



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
 (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 a 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: _____

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.**