



## Self-Attestation Form

*Attestation of Income, NO Documentation Available*

First Name	Middle Name	Last Name
I, <input type="text"/>	<input type="text"/>	<input type="text"/>

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

- I acknowledge that the information provided on this form will only be used for the purpose of determining my eligibility for 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 CSR 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 amount 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. § 4904, that the above information in this form is true and correct based on my personal knowledge.

Signature

Date (mm/dd/yyyy)

/  /

### Send your form in one of the following ways:

#### **Electronic Submission**

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

#### **Fax**

You may also fax the form to a secure fax line: 1-866-350-8233. Or, you may email the form to [customermatters@pennie.com](mailto:customermatters@pennie.com)

#### **Mail**

Pennie  
PO BOX 2008  
Birmingham, AL 35203