



Attestation Form

Attestation of Individual Tax Filer Special Enrollment Period

This form is for uninsured Pennsylvanians who (1) filed their Pennsylvania state income tax and included, as part of their filing, Pennsylvania Department of Revenue tax form REV-1882 "Health Insurance Coverage Information Request" (REV-1882) and would like to enroll in coverage using the Tax Filer Special Enrollment Period (SEP) prior to receiving notice from Pennie®; or (2) filed their Pennsylvania state income taxes through a tax preparer or tax software that did not support REV-1882. The Tax Filer SEP is available for tax filers, spouses (if married, filing jointly), and/or other dependents who are uninsured and submitted REV-1882. For those customers filing this attestation, Pennie will confirm their eligibility for this SEP with the Department of Revenue. This SEP applies to all members of the tax household, even if only some household members are uninsured.

This SEP does not apply to current Pennie customers with active coverage through Pennie. Current Pennie customers with active coverage can use this SEP for a member of their household who does not have active coverage through Pennie.

The coverage start date for this SEP will be the 1st of the month following plan selection.

First Name

Middle Name

Last Name

I,

attest that I meet the following requirements for the Tax Filer SEP:

- ☐ I, or a member of my household, is uninsured and interested in obtaining insurance through Pennie's Path to Pennie program;
AND
- ☐ I submitted REV-1882 when I completed my Pennsylvania income tax return on behalf of myself or someone in my household;
OR
- ☐ I submitted my 2022 Pennsylvania state tax return, but not REV-1882, because the form was not available to me in the tax filing software that I used to submit my taxes.

If attesting REV-1882 was not available, please provide the name of the tax filing software you used to submit your taxes.

I acknowledge that Pennie will only use the information I provide on this form for determining 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 send 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

Mail

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