Covered California
Special Enrollment Team
P.O. Box 13310
Sacramento, CA 95813

COVERED CALIFORNIA

Your destination for quality health insurance, including Medi-Cal

Case Number: _____

Attestation to Lack of Information Form
(Loss of Coverage)

I, _____, cannot obtain a document to
(Print your name)
prove loss of coverage because:

_____

_____

_____

My previous health carrier was: _____.

My last date of coverage was, to the best of my knowledge: _____.

Note: If you lost coverage due to non-payment of your premium payments, you may not qualify for special enrollment.

I declare under the penalty of perjury, under the laws of the State of California, that what I stated above is true and correct to the best of my knowledge.

Applicant's Signature: _____ Today's Date: _____

Send in your form in one of three ways:

The quickest way to send us your information is online at http://www.coveredca.com/get-help/contact/.

- Click on the link for "Submitting Documents for Special Enrollment."
- Click on the link called "Upload your document here."
- You will be taken to another page where you may upload your documents online.

Mail to:
CA HBEX/Covered California
Special Enrollment Team
P.O. Box 13310
Sacramento, CA 95813

Fax to:
(888) 217-9310