

Release Date

9/21/2026

Decreasing Duplicates

A new *We found an existing application* popup displays when consumers have duplicate application(s):

- Next Steps section with the following radio button:
 - **RECOMMENDED (Access your existing application)** navigates dynamically as follows:
 - Consumers: *Select an account to continue and Review your information* page
 - Enrollers: *Delegate to existing case* page
 - **Continue with this application** navigates the users to the *Household Menu* page. The option provides a link for *Reasons to have more than one application*. When selected, there is a checkbox *I understand and confirm that I have a valid reason to submit this application and will not be provided additional financial help*.
 - Selecting **Continue with this application** will trigger notification at various points in the application and provides the reminder that if there is financial help being received on another case, they would not be eligible for financial help on this application.



We found an existing application

The following household member(s) are already on an application:

- Ima Cardholder, 49 yrs

Why this is important

If a member is currently receiving financial help, they will not be eligible for additional financial help on this application.

Next Steps



RECOMMENDED

Delegate to existing case

This helps keep your coverage on track and avoid delays or gaps in care.



Continue with this application

In some situations, it makes sense to have more than one application. Click the link below to learn if one of those situations applies to this household.

[Reasons to have more than one application](#)



I understand and confirm that I have a valid reason to submit this application and will not be provided additional financial help.

Not sure what to choose?

Call our help line at (877) 453-9198 and we can help you decide the best option and avoid delays.

Back

Next





We found an existing application

The following household member(s) are already on an application:

- Gigi James, 34 yrs

Why this is important

If a member is currently receiving financial help, they will not be eligible for additional financial help on this application.

Next Steps

☒ **RECOMMENDED**
Delegate to existing case
This helps keep your coverage on track and avoid delays or gaps in care.

☐ **Continue with this application**
In some situations, it makes sense to have more than one application. Click the link below to learn if one of those situations applies to this household.
[Reasons to have more than one application](#)

Not sure what to choose?
Call our help line at (877) 453-9198 and we can help you decide the best option and avoid delays.

Back

Next

Selecting **Delegate to an existing case** navigates the user to the *Consumer Delegation tool*.

Welcome! You are viewing the Accelerated Consumer Delegation Consent Page of Covered California.

Consumer Delegation

We need some very important information about your Consumer so that we can search for them in our database.



Delegation Form

Step 1 of 4

Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.

First name

Last name

Date of birth

Does the consumer have one of the following identification numbers?

☒ Social Security Number (SSN)

☐ Individual Taxpayer Identification Number (ITIN)

☐ Adoption Taxpayer Identification Number (ATIN)

☐ None of the above

Enter consumers Social Security Number (SSN) Optional



 We'll keep your information safe and use it only as explained in our [privacy policy](#).

Consumer Consent to Delegate Case to Tina Test.

Step 2 of 4

Please read the below statements to the Consumer for delegation consent. Please select the checkboxes below to provide consent for each statement on behalf of the Consumer.

- ☐ I understand that I need to provide my personal information to apply for health insurance.
- ☐ I authorize the Certified Insurance Agent I chose to access, enter, and update my personal information in the Covered California application system. I also understand that this Agent can access my personal information in the future if I ask for changes to my application or health coverage. I also allow the Agent to sign the application on my behalf, submit my completed application and use an electronic signature on my behalf.
- ☐ I give this Agent permission to enter payment information for me. I understand that the insurance premium amount quoted for my health coverage will be charged to my bank or financial account.
- ☐ I agree that this Agent will be my Agent of Record. By agreeing to this Agent as my Agent of Record, I understand that any Agent I previously authorized will be removed from my account.
- ☐ If this Agent works with an Agency, I understand the Agency may choose a new Agent to help me in the future. I understand that the new Agent will have access to my personal information to help me with my account and application. I further understand that I may decline to work with the new Agent at any time.
- ☐ I also understand that I can stop working with this Agent at any time. I can make this change through my Covered California Account Dashboard or by calling 1-800-300-1506 to remove their access to my account.

Cancel

Check for Consumer

 **One Match Found**
Success: Based on the details you provided, one Consumer match has been found.

One-Time Passcode (OTP) Verification Step 3 of 4

Please select a phone number or email to send to the consumer for verification.

☐ *****james@invalid.com

☐ I acknowledge that the individual for which I am applying has read, understood and agrees to be bound by the Covered California [SMS Terms Of Service](#). Also, the individual for which I am applying has provided consent to receive autodialed and pre-recorded calls and/or text/SMS messages (message frequency varies) at the telephone number I provided (including my cell phone number), from or on behalf of Covered California. The individual for which I am applying understands that this is not a condition of receiving services. Message and data rates may apply.

