

## **Failure to File and Reconcile (FTR) Recheck Notice (2-year): Consumers enrolled in 2025 Marketplace coverage who might lose financial help in 2026**

### **When do we send this notice?**

Consumers with Marketplace coverage who use advance payments of the premium tax credit (APTC) must file federal income taxes and reconcile APTC each year. If IRS records show that a household hasn't filed federal income taxes and reconciled APTC for 2 tax years, the Marketplace sends an initial notice to the tax filer telling them to file a tax return for those years and reconcile APTC right away. A consumer or their tax filer gets a notice like this one if the Marketplace rechecks IRS data and finds the consumer or tax filer still hasn't filed taxes and reconciled APTC for those tax years.

### **What does the notice tell the consumer?**

The 2-year FTR recheck notice:

- Explains the requirement to file federal income tax returns and reconcile APTC each year that the household has Marketplace coverage and uses APTC.
- Tells the consumer or tax filer that they're at risk of losing their household's financial help for 2026.
- Describes next steps for filing tax returns and reconciling APTC for previous tax years, if the consumer or tax filer still needs to do that.
- Encourages the consumer or tax filer to update their Marketplace application information after filing federal income taxes and reconciling APTC so they'll get accurate eligibility results and have a better chance of keeping their financial help.

# Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
465 INDUSTRIAL BOULEVARD  
LONDON, KENTUCKY 40750-0001

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[Name]

[Address]

[City, State ZIP]

[Date]

**2026 Application ID: #####**

## **Act now: Your Marketplace financial help will end as early as [date]**

Dear [Name]:

Your advance payments of the premium tax credit, also called “financial help,” will end as early as [date]. This means you’ll have to start paying full price for:

- Your Marketplace premium
- Your covered services (if you’ve been getting extra savings to lower the cost of those services)

**This is the last warning letter you’ll get before your financial help ends.**

### **Why am I losing financial help?**

Our records show you (or others in your household) used advance payments of the premium tax credit in 2023 and 2024, but didn’t file a federal income tax return or include IRS Form 8962 “Premium Tax Credit (PTC)” to reconcile the advance payments of the premium tax credit for those years.

Every year your household has Marketplace coverage and uses advance payments of the premium tax credit, you must file a federal income tax return **and** reconcile the advance payments of the premium tax credit you used with the amount of premium tax credit you were eligible for during the coverage year. You **must** use the information from your 1095-A, “Health Insurance Marketplace® Statement,” to complete IRS Form 8962 and include it with your return.

**We recently checked IRS records again and confirmed you still haven’t filed a federal income tax return with IRS Form 8962 for 2023 and 2024.**

## When will my financial help end?

If you don't immediately file a federal income tax return with IRS Form 8962 for 2023 and 2024, **everyone in your household will lose financial help starting as early as [date]**. If you lose financial help:

- You'll get a new Eligibility Notice that shows you and other household members don't qualify for advance payments of the premium tax credit or extra savings for covered services.
- The Marketplace will stop paying advance payments of the premium tax credit on your behalf to lower your premium costs.
- You'll stay enrolled in your current health plan, but you'll have to pay the full cost for your Marketplace plan.

## What should I do next?

If you **already filed** a federal income tax return **with IRS Form 8962** for 2023 and 2024:

1. Log into your Marketplace account and update your 2026 Marketplace application. Make sure all your information (including household income) is correct.
2. Select the box at the end of your application telling us you filed a tax return with IRS Form 8962 to reconcile your premium tax credit for 2023 and 2024. You'll get a new Eligibility Notice that shows your household's options for coverage and savings.

