



**Attestation of No Prior Plan Year 2020 Coverage**

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***To be completed by Consumer***

I, \_\_\_\_\_, am self-attesting that I have not previously enrolled in a plan on Nevada Health Link for coverage effective during Plan Year 2020.

I understand that this self-attested statement does not guarantee approval of the qualifying life event of "Missed Open Enrollment Period." Furthermore, I understand and agree to the manual verification of the no prior enrollment for PY 2020 information attested to and understand my rights to appeal any decision.

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Electronic Signature

Date

***Once completed, please upload to your consumer dashboard and wait for the document to be processed by the Customer Service Center. If you have any questions you can call the call center at: 1-800-547-2927***

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