



connecting Pennsylvanians to health coverage™

## Attestation Form

*Attestation of Income, NO Documentation Available*

This form is for Pennie customers who are unable to provide documentation showing anticipated income. Customers should be able to demonstrate that they attempted to obtain proper documentation prior to using this form.

**Please check the box next to the scenario below that applies to you:**

- Customers with partial documentation should still submit those documents in addition to this form and provide explanation in the space provided below.
- Customers who have submitted documents, but those documents have been rejected due to not matching your attested income on your application, submit this form in addition to those documents providing explanation in the space provided below.
- For business owners and investors whose income might fluctuate may submit this form in addition to any supporting documentation and providing background in the space provided below.

**IMPORTANT NOTE:** A customer’s eligibility for Advance Premium Tax Credits (APTC) and Cost Sharing Reductions are based on anticipated annual income. It is for this reason that customers should provide as accurate of an anticipated income as possible to prevent potential tax consequences at the end of the year.

If, later in the year, you believe your income will be higher or lower than provided on this form, please update your anticipated income with Pennie as soon as possible.

Customers can adjust the amount of APTC being applied to their monthly premium to help prevent potential tax consequences at the end of the year.

You can learn more about this feature at [help.pennie.com](http://help.pennie.com) or by calling Pennie Customer Service at 1-844-844-8040.

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

First Name	Middle Name	Last Name
I, <input type="text"/>		
Residing at:		
Home Address Line 1 <input type="text"/>		
Home Address Line 2 <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

*Continued on next page*

attest that my household's projected annual income for the benefit year in which I will receive financial assistance for my health plan is \$  ,  .

**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 showing your full anticipated annual income (if more space is needed, attach additional document to this form).

- I acknowledge that the information provided on this form will only be used for the purpose of determining my eligibility for financial assistance in the forms of Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR). Pennie will keep this information private, as required by federal and state law, regulations, and guidance.
- I understand that I must report income changes to Pennie within 30 days of the change because it may affect the amount of APTC or the level of CSRs for which I may qualify.
- I understand that if I receive too much APTC during the benefit year, I may have to pay some or all of the excess premium assistance back to the Internal Revenue Service (IRS) when I file my federal income tax return for the benefit year.

By signing below, I, the undersigned, hereby declare under penalty of perjury, pursuant to 18 Pa.C.S. § 4909, that the above information in this form is true and correct based on my personal knowledge.

Signature

Date

/  /

Submit your 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