If you **haven't filed** a federal income tax return for 2023 and 2024 or **didn't include IRS Form 8962**:

1. Log into your Marketplace account to get a copy of your IRS Form 1095-A for both 2023 and 2024.
  - You can also call the Marketplace Call Center at 1-800-318-2596 for a copy of the form. TTY users can call 1-855-889-4325.
  - If you applied for coverage through a Marketplace enrollment partner, contact them for a copy of your IRS Form 1095-A.
2. Use your IRS Form 1095-A to fill out IRS Form 8962 ([IRS.gov/forms-pubs/about-form-8962](https://www.irs.gov/forms-pubs/about-form-8962)) to reconcile your 2023 and 2024 advance payments of the premium tax credit. You'll fill out a separate form for each year and include it with that year's tax filing.
3. File your 2023 and 2024 federal income tax returns immediately, even if you have an extension.
  - You **must** include IRS Form 8962 when you file your returns.
  - If you filed a federal income tax return for 2023 and 2024, but didn't include IRS Form 8962, you might need to file an amended federal income tax return (IRS Form 1040X).
  - Visit the IRS' Interactive Tax Assistant at [IRS.gov/help/ita](https://www.irs.gov/help/ita) or call the IRS at 1-866-682-7451, ext. 568 if you have questions about your household's tax filing status for past years.

4. After you file your 2023 and 2024 federal income tax returns **with IRS Form 8962**, log into your Marketplace account and update your 2026 Marketplace application. Select the box at the end of your application telling us you filed a tax return with IRS Form 8962 to reconcile your premium tax credit for 2023 and 2024. You'll get a new Eligibility Notice that shows your household's options for coverage and savings.

If you're not sure you have a Marketplace account through [HealthCare.gov](https://www.healthcare.gov), or you think someone might have enrolled you in Marketplace coverage without your knowledge, call the Marketplace Call Center.

### **What if I lose financial help and I disagree?**

If your financial help ends for [current year] but you believe you're still eligible to get it, you can file an appeal. Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to learn more.

### **For more help**

- Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.
- Make an appointment with someone in your area who can help you. Information is available at [HealthCare.gov/find-local-help](https://www.healthcare.gov/find-local-help).
- Get help in a language other than English. Information about how to access these services is included with this notice, and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

Sincerely,

Health Insurance Marketplace  
Department of Health and Human Services  
465 Industrial Boulevard  
London, Kentucky 40750-0001

*Privacy Disclosure:* The Health Insurance Marketplace® protects the privacy and security of the personally identifiable information (PII) that you have provided (see [HealthCare.gov/privacy](https://www.healthcare.gov/privacy)). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace®. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

*Nondiscrimination:* The Health Insurance Marketplace® doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/civil-rights/filing-a-complaint/complaint-process](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/ 200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.

**This Notice has Important Information.** This notice has important information about your application or coverage through the Health Insurance Marketplace®. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

**لعربية (Arabic) يحوي هذا الإشعار على معلومات مهمة.** يحوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو تغطيتك عبر سوق التأمين الصحي (Health Insurance Marketplace®) إبحث عن التواريخ المهمة في هذا الإشعار. قد تحتاج إلى إتخاذ إجراء بحلول تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة بخصوص التكاليف. يحق لك الحصول على هذه المعلومات و على المساعدة بلغتك من دون أي تكلفة. إتصل بالرقم 1-800-318-2596 وانتظر حتى تنتهي الإفتتاحية. اذكر اللغة التي تحتاجها عندما يرد عليك العميل و سيتم وصلك بمتترجم فوري.

**中文 (Chinese) 本通知含有重要的訊息。** 本通知含有關於通過健康保險市場 (Health Insurance Marketplace®) 申請或獲得承保的重要訊息。請在本通知中查看重要的日期。您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢。您有權利免費以您的母語得到幫助和訊息。請致電 1-800-318-2596 並等待接聽。告訴服務代表要用的語言後，便會接通口譯員。

**Français (French) Cet avis contient des informations importantes.** Cet avis comporte des informations importantes relatives à votre demande ou à votre couverture par le marché de l'assurance maladie (Health Insurance Marketplace®). Prêtez attention aux dates importantes figurant dans cet avis. Il se peut que vous deviez prendre des mesures avant certaines dates limites pour conserver votre couverture médicale ou bénéficier d'une aide financière. Vous êtes en droit d'obtenir ces informations et cette aide dans votre langue, et ce gratuitement. Appelez le 1-800-318-2596 et patientez. Dès qu'un agent décroche, indiquez la langue dont vous avez besoin et vous serez mis en rapport avec un interprète.

