Letter of Explanation - No Other Health Coverage

Use this form if you applied for coverage through Get Covered Illinois and received a letter saying you need to submit documents to confirm you aren't enrolled in or eligible for other health coverage, 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. Submit a separate form for each applicant who was instructed to verify that they don't have other health coverage.

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. Applicant Name: (enter the name of the person you are attesting to not having other health coverage)

2. I attest that the above person is not eligible for or enrolled in any of the following forms of health coverage:

- Medicaid/All Kids
- Medicare
- Peace Corps
- TRICARE
- VA Health Care Program

3. Tell us about your situation, and explain why you can't send other documents to confirm that this person is not eligible for or enrolled in other health coverage:

(continued on next page)

- I understand that I have 30 days to notify Get Covered Illinois of any change of information in this application. I will report any changes within this time period. I understand that changes in my household size, address or other details might affect my or my household's eligibility for specific benefits. I understand and will notify Get Covered Illinois if my application information changes.
- I understand and agree that if I am currently enrolled in a Marketplace plan with advance payments of the premium tax credit (APTC) and am found eligible for coverage through any of the above-listed programs, I may need to pay back the APTC I received for the months I had other qualifying health coverage.
- I acknowledge that Get Covered Illinois will only use the information I provide on this form to determine my eligibility to enroll in coverage through Get Covered Illinois. Get Covered Illinois will keep this information confidential, as required by federal and state law, regulations, and guidance.
- 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