STATE OF CALIFORNIA COVERED CALIFORNIA

ATTESTATION OF LACK OF AFFORDABLE HEALTH INSURANCE HBEX 552 (12/25)



ATTESTATION OF LACK OF MINIMUM ESSENTIAL COVERAGE NO DOCUMENTATION

If you do not have an affordable minimum essential coverage (MEC) through your workplace or any other means and do not have documented proof, please complete this attestation form. Print your first and last name as it

<u>appea</u>	ars on your application.						
Case	Number:						
Ι,		cannot	provide	documentation	to prove	lack of	affordable
minin	num essential health (coverage because:	:				
Thic o	attestation form serves a	as a tomporary moa	sure in the	absonce of the re	auirod docu	montation	listed below
	d you obtain any of the				•		
1.	Certificate of coverag	e or letter from the I	nealth insu	ırance company s	showing the e	end date c	of coverage.
2.	Government-issued or program.	locument showing t	he date of	f termination of he	ealth insuran	ce or ineli	igibility to the
3.	Employer statement through your job.	indicating no offer	of afforda	able health insura	ance that pro	ovides mi	nimum value
	LARE UNDER THE PI		•				•
THAT	WHAT I STATED ABO	OVE IS TRUE AND	CORRECT	T TO THE BEST (OF MY KNO	WLEDGE	•
Applicant's Signature				Т	oday's Date:		
Send	your form in one of the	ree ways:					

Upload through your account at CoveredCA.com. It's fast and easy! Now available on your smart device.

(888) 217-9310 Fax:

Mail: Covered California

ATTN: Special Enrollment Team

1601 Exposition Blvd Sacramento, CA 95815