**Kreyòl (French Creole) Avi sa a gen enfòmasyon Enpòtan.** Avi sa a gen enfòmasyon enpòtan konsènan aplikasyon w lan ak pwoteksyon ou an atravè Health Insurance Marketplace®. Chèche dat kle yo nan avi sa a. Li posib pou pran desizyon avan sèten dat limit pou konsève pwoteksyon medikal ou oswa pou ede ak pri yo. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-800-318-2596 epi tann sou liy nan. Lè yon ajan reponn, di lang ou bezwen an epi y ap mete w an koneksyon avèk yon entèprèt.

**Deutsch (German) Diese Mitteilung enthält wichtige Informationen.** Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihrer Versicherung über den Health Insurance Marketplace®. Achten Sie auf die Eckdaten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen Maßnahmen ergreifen, um Ihren Krankenversicherungsschutz zu behalten oder sich an den Kosten zu beteiligen. Sie haben das Recht, die Informationen und Hilfen kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die Nummer 1-800-318-2596 an und warten Sie, bis das Gespräch angenommen wird. Wenn sich ein Mitarbeiter meldet, geben Sie die Sprache an, die Sie benötigen, und Sie werden mit einem Dolmetscher verbunden.

**ગુજરાતી (Gujarati) આ સૂચનામાં અગત્યની માહિતી છે.** આ સૂચનામાં તમારી આરોગ્ય વીમા બજાર (Health Insurance Marketplace®) દ્વારા કરવામાં આવેલ અરજી અથવા તેના દ્વારા આવરી લીધેલ જોખમ વિશે અગત્યની માહિતી છે. આ સૂચનામાં મુખ્ય તારીખો જુઓ. તમારા વીમા દ્વારા આવરી લીધેલ આરોગ્ય જોખમ અથવા ખર્ચમાં મદદને જાળવી રાખવા માટે તમારે ચોક્કસ સમયમર્યાદામાં પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈપણ ખર્ચ વિના તમારી ભાષામાં આ માહિતી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 પર કૉલ કરો અને શરૂઆતમાં રાહ જુઓ. જ્યારે કોઈ પ્રતિનિધિ જવાબ આપે, ત્યારે તમને જોઈતી ભાષા જણાવો અને તમને અનુવાદક સાથે જોડવામાં આવશે.

**Italiano (Italian) Questo avviso contiene importanti informazioni.** Questo avviso contiene importanti informazioni sulla tua richiesta o copertura assicurativa attraverso il mercato delle assicurazioni sanitarie (Health Insurance Marketplace®). Questo avviso include date importanti. Potrebbe essere necessario un tuo intervento entro certe scadenze per mantenere l'assicurazione sanitaria o assistenza con i costi. Hai diritto ad ottenere queste informazioni e assistenza nella tua lingua a titolo gratuito. Chiama il 1-800-318-2596 e attendi la fine dell'introduzione. Quando un agente risponde, indica la lingua di cui hai bisogno e sarai collegato a un interprete.

**日本語 (Japanese) この通知には重要な情報が含まれています。** この通知には、健康保険マーケットプレイス (Health Insurance Marketplace®) 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれています。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



**한국어 (Korean) 본 통지는 중요한 정보를 담고 있습니다.** 본 통지는 건강보험 마켓플레이스(Health Insurance Marketplace®)를 이용한 신청 또는 보장에 대한 중요한 정보를 담고 있습니다. 본 통지에서 주요 날짜를 확인하십시오. 건강보험을 유지하거나 비용에 도움을 받기 위해 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하에게는 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1-800-318-2596으로 전화하여 연결을 기다리십시오. 담당자가 연결될 때, 원하시는 언어를 알려주시면 통역자에게 연결됩니다.

