Letter of Explanation – Annual Household Income

Use this form if you applied for coverage through Get Covered Illinois and received a letter saying that you need to submit documents to confirm your annual household income, but you don't have any of the acceptable documents listed. Visit https://getcovered.illinois.gov/get-started/submitting-documents.html to see a list of other acceptable documents.

Primary Contact Information

Primary Contact Name:

Primary Contact date of birth: (mm/dd/yyyy)

Application ID: (find this number at the top of the letter you got from Get Covered Illinois or in your online account)

Attestation

1. I expect my annual household income to be $ _____ **for the year** _____ **.**

2. The source of this income is:

3. I have no other documentation of this income for the following reason(s):

- I understand that I must report income changes to Get Covered Illinois within 30 days of the change because it may affect the amount of Advanced Premium Tax Credit (APTC) or the level of Cost-Sharing Reductions 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 tax credit back to the Internal Revenue Service (IRS) when I file my federal income tax return for the benefit year.
- By signing below, I hereby declare under penalty of perjury, pursuant to 28 U.S.C. 1749 and 720 ILCS 5/32-2 that the above information in this form is true and correct based on my personal knowledge.

Signature _____ **Date:** _____

Send your completed form in one of the following ways:

Online
For faster processing, upload this document in your online account at GetCoveredIllinois.gov.

Mail
Get Covered Illinois
P.O. Box 804058
Chicago, IL 60680

Fax
(888) 973-8254