Send Authentication Code to Consumer

Send One Time Authentication Code

Cancel

Submit



The screenshot displays a web interface for 'Consumer Delegation'. At the top, a blue header contains the title 'Consumer Delegation' and a sub-header 'We need some very important information about your Consumer so that we can search for them in our database.' To the right is an icon of a magnifying glass over a document. Below this is a white box with a green checkmark icon and the title 'Multiple matches found'. The text inside this box states: 'More than one match has been identified with the search criteria provided. Please review the identified contact information to begin delegation..', 'Matches Found: 3', 'Matches Already Delegated: 1', and a note: 'Note: delegation for multiple matches will delegate ALL existing cases'. Below this box is another white box titled 'One-Time Passcode (OTP) Verification' with the sub-header 'Please select a phone number or email to send to the consumer for verification.' and a progress indicator 'Step 3 of 4'. This box contains three radio button options: the first is selected and corresponds to 'ab.....xyz@gmail.com', the second is '(...)-1234', and the third is '(...)-9876'.

New yellow banner messaging displays on the following pages when a consumer is identified as a duplicate:

- *Welcome to Your Household Eligibility Results Summary*
- *Individual Eligibility Details*

Clicking the **reasons to have more than one application** link displays possible reasons.

A message with eligibility results displays about financial help.

Clicking the **See Full Details** link displays a yellow banner and the *Financial Help* section displays a message that [HHM] is not eligible for financial help due to another active case with enrollment receiving that is financial help.



Welcome to Your Household Eligibility Results Summary



Let's take a look at your Household.

Please review each member's program eligibility below.

 Choose a plan by 08/31/2026 to start your coverage on 09/01/2026.

View:  
Card Table

 Some household members are already on another application. Review the [reasons to have more than one application](#). Then choose whether you want to apply for health coverage for them on this application.

**Gigi J.**
34 years old

Program Eligibility
Covered California Plan

Upload Document

See Full Details

Financial Help

 [Show Less Details](#)

Gigi is not eligible for Financial Help because of the following:

- Our records show you are already enrolled in a Covered California health plan receiving financial help.
- Our records show that you have Medi-Cal coverage. If you think this is wrong, please contact your [local county office](#).

A new *Does the consumer have one of the following identification numbers?* question displays on the Consumer Delegation page to collect SSN/ITIN/ATIN during intake.



Consumer Delegation
We need some very important information about your Consumer so that we can search for them in our database.

Delegation Form
Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.

First Name
Alex

Last Name
Alex

Date of birth
mm/dd/yyyy

Does the consumer have one of the following identification numbers?

☒ Social Security Number (SSN)

☐ Individual Taxpayer Identification Number (ITIN)

☐ Adoption Taxpayer Identification Number (ATIN)

☐ None of the above

Enter consumer's Social Security number (SSN) Optional
••••••••••

We'll keep your information safe and use it only as explained in our privacy policy.

Consumer Consent to Delegate Case to [Agent]
Step 2 of 4

Please read the below statements to the Consumer for delegation consent. Please select the checkboxes below to provide consent for each statement on behalf of the Consumer.

☒ I understand that I need to provide my personal information to apply for health insurance.

☒ I authorize the Certified Insurance Agent I chose to access, enter, and update my personal information in the Covered California application system. I also understand that this Agent can access my personal information in the future if I ask for changes to my application or health coverage. I also allow the Agent to sign the application on my behalf, submit my completed application and use an electronic signature on my behalf.

☒ I give this Agent permission to enter payment information for me. I understand that the insurance premium amount quoted for my health coverage will be charged to my bank or financial account.

☒ I agree that this Agent will be my Agent of Record. By agreeing to this Agent as my Agent of Record, I understand that any Agent I previously authorized will be removed from my account.

☒ If this Agent works with an Agency, I understand the Agency may choose a new Agent to help me in the future. I understand that the new Agent will have access to my personal information to help me with my account and application. I further understand that I may decline to work with the new Agent at any time.

☒ I also understand that I can stop working with this Agent at any time. I can make this change through my Covered California Account Dashboard or by calling 1-800-300-1506 to remove their access to my account.

[Back](#) [Check for Consumer](#)

The following new popups display when the user clicks the **Check for Consumer** button:

- *This individual is not authorized to consent to delegation* when the consumer is not the primary or spouse on the case

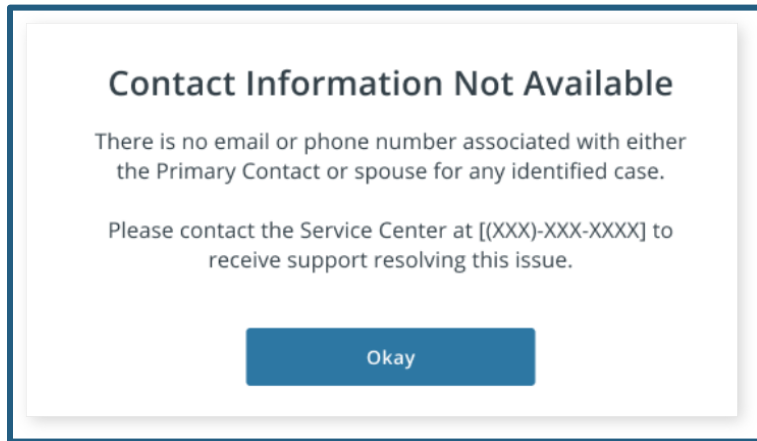
This individual is not authorized to consent to delegation

The individual identified in this search does not appear as the Primary Contact or spouse in any case that they are listed in. Only the primary or spouse may consent to delegation.

