

# Client Self-Attestation Form

## Ineligible for Health Insurance Coverage or Exempt from the Federal Insurance Mandate

With insurance opportunities under the Affordable Care Act, Delaware's Community Healthcare Access Program (CHAP) has fulfilled its original purpose to link low-income people to needed health care services and closed February 1, 2015 for individuals who are eligible for Medicaid or required by law to have health care coverage.

CHAP has evolved and changed its name to Health Care Connection (HCC). HCC will focus on those ineligible to purchase health insurance or exempt from the federal insurance mandate. To continue to receive services, low-income individuals in this category are required to provide proof of their ineligibility or exemption.

If you are either a U.S. citizen or U.S. national, or an alien lawfully present in the United States, the Individual Responsibility Provision of the Affordable Care Act requires you and each member of your family to have basic health insurance coverage, qualify for an exemption or make an individual shared responsibility payment when you file your federal income tax return. How you get the exemption depends upon the type of exemption for which you are eligible. You can obtain some exemptions only from the Health Insurance Marketplace in the area where you live, others only from the IRS, and yet others from either the Marketplace or IRS.

If you are claiming that you are ineligible or exempt from the federal requirement to have health insurance, and the option to obtain proof of that exemption from the Marketplace is not available or required, please check the first item listed in the form below. Although optional, it also would be helpful if you would indicate the circumstance that makes you exempt or ineligible.

To attest to your ineligibility or exemption, please read and complete this form, provide your contact information where indicated and sign and return.

<input type="checkbox"/>	<p><b>Required:</b> <i>I attest that I am exempt from the federal mandate to have health insurance or ineligible to obtain Medicaid coverage or purchase insurance on the Health Insurance Marketplace.</i></p> <p><b>Optional:</b> <i>Please indicate the circumstance that makes you ineligible or exempt (optional):</i></p> <p><input type="checkbox"/> <i>Coverage is unaffordable, in accordance with the IRS definition of "unaffordable". This will be claimed on my tax return.</i></p> <p><input type="checkbox"/> <i>My household income is below the return filing threshold, as determined by the IRS.</i></p> <p><input type="checkbox"/> <i>Two or more family members' aggregate cost of self-only employer-sponsored coverage exceeds 8 percent of household income, as does the cost of any available employer-sponsored coverage for the entire family. This may only be claimed on tax return.</i></p>
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	<p>____ <i>Certain non-citizens: You are neither a U.S. citizen, a U.S. national, nor an alien lawfully present in the U.S.</i></p> <p>____ <i>Other: Please explain</i> _____</p> <p>_____</p> <p>_____</p>
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I attest that the information provided above is true.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

Contact Information:

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please use this space to provide additional information if needed.