last 2 months (must have name of at least one of the household members and a residence address for the household within ME)• Proof of auto insurance showing the person's ME residency address (must have name of at least one of the household members on it)• A signed ME DMV proof of residency form from another resident stating that the applicant lives at their address (must have name of at least one of the household members and a residence address for the household within ME) <p>Self-attestation of residency without paper documentation in exceptional circumstances, including homelessness and domestic violence (must state nature of circumstance, must have name of at least one of the household members included on it, and must be signed by the household member and be dated within the last two months)</p>
US Citizenship
<p>Primary Documents (only need one)</p> <ul style="list-style-type: none">• U.S. Passport (Note: Expired passports are acceptable)• Certificate of Naturalization• Certificate of Citizenship• Consular report of Birth Abroad of U.S. Citizen• A tribal document issued by a federally recognized Indian Tribe, which must:<ul style="list-style-type: none">◦ Identify the Tribe issuing the document◦ Identify the individual by name◦ Confirm the individual's enrollment in or affiliation with the Tribe◦ Examples: tribal enrollment card, Certificate of Degree of Indian Blood, Tribal Census document



US Citizenship (continued)

Secondary Documents: Consumer must submit a total of two documents, one from each list to successfully resolve their citizenship DMI if using secondary documents.

Can submit one of the following:

- U.S. public birth certificate
- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing the person's name and U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife, or institution showing a U.S. place of birth

Immigration Status

- Permanent Resident Card (I-551, also known as Green Card)
- Temporary I-551 Stamp (on passport or I-94, I-94A)
- Country of issuance Reentry Permit (I-327)
- Refugee travel document (I-571)
- Employment Authorization Card (EAD or I-766)
- Consideration of Deferred Action for Childhood Arrivals (DACA) recipients (I-821D)
- Application for Employment Authorization (I-765 or I-765WS)
- Immigrant Visa (with temporary I-551 language)
- Arrival/Departure Record (I-94 or I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign passport
- 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 a member of a federally recognized Indian tribe or American Indian born in Canada. This is considered an eligible immigration status for Medicaid, but not for a Qualified Health Plan [QHP]
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security (DHS)
- Resident of American Samoa
- Cuban/Haitian entrant

American Indian/ Alaskan Native (AI/AN)

Maine will accept an attestation for AI/AN with a valid tribal name on it.

- U.S. life, health, or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child's name and U.S. place of birth
- Federal or state census record showing U.S. citizenship or U.S. place of birth



American Indian/ Alaskan Native (AI/AN) (continued)

- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

AND one of the following:

- Driver's license issued by a state or territory or ID card issued by the federal, state, or local government
- School identification card
- U.S. military card or draft record or military dependent's identification card
- U.S. Coast Guard Merchant Mariner card
- Voter Registration Card
- A clinic, doctor, hospital, or school record, including preschool or daycare records (for children under 19 years old)

2 documents containing consistent information that proves your identity, like employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds, or titles

Earned Income

- Pay stub
 - Full name of the person or other identifying information to link to the person (e.g. SSN). Social Security card is not necessary.
 - Income amount.
 - Pay period or frequency of pay with the date of payment.
- Most recently filed Federal Income Tax Form 1040, with any appropriate Schedules. It must include:
 - Full name of the person or other identifying information to link to the person (e.g. SSN).
 - Income amount.
 - Tax year.
- Wages and tax statement (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT).
 - It must contain the person's first and last name, income amount, year, and employer name (if applicable).
- Employer statement. The employer statement must:
 - Be on company letterhead or state the name of the company.
 - Be signed by the employer.
 - Be no older than 45 days from the date received by CoverME.gov
 - Include name of employer or company.
 - Include name of person writing the letter.
 - Include employer or company address.
 - Include employer or company telephone number.
 - Include date of the letter.
 - Include the start date and, if applicable, the end date of the employee's employment or pay.
 - Include the following two statements, or something similar:
 - "I certify that [first and last name of person employed or receiving income] is/was an employee of [name of company]. [Employee name]'s gross income for this pay period is/was \$_____ and frequency of pay is [weekly, every two weeks, twice a month, or monthly]. This letter does not guarantee employment or wages."
 - "The information provided above is true and correct to the best of my knowledge."
 - Signature of the person writing the letter.
 - Printed name and job title or position of the person signing the letter



