

“OBAMACARE” 2016 OPEN ENROLLMENT KICKOFF

Does at least one of the following apply to you?

- Your job does not offer health insurance.
- You are currently uninsured.
- Your job offers health insurance that is too expensive.
- You are turning 26 years old.
- You have questions about the Marketplace.
- You need assistance enrolling or renewing your health insurance from the Marketplace.

JOIN US AND SIGN UP FOR AFFORDABLE HEALTH INSURANCE!!!

Georgia Licensed Marketplace Assistors will be onsite to guide you through the enrollment process for health insurance coverage on the Health Insurance Marketplace.

Sunday, November 1, 2015

2:00 PM - 5:00 PM

Israel Missionary Baptist Church

Location: Church Library

2071 Hosea L. Williams Dr., SE

Atlanta, GA 30317

404-373-2029

Reverend Dr. William Smith, Pastor

**Refreshments Provided by
IMBC Women's Ministry**

Marketplace Enrollment Checklist:

- An email address that will also serve as your username
- A confidential Marketplace password
 - must be at least 8 characters long
 - must include at least 1 uppercase letter, 1 lowercase letter and 1 number

Example: BJsmith678
- A Social Security Number for yourself and for everyone in your tax household (spouse and those you claim as dependents) that is applying for Marketplace coverage
- Date of Birth (DOB) for everyone in your tax household
- Does your employer offer you any health insurance benefits? If so, please provide the price and any other information about the medical insurance plan that will cover only you (not the cost of a family plan).
- Please bring any relevant documents to best estimate your 2016 income:
 - Pay Stubs
 - Social Security Award Letter
 - Worker's Compensation Documentation
 - Retirement Benefits
 - Unemployment Benefits
 - W-2 Form(s) (Wage and Tax Statement)
- If you are a legal immigrant, please bring documentation supporting your status.
 - Are you a naturalized citizen? Please bring your Certificate of Naturalization or your Certificate of Citizenship.
- Who is your doctor/hospital? Ask which Obamacare plan(s) they accept
- Please provide a list of your prescription medications to ensure the plan selected will cover the cost

All information communicated and documents reviewed by a Marketplace Assister will be kept confidential.
