



HEALTH REPUBLIC
INSURANCE

ATTESTATION

I attest that I am eligible to enroll in Health Republic Insurance of New York during the Special Election Period (SEP) as a result of the qualifying event noted below.

Please mark the appropriate box indicating your qualifying event situation:

- Loss of health coverage from previous employer or insurance carrier
- Marriage or Domestic Partnership
- Birth/Adoption/Placement for Adoption/Placement in Foster Care
- Becoming a Citizen, National or Lawfully Present Individual
- American Indian/Alaskan Native
- Loss of health coverage due to Divorce/Annulment/Legal Separation
- Permanent Move
- No Longer Incarcerated
- Are no longer eligible to be on a parent's health insurance
- Became eligible or ineligible for financial assistance
- Federal tax penalty for not having health insurance in 2014
- Other _____

Applicant Signature _____

Date _____

You may return the signed form to Health Republic by email or hard copy mail as follows:

Email to:

- Individual Business Inquiries: IndividualBusiness@newyork.healthrepublic.us

OR

Mail to:

Health Republic Insurance of New York
30 Broad Street, 34th Floor
New York, NY 10004
Attn: New Individual Business