

REV-1882

HEALTH INSURANCE COVERAGE INFORMATION REQUEST

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Name shown first on the PA-40 (if filing jointly)		Social Security Number
PURPOSE: The purpose of the REV-1882, Health information regarding their eligibility to enroll in he also known as Pennie™. Pennie is Pennsylvania have teamed up to gather information from reside comprehensive health insurance through Pennie Department of Revenue to share information from Pennie can evaluate your eligibility for no-cost or	alth insurance coverage through the Pennsylvar is health insurance marketplace. The Pennsylvar ents who do not have health insurance coverag e. By answering the questions below, you are m your state tax return (such as your househo	ia Health Insurance Exchange Authority, nia Department of Revenue and Pennie e, making it easier to apply and enroll in giving permission for the Pennsylvania
Email Address		
Telephone Number		
Select oval if you do not have health insurance of	coverage	. 0
Select oval if your spouse (if married, filing jointly insurance coverage	y) does not have health	2. 0
Select oval if any dependents included on your finsurance coverage	ederal tax return do not have health	3.
4. Select oval if you consent to allow Pennie to con	nmunicate with you via telephone or email 4	. 🔾
5. Please provide your adjusted gross income from Line 11 of your federal tax return 5		i
6. Please provide the number of household member	ers included on your federal tax return 6	3.
Please provide the date of birth for yourself, you dependents under age 26 within your household.		
Taxpayer Date of Birth (MM/DD/YYYY)	Spouse Date of Birth (if married, filing jointly) (MM/DD/YYYY)	
Dependent(s) Date(s) of Birth (MM/DD/YYYY)		