

Return to:
Eric@EricBurnsInsurance.com
678-550-1744 (Fax)



Georgia Access Letter of Explanation

If you received a notice from Georgia Access indicating you need to send documents to verify your application information **and** you do not have any of the documents listed on the notice, you may submit a written letter to Georgia Access to explain why you do not have the documentation. Please use this form to provide your written explanation for any of the missing information below:

- A. Government-sponsored health coverage (i.e., non-employer-sponsored minimum essential coverage) status
- B. Annual income
- C. Other (e.g., confirming a life event)

Complete Step 1 and **only each applicable Appendix** of this form for the information you are missing. Please include all relevant information necessary to support your explanation to confirm coverage status. You may submit this form electronically through the Georgia Access enrollment channel you used to submit your application or by mail. If submitting electronically, please include all materials and associated documentation within one PDF and upload to your account. If mailing, please include all materials and associated documentation within one envelope and send to:

ATTN: Letter of Explanation
Georgia Access Contact Center
PO Box 12264
Birmingham, AL 35202

If you need additional assistance with this form, including language or accessibility services (e.g., language translations, large print), please contact your Georgia Access enrollment channel or call the Georgia Access Contact Center at 888-687-1503.

STEP 1: CONTACT INFORMATION

Provide the contact information for the **Primary Point of Contact** on your Georgia Access application.

Primary Point of Contact Information			
1. First Name	2. Middle Name (if applicable)	3. Last Name	4. Suffix
5. Date of Birth (mm/dd/yyyy)		6. Application ID # (printed on the first page of notice)	

APPENDIX A: GOVERNMENT-SPONSORED HEALTH COVERAGE

Complete this section if you need to verify your government-sponsored health coverage status.

Government-Sponsored Health Coverage Information		
1. Do you currently have Medicare Part B (Medical Insurance), but are not eligible for premium-free Medicare Part A (Hospital Insurance)? <i>If yes, list your Part B coverage start date below:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start date (mm/dd/yyyy):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did you previously have Medicare Part A coverage? <i>If yes, list your Part A coverage end date below:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
End date (mm/dd/yyyy):		
3. Did you have Medicare because of a disability, but are no longer enrolled? <i>If yes, list your Medicare coverage end date below:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
End date (mm/dd/yyyy):		
4. Did you ever have health coverage through TRICARE? <i>If yes, list the coverage end date below:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
End date (mm/dd/yyyy):		
5. Did you ever have health coverage through the Peace Corps? <i>If yes, list the coverage end date below:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
End date (mm/dd/yyyy):		
6. Did you ever have health coverage through the Department of Veteran Affairs? <i>If yes, list the coverage end date below:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
End date (mm/dd/yyyy):		

APPENDIX B: ANNUAL INCOME

Complete this section if you need to verify your annual household income.

Important note:

- A. The annual income you enter must match the income you reported on your Georgia Access application. If it does not, please update your Georgia Access application.
- B. **Remember:** It is important to enter an accurate income estimate on your Georgia Access application. If the income you entered on your application is less than the income you report on your taxes at the end of the year, you may have to pay back some or all your Advance Premium Tax Credits (APTCs) when you file your taxes. If your estimated income changes during the year, update your application with this information right away.

Annual Income Information	
1. Expected Household Income	
Amount:	Year (e.g., 2024):
\$	

Include and attach as many pages as necessary, and explain why you cannot send the requested documents confirming your annual income below:

[illegible]

Complete this section if you have received any other type of Data Matching Issue (DMI) (e.g., confirming a life event) and need to explain why you cannot provide the requested documentation.

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Signature of Primary Point of Contact	Date Signed (<i>mm/dd/yyyy</i>)