

Self-Attestation Form

Attestation of Individual Circumstances SEP Due to COVID-19

This form is specifically for customers who have experienced reduced access to coverage through the Pennsylvania Health Insurance Exchange Authority d/b/a Pennie™ (Pennie) due to COVID-19 in the lead-up to the January 15, 2022 Open Enrollment deadline. This could either be due to themselves, or members of their household, testing positive for COVID-19, or lacking access to the resources necessary to enroll due to COVID-19,

Pennie has opened a Special Enrollment Period (SEP) from January 18th, 2022, through January 31st, 2022, for individuals who meet one of the requirements listed below. Customers will need to attest to meeting the criteria necessary to qualify for this SEP by contacting Pennie customer service at 1-844-844-8040 or by completing this form themselves, or having an assister or broker submit it on their behalf.

Customers have until January 31st, 2022, to inform Pennie they were impacted by COVID-19 and complete plan selection to take advantage of this Special Enrollment Period.

First Name	Middle Name	Last Name
I,		

attest that I meet one of the following requirements for the 2022 COVID-19 SEP:

- I, or a member of my household, tested positive for COVID-19 within the fifteen (15) days prior to, and including, the January 15, 2022, Open Enrollment deadline.
- I was prevented from accessing services necessary to enroll--i.e., a public library or a community center with internet access was closed due to COVID-19--within the fifteen (15) days prior to, and including, the January 15, 2022, Open Enrollment deadline.
- I was unable to meet with an assister or broker due to COVID-19 within the fifteen days (15) days prior to, and including, the January 15, 2022 Open Enrollment deadline

I acknowledge that the information provided on this form will only be used for the purpose of determining my eligibility to enroll in coverage through Pennie. Pennie will keep this information private, as required by federal and state law, regulations, and guidance.

By signing below, I, the undersigned, hereby declare under penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the above information is true and correct based on my personal knowledge.

Signature	Date
	/ /

You can send this form in one of the following ways:

Electronic Submission

For faster processing upload this document directly to your online account at Pennie.com

FAX

You may also fax the form to a secure fax line: 1-866-350-8233. Or, you may email the form to customermatters@pennie.com.

Mail

Pennie
PO BOX 2008
Birmingham, AL 35203