

My HealthCare.gov Account

Fill out this form carefully as you create your Healthcare.gov account and keep it in a safe place with the rest of your medical records.

First Name _____

Last Name _____

Email Address _____

Password _____

Must choose 3 Security Questions:

<u>Security Question</u>	<u>Answer</u>
What is your favorite radio station?	_____
What was your favorite toy when you were a child?	_____
What is your favorite cuisine?	_____
What is the first name of your oldest niece?	_____
What is a relative's telephone # that is not your own?	_____
What is the name of your favorite pet?	_____
Type a significant date in your life.	_____
In what city was your mother born?	_____
What is the name of your favorite childhood friend?	_____
What is your parents' wedding anniversary date?	_____
What is the name of the manager at your first job?	_____
What is the nick name of your grandmother?	_____

SEE NEXT PAGE FOR INFORMATION THAT YOU SHOULD RETAIN FOR YOUR RECORDS.

Troubleshooting: <https://www.healthcare.gov/help/i-am-having-trouble-logging-in-to-my-marketplace-account/>

Remember:

- Your benefits through the Supplemental Trust are not employer based or group coverage
- You must take the full Advanced Premium Tax Credit if you are eligible for one
- You will want to keep your agent of record on file for next year
- Your homecare and personal support work employer is:
 - Consumer Client, 550 Capitol Street NE, Salem OR 97301, 1-877-867-0077
- During the phone call, the representative will give you information you need for the Enrollment Information Form and your files:

- Application ID # _____
- Plan Name _____
- Plan ID _____
- Base Premium \$ _____
- APTC Amount \$ _____
- Net premium after APTC \$ _____
- Effective Date of the Plan _____
- Date any verification documents are due _____