

# Marketplace Enrollment *Enrollee Information*

## Marketplace User Information

User name / Email :

---

Password:

---

Security Questions:

---

---

---

Application ID:

---

## Email Information

Email Provider:

---

User name:

---

Password:

---

Security Questions:

---

---

---

---

## Marketplace Plan Information

Insurance Company: \_\_\_\_\_

Plan name: \_\_\_\_\_

Plan ID#: \_\_\_\_\_

Phone number: \_\_\_\_\_

Website: \_\_\_\_\_

Premium Tax credit (if applicable): \_\_\_\_\_

Cost Sharing Reduction (if applicable): \_\_\_\_\_

## Key Contact Information

[www.Healthcare.gov](http://www.Healthcare.gov)

Marketplace Call Center:  
**1.800.318.2596**

## Certified Application Counselor (CAC) Information

Your CAC:

CAC Phone number:

*Have your Application ID ready*