

START ✔

HOUSEHOLD

Introduction ✔

Primary Contact ✔

Confirm Identity ✔

**Summary**

Summary

PERSONAL DATA

INCOME

ELIGIBILITY

ENROLLMENT

## Household Members

[Learn More](#) ⓘ

Please enter all required (\*) household member information below. Enter your name as it appears on your Social Security Card; if you do not have a social security card please enter your full legal name.

First Name \*

Middle Name

Last Name \*

Suffix

Does this person want health insurance? Even if you have insurance now, you may find better coverage or lower costs \*  Yes  No

Sex \*   
Male  
Female  
Transgender:Male to Female  
Transgender:Female to Male

Date of Birth (mm/dd/yyyy) \* ⓘ

You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit [www.ssa.gov](http://www.ssa.gov).

Does this person have a Social Security Number? \*  Yes  No

Social Security number \* ⓘ

Is this person a U.S. Citizen or National? \*  Yes  No

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[Save & Exit](#)

[Add Another Member](#)

[Continue](#)