

# Documents to Confirm Eligibility for Covered California

## Annual Income

### Earned Income – Non-Self-Employed Wages

#### Sample Employer Statement

[Name of employer or company]

[Name of person writing letter]

[Company address]

[City, State, ZIP Code]

[Telephone number]

[Today's date]

Covered California

P.O. Box 989725

West Sacramento, CA, 95798-9725

Dear Covered California:

I certify that [name of person employed or receiving income] is (*or was*) an employee of [name of company]. [Name of employee]'s gross income for this pay period is (*or was*) \$[amount of pay], and the frequency of pay is (*or was*) [weekly, every two weeks, twice a month, or monthly]. The pay effective date is [effective date] and pay end date (*if applicable*) is [end date]. This letter does not guarantee employment or wages.

The information provided above is true and correct to the best of my knowledge.

Sincerely,

[Signature of employer]

[Date signed, MM/DD/YY]

[Printed name of person signing letter]

[Job title or position]