

Attestation Form

Attestation to Resolve Death Data Matching Inconsistency

What is this form?

This form can be used for Death Data Matching Inconsistencies issued to Pennie customers who are not deceased.

Where should you submit this form?

Electronic Submission

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

Email - You can email the form to

<u>customermatters@pennie.com</u>

<u>Mail</u> - You can also mail the form to: Pennie

P.O. Box 2008

Birmingham, AL 35203

IMPORTANT INFORMATION

Pennie verifies the information on your applications with trusted data sources. This includes verifying that any applicants are not deceased using data from the Social Security Administration. If you have received a death data matching inconsistency for yourself or someone on your application who is not deceased, you may submit this form as documentation after taking the steps below. Taking no action could result in the loss of your coverage through Pennie.

Before submitting this form, try to address the cause of the issue:

- 1) Re-enter social security numbers on the Pennie application. Incorrectly identifying an applicant as deceased can happen if the social security number was entered incorrectly on the Pennie application. Re-enter the social security number for the household member identified as deceased and review your account to see if there is still a death Data Matching Inconsistency that requires documentation.
 - a. Need help? Call Pennie at 844-844-8040
- 2) <u>Contact the Social Security Administration</u>. Another reason for incorrectly identifying someone as deceased could be an issue with the Social Security Administration. Contact the Social Security Administration for more information on how to fix this error. This form only resolves your issue with Pennie and you could continue to be identified as deceased until the error with the Social Security Administration has been resolved.
 - a. Need help? Visit SocialSecurity.gov, go to your local Social Security Administration office, or call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778)
- 3) <u>Submit two of the following documents:</u> Though you can resolve your Death data matching inconsistency through this attestation form, you should only use this form if you cannot provide the official documentation below.

Passport

Driver's license

Employee ID card

Military record

School ID card, record or report card

Marriage or divorce record

Adoption record

Health insurance card (except a

Medicare card)

Certified copy of medical record

Life insurance policy

Court order for name change



PLEASE READ - Instructions on how to complete this form:

- This is a fillable form; you can enter your information directly into the fields below. Once completed, you can print and sign the form by using one of the methods listed above to submit this form to Pennie.
- Anything marked with an asterisk (*) 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 and fill in the circle	s (O) like this ().			1 3		
STEP 1: Are you submit	ting this form for	yourself or on	behalf of a de	ependent under th	ne age of 18?		
Note: Individuals over the ac	ge of 18 must compl	ete this form and	d sign it.				
No, on behalf of a house	ehold member who	is under the age	e of 18				
STEP 2: Provide the No	ıme of Person inc	orrectly found	to be deceas	ed:			
First Name			Middle Initial Last Name				
Address line 1		Addres	Address Line 2				
City	State	Zip		County			
STEP 3: Please explain documentation	why you are unab to show the appli			of the recommer	nded forms of		



STEP 4: The above-mentioned individual (s Inconsistency by re-entering their Social Sec		-		eath Matching
YES				
O NO				
STEP 5: By checking the below, you attest	to the following	ng:		
By signing below, I attest that the above-menti deceased. I understand that the above-mentioned individant errors in their records have been corrected.	lual should cont	act the Social Se	curity Administrat	ion to ensure that
STEP 6: Signature*				
By signing below, I, the undersigned, hereby declar broker or assister, has signed this form on my beha			ny own, and that r	no one, including a
First Name	Middle Initial	Last Name		
Signature	Date (MM/DD/YYYY)			YYY)
			/	/