

## Exception to Income Verification for Special Circumstances: Reconciliation of Premium Tax Credit Attestation Form

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*After you finish your application for health insurance, we might ask you to submit documents to confirm or verify the information you provided. This helps make sure you are getting the right amount of financial help.*

*Please use this form if you were asked to provide **proof of your eligibility for financial help**, as we were unable to confirm the information you provided about household income against trusted data sources.*

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### **Step 1. Provide your Connect for Health Colorado account information**

Full Name of Account Holder:

Date of Birth:

Account #:

Mailing Address:

Email Address:

Phone Number:

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### **Step 2. Check the scenario that explains why you do not have Form 8962 to prove eligibility for financial help.**

This form is to confirm that \_\_\_\_\_ (print the name of the primary tax filer here) does not have a Form 8962 for one of the following reasons. Please check which scenario applies:

- You have not yet filed a tax return because you have an extension; or
- You have not received Advance Payments of the Premium Tax Credits (APTC) to lower your monthly payment in the past. *(This includes if you have received APTC in the past as a dependent and not as a tax filer.)*

### Step 3. Agree and sign



**READ CAREFULLY: Only use this form if you agree you understand the below statements.**

By signing this form, I agree and expressly acknowledge:

- I understand that if I receive Advance Payments of the Premium Tax Credit to lower my premiums, **I must file a federal income tax return to reconcile the payments I received.**
  - This applies even if you don't usually have to file taxes. Those who have not filed or filed incorrectly will not be eligible to receive tax credits in the future.
- **It is my responsibility to update my application within 30 days** if any information in my application changes, including household size, income and living situation.
  - If my income changes and no longer matches what I list on this form, I understand that it is my responsibility to report that change to Connect for Health Colorado. I understand that the Internal Revenue Service (IRS) will seek repayment of any excess benefit that I receive.
- I am aware of the potential tax liability for my household if the income I provided in my application is different than the income reflected on my federal income tax return.
  - If the income information that I list in my application is different than the income that I actually receive and report on my federal income tax return, I understand that I may be required to pay back some or all of the financial help I receive.
- I have carefully reviewed my Connect for Health Colorado application and all information is true and correct to the best of my knowledge.
- The information in my application will be used to assess if I qualify for Premium Tax Credits (lower monthly costs) and/or Cost-Sharing Reductions (lower out-of-pocket costs).
- This form must be returned by the due date I was given by Connect for Health Colorado to provide proof of my household's eligibility for financial help.
- Information on this form may be checked by electronic data sources and/or Connect for Health Colorado.
- If I purposefully provide wrong information on this form, I understand I may not qualify for financial help in the future.

**Primary Tax Filer's Signature:**

**Date:**

**Secondary Tax Filer's Signature:**

**Date:**

## Next Steps

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1. Send us this **signed** Reconciliation of Premium Tax Credit Attestation Form (pages 1 and 2) in any of the following ways:

- Upload your signed form to the “Documents” section of your Connect for Health Colorado account.
- Fax a copy to 855-346-5175.
- Mail a copy to:

Connect for Health Colorado  
Verifications

P.O. Box 35681  
Colorado Springs, CO 80935

2. The Connect for Health Colorado Verifications Department will review your form and notify you when the review is complete.

3. **Report any changes to us if your household size, income or living situation change after you submit this form.**

*The financial help that Connect for Health Colorado provides will impact your taxes. Please consult a tax professional or accountant for any questions that you have regarding your specific tax return or tax situation. Connect for Health Colorado does not provide any tax assistance or advice.*

## Questions

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If you do not understand this form or have questions about sending in documents, call us at 855-752-6749. You can also reach out to your certified broker or certified health coverage guide, if you have one.