

Complete this Affidavit if you either do not have access to **or** are not enrolled in any source(s) of minimum essential coverage other than CoverME.gov, **excluding** the individual market.**

Other forms of minimum essential coverage include, but are not necessarily limited to the following:

- **Coverage from Medicare**
- **Coverage from MaineCare (Medicaid) and Cub Care (CHIP)** (most forms of MaineCare qualify as minimum essential coverage, with limited exceptions)
- **Coverage from a job**
- **Coverage from another program Coverage from Other Programs** (ex. TriCare, PeaceCorps, VA Health Care Program, etc.)

You may be responsible for repaying some or all of the advance payments of the premium tax credit (APTC) you receive at tax filing time if you enroll in a CoverME.gov health insurance plan with financial assistance while being ineligible to do so.

STEP 1: Tell us about yourself. Please Print.

First name	Middle initial	Last name
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Date of birth (MM/DD/YYYY)

Social Security Number	CoverME ID (optional)
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STEP 2: Read and sign this form.

I, _____ self-attest or affirm that I am neither currently enrolled in, nor have I had access to, another source of minimum essential coverage during this Plan Year/the relevant portion of this Plan Year.

- I understand that this self-attested statement does not guarantee eligibility for enrollment in coverage or receipt of financial assistance from CoverME.gov.
- I understand that if I am determined eligible for health insurance coverage through CoverME.gov, I must report any changes (including income, address, household members, pregnancy status, etc.) within 30 days to CoverME.gov because they may affect the amount of financial assistance (APTC and/or cost-sharing reductions) I qualify for. I understand that I can do so by logging into my online account at **CoverME.gov** or by calling the Consumer Assistance Center at **1-866-636-0355**.
- I understand and agree that if I am currently enrolled in a CoverME.gov plan with advance payments of the premium tax credit (APTC) despite having access to another source of minimum essential coverage, I may have to pay some or all of the APTC I received for those months when I file my federal income tax return for the benefit year.

I hereby certify under penalty of perjury that the foregoing statements made by me are true and correct. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to legal penalties.

Signature

Date

STEP 3: Attach this form to your application and mail it to the address listed below.

Mail to:

CoverME.gov Consumer Assistance Center
P.O. Box 616
Augusta, ME 04332-6626

*26 CFR § 1.5000A, 26 CFR § 1.36B, 26 CFR § 1.36B

** See Addendum for information on these forms of minimum essential coverage and how 'access' to or 'enrollment' in each from may affect your CoverME.gov eligibility.

What your minimum essential coverage means for you:

Medicare

If you're **eligible** for Medicare...

- You are **ineligible to enroll** in a CoverME.gov plan (with limited exceptions)
- You are **ineligible for financial assistance** (with limited exceptions)

If you're **enrolled** in Medicare...

- You are **ineligible to enroll** in a CoverME.gov plan
- You are **ineligible for financial assistance**

MaineCare(Medicaid) or Cub Care (CHIP)

If you're **eligible** for MaineCare (Medicaid) or Cub Care (CHIP)...

- You are eligible to enroll in a CoverME.gov plan
- You are ineligible for financial assistance (with limited exceptions)

If you're **enrolled** in MaineCare (Medicaid) or Cub Care (CHIP)...

- You are ineligible to enroll in a CoverME.gov plan (with limited exceptions)
- You are ineligible for financial assistance

Coverage from a Job

If you're **eligible** for Coverage from a Job (also referred to as employer-sponsored insurance, including coverage through the job of a household/family member)...

- You are eligible to enroll in a CoverME.gov plan
- You are ineligible for financial assistance

If you're **enrolled** in Coverage from a Job (also referred to as employer-sponsored insurance, including coverage through the job of a household/family member)...

- You are ineligible to enroll in a CoverME.gov plan with financial assistance
- You are ineligible for financial assistance

Consolidated Omnibus Reconciliation Act (COBRA) Coverage

If you're **eligible** for Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage...

- You are eligible to enroll in a CoverME.gov plan
- You are eligible for financial assistance

If you're **enrolled** in Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage...

- You are ineligible to enroll in a CoverME.gov plan
- You are ineligible for financial assistance

Retiree Coverage

If you're **eligible** for Retiree Coverage...

- You are eligible to enroll in a CoverME.gov plan
- You are eligible for financial assistance

If you're **enrolled** in Retiree Coverage...

- You are ineligible to enroll in a CoverME.gov plan
- You are ineligible for financial assistance

Coverage from Other Programs

If you are **eligible** for Coverage from Other Programs (ex. TriCare, PeaceCorps, VA Health Care Program, etc.)...

- Your eligibility to enroll in coverage through CoverME.gov and receive financial assistance varies by program. Check with your insurance provider/program administrator for more information.

If you are **enrolled** in Coverage from Other Programs (ex. TriCare, PeaceCorps, VA Health Care Program, etc.)...

- Your eligibility to enroll in coverage through CoverME.gov and receive financial assistance varies by program. Check with your insurance provider/program administrator for more information.