

# Exception to Income Verification for Special Circumstances: Yearly Income 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 income and have made efforts but are unable to provide documents that prove your total household income. You will attest (or certify) information about your household income and explain why you have no documents to submit.*

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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. Review your income

- I have reviewed the projected annual income and current income sources in my most recent Connect for Health Colorado application. I understand this amount is used to determine how much financial help I can get and will impact my federal income tax return.
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## Step 3. Provide an explanation

Provide an explanation here of why you are unable to show proof of your household’s income. This might be because a change in circumstances has occurred (or you reasonably expect a change to happen during the year).

Please be specific. If your explanation does not qualify you for an exemption, you will be asked to provide other information that proves your total household income. **Only complete this form if you have no other way to provide proof of your income.**

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## Step 4. Agree and sign



**READ CAREFULLY: Only use this form if you agree you understand how differences in reporting your income can impact your taxes.**

By signing this form, I agree and expressly acknowledge:

- 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 on this form and 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.
  - I also certify that my Connect for Health Colorado application includes all sources of income received by my household. Before using this form, I tried my best efforts to prove my income using other documentation.
- 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).
- 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.
- This form must be returned by the due date I was given by Connect for Health Colorado to provide proof of my household's projected annual income.
- 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** Yearly Income 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.