



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



**COVERED
 CALIFORNIA**

*Your destination for quality
 healthcare, 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: _____

How do I submit my information?

You can submit your information 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 SEP Verification documents online.

- **Mail your information to the following address:**

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

- Or fax your information to: 1-888-217-9310.



**COVERED
CALIFORNIA**

*Your destination for quality
healthcare, including Medi-Cal*

Case Number: _____

**Attestation to Lack of Information Form
(Termination of Employment or Reduction of Employee Hours)**

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

verify my qualifying life event because:

My coverage was terminated through my employment because:

My previous health carrier was: _____

My last date of coverage was: _____

My member number was: _____

My group number was: _____

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

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

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