

How to correct Healthplanfinder to accurately reflect Employer Sponsored Coverage

- 1) Log into your Healthplanfinder application at www.wahealthplanfinder.org
- 2) Click on your "My Household" tab.
- 3) Click on "Report Income or Eligibility Change"

Account Home | Billing & Payments | **My Household** | Action Center

Household Info

Address Line 1: [REDACTED]
Address Line 2: [REDACTED]
City: [REDACTED]
State: WA
ZIP: [REDACTED]
[Update My Address >](#)

Reported Household Income

\$1,400.00
Report Income or Eligibility Change > ⓘ
[View Your Household's Eligibility Information >](#)
[View Your Household's Coverage History >](#)
[View Change History >](#)

- 4) Answer "yes" to the statement, "My household income has changed by \$150"
- 5) Click the green "Next" button at the bottom of the page.



Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

Someone needs to be added to or removed from my list of household members to be considered for coverage YES NO

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months. YES NO

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant. YES NO

My address has changed YES NO

Someone in my household has gained or lost health coverage YES NO

Something else has changed. Examples include: YES NO

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state.

Remove Primary Applicant? YES NO

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[Next](#)

- 6) Verify that the household income information on this page is correct. Make changes if necessary. When everything is correct, click the green NEXT button at the bottom.

Household Income * REQUIRED FIELD

This section helps us determine the amount of your households income to determine if you are eligible for free or low cost health coverage including Washington Apple Health.

Please answer the following questions for each household member as accurately as you can. Only enter information about the types of income we ask for. You will have an opportunity to review the income we have calculated at the end of the questions.

Please include income of all individuals age 14 and older.

Household Income

production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials? For each of these categories, please provide the amount that the IRS would allow you to subtract from total income to calculate your adjusted gross income. * ?

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- 7) Change the question “Does your employer offer a health plan...”
- If you’re eligible for employer sponsored coverage, whether you take it or not, you must answer “YES” to this question.
 - If you’re not eligible for your employer’s insurance or your employer doesn’t offer health insurance to employees, then answer “NO” to this question. Go to step 9 if you don’t have or aren’t eligible for employer-sponsored insurance.
- 8) If you answered YES, a couple more questions will pop up. Answer these questions, including the cost of the monthly premium for the lowest cost plan for employee-only coverage. TIP: If you don’t know this information, contact your employer’s human resources department.

DOES YOUR EMPLOYER OFFER A HEALTH PLAN THAT MEETS THE MINIMUM VALUE STANDARD? * ?

YES NO

SELECT ALL MEMBERS OFFERED COVERAGE UNDER THIS PLAN *

WHAT IS THE MONTHLY PREMIUM OF THE LOWEST-COST EMPLOYEE-ONLY PLAN THAT MEETS THE MINIMUM VALUE STANDARD? * ?

[Add More](#)

- 9) Click the green “Next” button at the bottom of the page.
- 10) Review the next screen, “Application Review Screen” to be sure all the information is correct. If it isn’t, use the “Edit” buttons to make changes. When everything is correct, click the green NEXT button at the bottom of the page.
- 11) On the “Primary Applicant’s Signature Page”, check the boxes highlighted below, “sign” your full name, and click on the green SUBMIT MY APPLICATION button.

Primary Applicant's Signature * REQUIRED FIELD

I have agreed to submit this application electronically. By signing this application electronically, I certify under penalty and false swearing that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law.
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- By checking this box and signing my name below, I confirm that I am completing e-signing this application on the applicant's behalf. *
- In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period of no more than five years. I can change my consent any time through Washington Healthplanfinder.
- I have read the Rights & Responsibilities *
- Telephonic signature

FIRST NAME * MIDDLE INITIAL LAST NAME *

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Submit My Application

- 12) Read the next screen carefully. There may or may not be more things you need to do before you’re able to enroll in coverage. Depending on your income and the cost of to insure you on your employer’s plan, you may or may not be eligible for tax credits.
- 13) Don’t forget to go to your “Account Home” tab and Select a Plan. You don’t have health insurance until you complete this step and pay for your new plan. NOTE: For your new health insurance coverage to start next month, you must select a plan and pay for it before the 23rd of this month.

My Household Coverage

Current Year-2015

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status	Action
██████████					Select Plan	<input type="button" value="Open Special Enrollment"/> <input type="button" value="Close Special Enrollment"/>

If YOU NEED HELP: If you have any difficulties, please call Customer Support at 1-855-923-4633. They can help you update your application.