

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 Pennsylvan's health insurance marketplace. The Pennsylvanents who do not have health insurance coverage. By answering the questions below, you are myour state tax return (such as your household	nia 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 1	. 0
Select oval if your spouse (if married, filing jointly insurance coverage	y) does not have health	2. 🔾
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 cor	nmunicate with you via telephone or email 4	ı. 🔾
5. Please provide your adjusted gross income from Line 11 of your federal tax return		5.
6. Please provide the number of household members included on your federal tax return		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)		



REV-1882 IN (EX) 07-21

Instructions for REV-1882

Health Insurance Coverage Information Request

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.

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.

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