Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

COVERED CALIFORNIA

Case Number: | | | | | | | | | | |

Your destination for affordable health insurance, including Medi-Cal

Attestation of Medicare Eligibility and Enrollment Status

(first name)

(middle name)

(last name)

☐ Check this box if you are currently enrolled in Medicare Part B (Medical Insurance) but you are not eligible for premium-free Medicare Part A (Hospital Insurance).
When did your Part B coverage start? Date:(*mm/dd/yyyy*)

☐ Check this box if you had Part A coverage but are no longer enrolled.
When did your Part A coverage end? Date:(*mm/dd/yyyy*)

☐ Check this box if you had Medicare disability coverage but are no longer enrolled.
When did your Medicare disability coverage end? Date: (*mm/dd/yyyy*)

☐ Check this box if you have never been and are not currently enrolled in any Medicare plan.

- I acknowledge that the information provided on this form will only be used for purposes of eligibility determination for financial assistance. Covered California will keep this information private, as required by federal and California law.
- I understand that I must report Medicare eligibility or enrollment changes to Covered California within 30 days of the change because it may affect the amount of premium assistance (or tax credits) or the level of cost-sharing reduction for which I may qualify.
- I understand that if I receive too much premium assistance (or tax credits) during the benefit year, I will 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.
- I declare under the penalty of perjury, under the laws of the state of California, that what I stated above is true and correct.

Signature:_____ **Date:**(*mm/dd/yyyy*)

Send your form in one of the following ways:

Mail
Covered California
P.O. Box 989725
West Sacramento, CA
95798-9725

Fax
(888) 329-3700

Electronic Submission
Upload this document directly to your online account at www.CoveredCA.com