

Covered California Case Number _____

Name _____

Re: Proof of Minimum Essential Coverage

I attest I do not have any of the follow documents:

- Notice of Action of discontinuance from Medi-Cal
- Notice of Action of discontinuance from Medicaid
- Confirmation of disenrollment from employer sponsored health insurance plan
- Confirmation of disenrollment from health insurance plan

The reason is:

- My last health plan ended in the year _____ and I no longer have the letter.
OR
- This is an error; I do not recall having any of the above listed plans.

Thank you,

Signature

Date