**Polski (Polish) Niniejsze zawiadomienie zawiera ważne informacje.** Niniejsze zawiadomienie zawiera ważne informacje na temat Twojego wniosku lub zakresu ubezpieczenia za pośrednictwem rynku ubezpieczeń zdrowotnych (Health Insurance Marketplace®). Szukaj kluczowych dat w tym ogłoszeniu. Być może będziesz musiał/a podjąć działania w określonych terminach, aby utrzymać ubezpieczenie zdrowotne lub pomóc w pokryciu kosztów. Masz prawo do uzyskania tych informacji i pomocy w swoim języku bez żadnych kosztów. Zadzwoń pod numer 1-800-318-2596 i czekaj, aż skończy się wstępna informacja. Gdy włączy się agent, podaj język, który jest Ci potrzebny, a zostaniesz połączony z tłumaczem.

**Português (Portuguese) Este aviso tem informações importantes.** Este aviso tem informações importantes sobre sua solicitação ou cobertura por meio do mercado de seguros de saúde (Health Insurance Marketplace®). Procure as datas importantes neste aviso. Você pode precisar agir dentro de certos prazos para manter sua cobertura de saúde ou obter ajuda com os custos. Você tem o direito de obter essas informações e ajuda gratuitamente no seu idioma. Ligue para 1-800-318-2596 e espere o fim da gravação de abertura. Quando o agente responder, diga o idioma que você precisa e você será conectado(a) a um intérprete.

**Русский (Russian) В этом уведомлении содержится важная информация.** В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии на портале Рынка медицинского страхования Marketplace (Health Insurance Marketplace®). Это уведомление содержит ключевые даты. Возможно, вам потребуется принять меры к определенным срокам, чтобы сохранить свою медицинскую страховку или помочь в покрытии расходов. У вас есть право получить эту информацию и помощь на вашем языке бесплатно. Позвоните по телефону 1-800-318-2596 и переждите вступительное сообщение. Когда агент ответит, укажите нужный вам язык, и вас соединят с переводчиком.

**Español (Spanish) Este Aviso contiene Información Importante.** Este aviso contiene información importante sobre su solicitud o su cobertura del Mercado de Seguros Médicos (Health Insurance Marketplace®). Preste atención a las fechas claves en este aviso. Usted podría tener que actuar dentro de ciertos plazos para mantener su cobertura médica u obtener ayuda con los costos. Tiene derecho a recibir esta información y ayuda en su idioma sin costo. Llame al 1-800-318-2596 y espere hasta el fin del mensaje inicial. Cuando un agente contesta, indique el idioma que usted necesita y será conectado con un intérprete.

**Tagalog (Tagalog) Ang Paunawang ito ay mayroong mahalagang impormasyon.** Ang paunawang ito ay mayroong mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Pamilihan ng Segurong Pangkalusugan (Health Insurance Marketplace®). Tingnan ang mga pangunahing petsa sa paunawang ito. Maaaring kailangan mong gumawa ng aksyon sa tiyak na mga huling araw upang mapanatili mo ang sakop sa kalusugan o makatulong sa mga gastos. Mayroon kang karapatan na makakuha ng ganitong impormasyon at ng tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay hanggang magbukas. Kapag sumagot ang isang ahente, sabihin mo ang wika na kailangan mo at iugnay ka sa isang tagasalin ng wika.

**Tiếng Việt (Vietnamese) Thông báo này có Thông tin Quan trọng.** Thông báo này có thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị thông qua Thị trường Bảo hiểm Sức khỏe (Health Insurance Marketplace®). Tìm xem các ngày quan trọng trong thông báo này. Quý vị có thể cần phải hành động theo một số thời hạn nhất định để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ về phần chi phí. Quý vị có quyền nhận thông tin này và được giúp đỡ bằng ngôn ngữ của quý vị miễn phí. Hãy gọi 1-800-318-2596 và đợi đến khi mở cửa. Khi người đại diện trả lời, hãy nói với họ ngôn ngữ mà quý vị cần sử dụng và quý vị sẽ được kết nối với một thông dịch viên.

