

Attestation Form

Attestation of Annual Household Income

What is this form?

This form is for Pennie applicants who have been instructed by Pennie to submit documentation of household income.

Where should you submit this form?

Electronic Submission

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

Email

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

IMPORTANT NOTE - When submitting this form

Your eligibility for Advance Premium Tax Credits (APTC) and/or Cost Sharing Reductions (CSR) are based on estimated annual household income. It is for this reason that **you should provide as accurate of an income estimate as possible to prevent having to pay back some, or all, of your premium assistance at tax time.**

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

You can adjust the amount of APTC that you use during the year to help prevent potential tax consequences at the end of the year.

You can learn more about this feature at help.Pennie.com or by calling Pennie Customer Service at 1-844-844-8040.

READ BEFORE MOVING ON - Instructions on how to complete this form

- | **This is a fillable form;** you can enter your information directly into the fields below if you wish. Once completed, you can print and sign the form before submitting using one of the methods listed above.
- | Anything marked with a * is a required field and must be filled out for the form to be accepted.
- | You can print a blank form to fill in using black or dark blue ink. Please use CAPITAL LETTERS when completing this form in ink and fill in the circles (○) like this (●).



Customer Last Name

STEP 1: Attest to current income*

First Name		Middle Initial	Last Name
Address line 1		Address Line 2	
City	State	Zip	County

I attest that my household's projected annual income, for the year in which I am applying for financial assistance, is:

\$ _____

STEP 2: Tell us more about why the reported income on your application might not match IRS records or Pennie's other trusted data sources. *

Pennie is required to check the information on your Pennie application against trusted data sources like the IRS. Sometimes these sources do not have the most recent information.

Fill in the circle(s) below that best describes why the income estimate on your application might not match these trusted data sources.

- | | |
|---|--|
| <input type="radio"/> Hours at employer reduced | <input type="radio"/> Hours fluctuate frequently |
| <input type="radio"/> Cut wages or salary at employer | <input type="radio"/> Employment changed due to disability, retirement, FMLA, or sabbatical |
| <input type="radio"/> Stopped working at employer | <input type="radio"/> A reason not listed above (<i>You must explain in STEP 3 of this form</i>) |
| <input type="radio"/> Loss of other income | |

STEP 3: Tell us more about why you are submitting this form

Use the space below to further explain your situation only if:

1. You selected "A reason not listed above" in STEP 2 of this form (required), OR
2. You would like to provide additional background regarding your income situation.



Customer Full Name

STEP 4: Signature*

1. 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.
2. 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.
3. 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.
4. By signing below, I, the undersigned, hereby declare under penalty of perjury, pursuant to 18 Pa.C.S. § 4904 that the above information in this form is true and correct based on my personal knowledge.

Print First Name

Middle Initial

Print Last Name

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Signature

Date (MM.DD.YYY)

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