

# Client Self-Attestation Form

## Ineligible for Health Insurance Coverage

With insurance opportunities under the Affordable Care Act, Delaware's Health Care Connection Program has fulfilled its original purpose to link low-income people to needed health care services and closed effective February 1, 2015 for individuals who are eligible for Medicaid or who are able to purchase health care coverage through the Health Insurance Marketplace.

Since then, HCC has focused on ensuring those ineligible to purchase health insurance continue to be served. To continue to receive services, low-income individuals in this category are required to provide proof of their ineligibility to purchase health care coverage through the Health Insurance Marketplace.

If you are claiming that you are ineligible to purchase insurance from the Health Insurance Marketplace, please check the first item listed in the form below. Although optional, it also would be helpful if you would indicate the circumstance that makes you ineligible.

To attest to your ineligibility, please read and complete this form, provide your contact information where indicated and sign and return.

<hr/>	<p><b>Required:</b> <i>I attest that I am ineligible to obtain Medicaid coverage or purchase insurance on the Health Insurance Marketplace.</i></p> <p><b>Optional:</b> <i>Please indicate the circumstance that makes you ineligible or exempt (optional):</i></p> <p><input type="checkbox"/> <i>Coverage is unaffordable.</i></p> <p><input type="checkbox"/> <i>My household income is below the return filing threshold, as determined by the IRS.</i></p> <p><input type="checkbox"/> <i>Two or more family members' aggregate cost of self-only employer-sponsored coverage exceeds 8 percent of household income, as does the cost of any available employer-sponsored coverage for the entire family.</i></p> <p><input type="checkbox"/> <i>Certain non-citizens: You are neither a U.S. citizen, a U.S. national, nor an alien lawfully present in the U.S.</i></p> <p><input type="checkbox"/> <i>Other: Please explain</i> _____</p> <p>_____</p> <p>_____</p>
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I attest that the information provided above is true.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

Contact Information:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please use this space to provide additional information if needed.

\_\_\_\_\_