



connecting Pennsylvanians to health coverage™

## Attestation Form

### *Attestation of Non-ESI Minimum Essential Coverage*

This form is for Pennie applicants who are unable to demonstrate that they are ineligible for, or not currently enrolled in, other Minimum Essential Coverage known as non-Employer Sponsored Insurance (non-ESI MEC). This includes, but is not limited to, Medicare Parts A and C, Medicaid (Medical Assistance or MA in Pennsylvania), the Children’s Health Insurance Program (CHIP), Tricare, Refugee Medical Assistance, or the VA Health care program.

If you receive documentation in the future that demonstrates your ineligibility for other qualifying health coverage, please submit that documentation to Pennie as soon as possible. You can find a full list of acceptable documentation to demonstrate ineligibility for Non-ESI Minimum Essential Coverage at [help.Pennie.com](http://help.Pennie.com).

Note: This self-attested statement does not guarantee eligibility for the purchase of a Qualified Health Plan (QHP) or financial help through Pennie.

First Name	Middle Name	Last Name
I,		
Residing at:		
Home Address Line 1		
Home Address Line 2		
City	State	Zip Code

attest:

1. That I have attempted to obtain documentation from the relevant agencies or departments that shows my ineligibility for other minimum essential coverage also known as non-employer sponsored insurance, and no such documentation exists, or such documentation will not be made available until after the 90-day reasonable opportunity period has expired.
2. That if I receive documentation showing my eligibility or ineligibility for other minimum essential coverage also known as non-employer sponsored insurance, I will immediately submit all documentation to Pennie upon receipt.

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3. That I am not eligible for, or currently receiving, health coverage from any of the following health insurance programs including but not limited to:

- Medicare Parts A & C
- Medical Assistance/ CHIP
- Tricare
- Refugee Medical Assistance
- VA Health Care Program

**Required\*** In the box below, please provide a detailed explanation why you are submitting this form and/or why you are unable to obtain proper documentation (if more space is needed, attach additional document to this form).

I understand that I have 30 days to notify Pennie of any change of information in my application. I will report any changes within this time period by logging into my online account at Pennie.com or by calling the Contact Center at 1-844-844-4040. I understand that changes in my enrollment in other coverage, changes to my income, household size, address or other details might affect my, or my household's, eligibility for specific benefits.

I understand and agree that if I am currently enrolled in a Marketplace plan with advance payments of the premium tax credit (APTC) and am found eligible for coverage through any of the above-listed programs, I may need to pay back the APTC I received for the months I had other qualifying health coverage.

I acknowledge that Pennie will only use the information I provide on this form to determine my eligibility to enroll in coverage through Pennie. Pennie will keep this information confidential, as required by federal and state law, regulations, and guidance.

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

Signature	Date (MM/DD/YYYY)

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

Electronic Submission

For faster processing, type your name in the signature block and upload this document directly to your online account at Pennie.com

FAX/Email

You may also fax the form to Pennie's secure fax line: 1-866-350-8233.

Or, you may email the form to [customermatters@pennie.com](mailto:customermatters@pennie.com)

Mail

You can also mail the form to Pennie  
P.O. Box 2008  
Birmingham, AL 35203