

Attestation Form

Attestation of Annual Household Income

What is this form?

This form is for Pennie applicants who have been instructed by Pennie to submit documentation of household income.

Where should you submit this form?

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

Email

You may email the form to customermatters@pennie.com

<u>Mail</u>

You can also mail the form to Pennie P.O. Box 2008 Birmingham, AL 35203

IMPORTANT NOTE - When submitting this form

Your eligibility for Advance Premium Tax Credits (APTC) and/or Cost Sharing Reductions (CSR) are based on estimated annual household income. It is for this reason that <u>you should provide as accurate of an income estimate as possible to prevent having to pay back some, or all, of your premium assistance at tax time.</u>

If, later in the year, you believe your income will be higher or lower than the amount provided on this form, please update your estimated income in your Pennie application as soon as possible.

You can adjust the amount of APTC that you use during the year to help prevent potential tax consequences at the end of the year.

You can learn more about this feature at help. Pennie.com or by calling Pennie Customer Service at 1-844-844-8040.

READ BEFORE MOVING ON - Instructions on how to complete this form

- This is a fillable form; you can enter your information directly into the fields below if you wish. Once completed, you can print and sign the form before submitting using one of the methods listed above.
- Anything marked with a * 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 in ink and fill in the circles () like this ().



STEP 1: Attest to cur	rent income*					
First Name		Middle Initial	Last Name			
Address line 1		Address Line 2	Address Line 2			
City	State	Zip	County			
I attest that my house assistance, is:	hold's projected annu	al income, for the ye	ear in which I am apply	ring for financial		
	\$					
or Pennie's other truste Pennie is required to che Sometimes these source	ed data sources. * eck the information on yours do not have the most re-	ır Pennie application aç cent information.	application might not r	es like the IRS.		
Hours at employer reduced		Hour	Hours fluctuate frequently			
Cut wages or salary at employer Stopped working at employer		•	Employment changed due to disability, retirement, FMLA, or sabbatical			
		FMLA				
Loss of other income			A reason not listed above (<i>You must explain in</i> STEP 3 of this form)			
STEP 3: Tell us more	e about why you are s	ubmitting this form				
Use the space below to	further explain your situ	ation only if:				
	on not listed above" in ST ovide additional backgrou	•				



STEP 4: Signature*

- 1. I acknowledge that the information provided on this form will only be used for the purpose of determining my eligibility for financial assistance in the forms of 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.
- 2. 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 CSRs for which I may qualify.
- 3. I understand that if I receive too much APTC during the benefit year, I may 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.
- 4. 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.

Print First Name	Middle Initial	Print Last Name			
Signature			Date (MM.DD.Y)	YY)	
\checkmark			/	/	