Earned Income (continued)
<ul style="list-style-type: none"> ● Foreign income <ul style="list-style-type: none"> ○ Pay stub, other documents. ○ Use dollar conversion based on date of document. ● Consumer signing the Maine Income Attestation form verifying this is their income.
Earned Income: Self-Employment
<ul style="list-style-type: none"> ● Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger). <ul style="list-style-type: none"> ○ Note: It must contain your first and last name, company name, and income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger, and the net income from profit/loss. ● 1040 SE with Schedule C, F, or SE (for self-employment income) ● 1065 Schedule K1 with Schedule E ● Tax return ● Bookkeeping records ● Receipts for all allowable expenses ● Signed time sheets and receipt of payroll, if you have employees ● Most recent quarterly or year-to-date profit and loss statement
Unearned Income
<ul style="list-style-type: none"> ● Social Security Administration Statements (Social Security Benefits Letter). ● Unemployment Benefits Letter. <ul style="list-style-type: none"> ○ It must contain the person's first and last name, source/agency, weekly benefits amount, and duration (start and end date, if applicable) ● Annuity statements. ● Statements of pension distribution from any government or private source. ● Prizes, settlements, and awards, including alimony received and court-ordered awards letters. For divorce or separation documents dated after Dec. 31, 2018, alimony received is not counted as taxable income. ● Proof of taxable gifts and contributions. ● Proof of taxable scholarships or grants — for room and board only, not tuition, course-related fees, books or equipment. ● Proof of strike pay and other benefits from unions. ● Sales receipts or other proof of money received from the sale, exchange or replacement of things the person owns. ● Interests and dividends income statement. ● Royalty or residual income statement or 1099-MISC. ● Letter, deposit, or other proof of deferred compensation payments. ● Retirement, Survivors Disability Insurance (RSDI), Social Security Retirement, Social Security Disability Insurance (SSDI). It must contain first and last name, benefit amount, and frequency of pay.
Non-ESI MEC
<ul style="list-style-type: none"> ● Health insurance letter, including coverage termination date ● Statement of health benefits ● Letter from Veterans Affairs and/or Veterans Administration ● Letter from Peace Corps ● Letter or statement of Medicare benefits ● Letter or statement of Medicaid or Children's Health Insurance Program (CHIP) benefits ● MEC DMI Attestation Form
ESI-MEC
<ul style="list-style-type: none"> ● Cover Letter from employer coverage tool ● Health insurance letter



ESI-MEC (continued)

- Letter from employer that includes:
 - Eligibility dates if applicable
 - An attestation that the employer doesn't offer coverage to the employee/employee's family member
 - An attestation that the employer doesn't provide coverage that meets the minimum value standard
 - If the employer offers a plan that meets the minimum value standard, the cost of the employee's share of the premium for the lowest cost self only plan that meets the minimum value standard

MaineCare

Submit one of the documents below if you need to confirm that you don't have coverage through Medicaid (MaineCare.)

- Letter or statement from a Medicaid agency (The Office for Family Independence) that shows that you or your family members aren't enrolled in or eligible for Medicaid (MaineCare)
- Letter or statement from a Medicaid agency (The Office for Family Independence) showing that you or a family member are enrolled in a Medicaid (MaineCare) program that's not considered qualifying health coverage
 - You can find more detailed information about Medicaid programs that don't provide qualifying coverage by visiting <https://www.maine.gov/dhhs/oms/mainecare-options/limited-benefits>
 - If you send document(s) verifying enrollment in one of these programs, you may be able to continue your financial help for your Marketplace coverage:
 - Limited family planning services
 - Medicaid coverage only for emergency treatment (also called Emergency MaineCare)
 - Medicaid coverage for people who are presumptively eligible, this is limited coverage for up to 60 days
 - Special Benefit Waiver (HIV Waiver), limited coverage for individuals living with HIV or AIDS
- A letter describing your recent health coverage including:
 - The name of the Medicaid (MaineCare) program you were enrolled in and when your coverage ended, or
 - That you were never enrolled in Medicaid (MaineCare) coverage, or
 - The name of the Medicaid (MaineCare) program with limited benefits that you're enrolled in that would still allow you to enroll in the Marketplace with help paying for coverage

Death

- No Documentation Required
- If the consumer calls to state they are not deceased, advise consumer that they need to contact SSA to update their information
- Documents required for a non-authorized individual to request termination of coverage for an enrolled member due to death
 - Death Certificate
 - Funeral Home Statement
 - Newspaper Clipping/Collateral Contact
 - Letter of Appointment as Personal Representative (issued by Registry of Probate)



Calculating Income:

- Review document and determine pay frequency (either stated or you need to look at pay period start and end date, pay dates of multiple pay stubs, etc.)
- If unable to determine frequency: can assume the frequency is the same as the frequency attested by the consumer unless it is very unlikely that frequencies are the same
- If the attested frequency does not match the frequency from the document, you will have to convert the frequency of both attested and documented income to annual (guide contains instructions for this calculation) then can compare attested and calculated



Instructions to Help You Complete the Application

APPENDIX A

Assistance with Completing this Application

- **Maine Enrollment Assisters:** These are professional individuals or organizations that are trained to help consumers looking for health coverage options through **CoverME.gov**, including help with completing this application. Service is free to consumers. You can ask to see certification showing they're authorized to perform this work. They can help you complete this section. The ID number is the navigator's identification number. This is a unique alphanumeric ID (13 letters and numbers) given to each navigator.
- **Agents and brokers:** Agents and brokers can help you apply for help paying for coverage and enroll in a Qualified Health Plan (QHP) through **CoverME.gov**. They can make specific recommendations about which plan you should enroll in. They're also licensed and regulated by states and typically get payments or commissions from health insurance companies when they enroll consumers. They can help you complete this section.

APPENDIX B

American Indian or Alaska Native (AI/AN) Application Addendum

If you or a family member are American Indian or Alaska Native, complete Appendix B. You'll be asked about the person's tribe membership, income, and other information.

APPENDIX C

Health Coverage from Jobs: Employer Coverage Tool Addendum

If anyone in your family has an offer of health coverage from a job, including through a parent or spouse, provide information on the offer of coverage, regardless of whether the person is currently enrolled.

Complete this addendum for each employer that offers health coverage. This addendum includes an Employer Coverage Tool to be given to the employer to answer questions about the coverage they offer.

