



# Instructions for REV-1882

## Health Insurance Coverage Information Request

REV-1882 IN (EX) 07-21

### GENERAL INFORMATION

The Pennsylvania Health Insurance Exchange Authority, also known as Pennie™, is Pennsylvania's state-based health insurance marketplace providing Pennsylvanians with access to affordable health insurance. Pennie has partnered with the Pennsylvania Department of Revenue to establish a program whereby Pennsylvanians can provide eligibility information to Pennie while filing their Pennsylvania Income Tax return.

### PURPOSE OF FORM

The purpose of the REV-1882, Health Insurance Coverage Information Request, is to provide uninsured Pennsylvanians with a way to submit information to Pennie. Pennie will use this information to assist you in determining your eligibility for enrollment in health insurance with financial assistance. For additional information regarding Pennie, please visit [www.pennie.com](http://www.pennie.com).

If you are uninsured and want to understand your eligibility for health insurance through Pennie, you can complete this form. By completing this form and attaching it to your signed Pennsylvania Personal Income Tax Return, you authorize the Department of Revenue to supply tax information from your return (including your name, address and Social Security number) and the information provided on this form to Pennie.



**NOTE:** Executing this form is completely voluntary. You are not required to fill out this form to file your Pennsylvania Personal Income Tax Return.

### FORM INSTRUCTIONS

Provide the primary name, primary SSN, email address and telephone number where indicated.

### LINE INSTRUCTIONS

#### LINE 1

Fill in the oval if the primary taxpayer does not have health insurance coverage.

#### LINE 2

Fill in the oval if the primary taxpayer's spouse (if married filing jointly) does not have health insurance coverage.

#### LINE 3

Fill in the oval if any dependents included on your federal tax return do not have health insurance coverage.

#### LINE 4

Fill in the oval if you consent to allow Pennie to communicate with you via telephone or email.

#### LINE 5

Provide your adjusted gross income from Line 11 of your federal tax return.

#### LINE 6

Provide the number of household members included on your federal tax return.

#### LINE 7

Provide the name and date of birth (MMDDYYYY) for the primary taxpayer, and the primary taxpayer's spouse (if married filing jointly).

Provide the date of birth (MMDDYYYY) of the dependent(s) (from Line 3) within your household who are under age 26 and who do not have health insurance coverage.