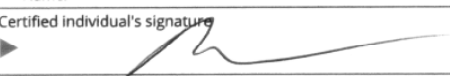


Step 3: Please read and sign this application *(continued)*

Complete this section if you are a Covered California certified individual helping someone fill out this application.

I certify that as a Certified Enrollment Counselor, Certified Insurance Agent, or Certified Plan-Based Enroller, I helped the applicant complete this application and that this service was free of charge. I also certify that I gave true and correct answers to all questions on this application as far as I know. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information, and the applicant understood the explanation.

<input type="checkbox"/> Certified Enrollment Counselor Name: _____	CEC number
Certified Enrollment Entity Name: _____	CEE number
<input checked="" type="checkbox"/> Certified Insurance Agent Name: <u>MICHAEL A. MENDONCA</u>	License number <u>0716839</u>
<input type="checkbox"/> Certified Plan-Based Enroller Name: _____ Plan: _____	Certification number
Certified individual's signature 	Date

The state will not compensate the Covered California Certified Enrollment Entity unless the Certified Enrollment Counselor fills out this section completely and correctly when the application is submitted.

Step 4: Mailing information and checklist

Mail your signed application to:

Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

Did you remember to:

- Tell us about everyone in your family and household, even if they don't need insurance? See page 3 for the list of whom to include.
- Ask your employer about any job-related insurance you may qualify for?
- Sign this application on **page 17**? If you chose an authorized representative, also sign page 15.

A few more questions *(optional)*

1. **Would you like to be considered for all Medi-Cal programs?** Yes No
There are other Medi-Cal programs for people 65 years old or older, people with a disability, or people with special health care needs.

If you check yes, we will contact you to get information about your property and assets.

2. **Have you had any recent changes in your life that made you want to apply for health insurance?**

If yes, check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Moved to California | <input type="checkbox"/> No longer incarcerated |
| <input type="checkbox"/> Gained citizenship or lawful presence | <input type="checkbox"/> Newly eligible for premium assistance |
| <input type="checkbox"/> Loss of health insurance | <input type="checkbox"/> Applying for Medi-Cal |
| <input type="checkbox"/> Gained dependent (by birth, marriage, or adoption) | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Other | |

When did this life event occur? (month / day / year) _____

Step 4 continued on next page 

¿Preguntas?

Llame a Covered California al **1-800-300-1506** (TTY: 1-888-889-4500). La llamada es gratuita. Usted puede llamar de lunes a viernes de 8 a.m. a 8 p.m. y los sábados de 8 a.m. a 6 p.m. O visite CoveredCA.com.

