



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
 (Permanently Moved to or Within California)**

I, _____, cannot obtain a document to prove
 (Print your name)

that I moved because: _____

Date of move: _____

My previous address was: _____

My new address is: _____

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 this 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