STEP 1 Tell us about yourself.

| 1. First name, Middle n | ame, Last name, & Suffix | | | | |
|--|---|--------------------------------------|---------------------------------------|---|--|
| 2. Home address (Leav | re blank if you don't have on | e.) | | 3. Apartment or suite number | |
| 4. City | | 5. State | 6. Zip code | 7. County | |
| 8. Mailing address (if d | lifferent from home address) | | 10 100 | 9. Apartment or suite number | |
| 10. City | | 11. State | 12. ZIP code | 13. County | |
| 14. Phone number – | \$ | - | 15. Other phone numbe | | |
| 16. Do you want to get | information about this appl | lication by email | ? Yes No | | |
| Email address: | | | | | |
| 17. Preferred spoken or | written language (if not En | gilish) | | | |
| 18. Date of birth (mm/dd/yyyy) | | | 19. Sex Male Female | | |
| should call 1-800-325- | 0778. | | ig an SSN, call 1-800-77; | 1-1213 or visit socialsecurity.gov. TTY users | |
| 22. If you aren't a U.S. | en or U.S. national? Yes citizen or U.S. national, do document type and ID numb | you have eligible | e immigration status? | | |
| | document type | | | | |
| b. Document ID | number | | | | |
| c. Have you live | d in the U.S. since 1996? | Yes No | | | |
| | eran or an active-duty mem | | nilitary? 🗆 Yes 🔲 No | | |
| 23. Are you pregnant? If yes, how many babi | Yes No | oregnancy? | | | |
| | rsical, mental, or emotional h a medical facility or nursing | | | activities (like bathing, dressing, daily | |
| | ethnicity (OPTIONAL—che an American Chicano/a | | | r | |
| 26. Race (OPTIONAL- | -check all that apply.) | | 901 | 1-202 | |
| ☐ White ☐ Black or African American | American Indian or Alaska Native Asian Indian Chinese | ☐ Filipino ☐ Japanese ☐ Korean | Usetnamese Other Asian Native Hawaiis | Guamanian or Chamorro Samoan Other Pacific Islander Other | |

Obamacare Paper Application Form

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