



HEALTH INSURANCE
PARTNERSHIP

Declaration of Non-filing Status

Complete and sign this form (must be signed by both member and spouse, if any), and mail to: HIP Administration Office, 20021 120th Ave. NE, Suite 200, Bothell, WA 98011. **Use this form only if you and your spouse were not required to file a federal income tax return and you cannot obtain IRS verification of non-filing status.**

Participant's name _____ SSN (optional) _____

Spouse's name _____ Phone number _____

Street address _____

City _____ State _____ ZIP code _____

Please explain why you cannot provide IRS documentation: _____

I/we certify that I/we have provided all available income documentation as requested by the Health Insurance Partnership (HIP). I/we were not required to file an income tax return with the Internal Revenue Service and cannot obtain IRS verification of non-filing status.

Participant's signature _____ Date _____

Spouse's signature _____ Date _____

The HIP will require proof of your family's gross income once per year. If the HIP finds that the state has paid too much of your premium, you may be required to repay any overpayments.

The Washington State Health Care Authority manages the Health Insurance Partnership. Washington State law may required disclosure of any information you submit as a public record. The Health Care Authority's Privacy Notice is available upon request by calling 360-923-2822 or go online to www.hca.wa.gov.