If you would like to try again, please select the Start Over button to re-enter details. If you would like to start a new application, please return to the Enroller Dashboard.

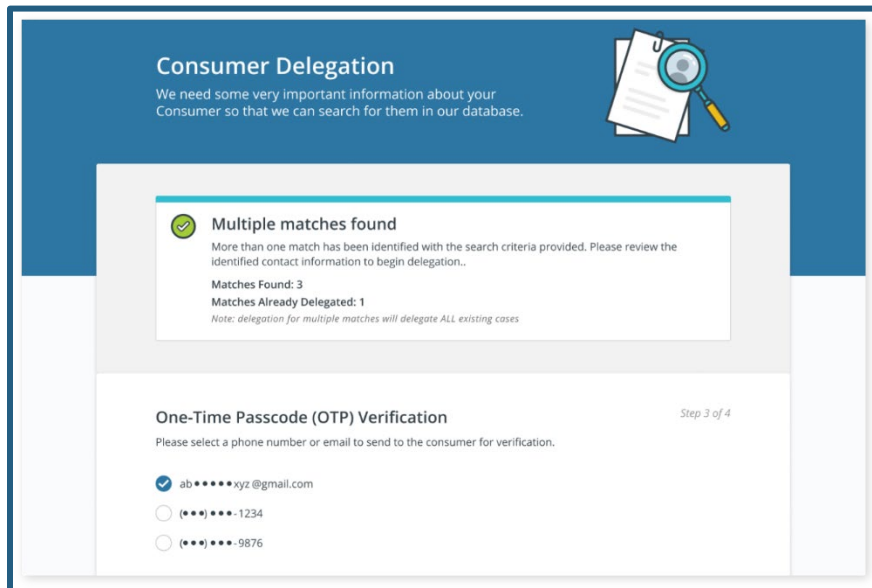
[Back to Enroller Dashboard](#) [Start Over](#)

- *Contact Information Not Available* when an email or phone is not available



A new *Multiple matches found* banner displays on the Consumer Delegation page with all available phone numbers and/or email addresses associated to the Primary Contact and/or Spouse case.

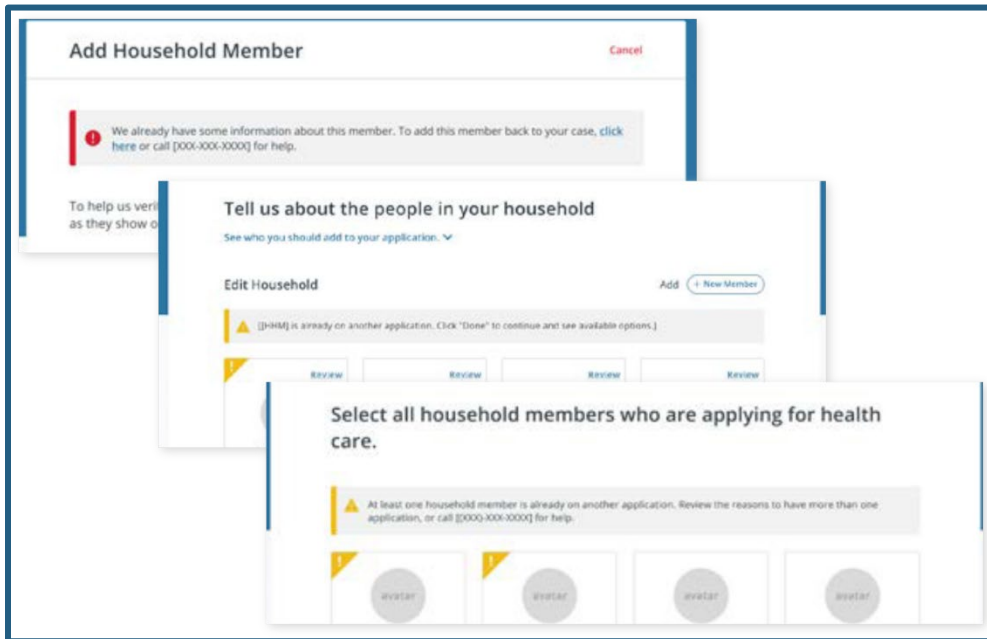
Selecting an option sends an authentication code to the appropriate contact method.



New banner messaging displays informing users they are identified as a duplicate on another application:

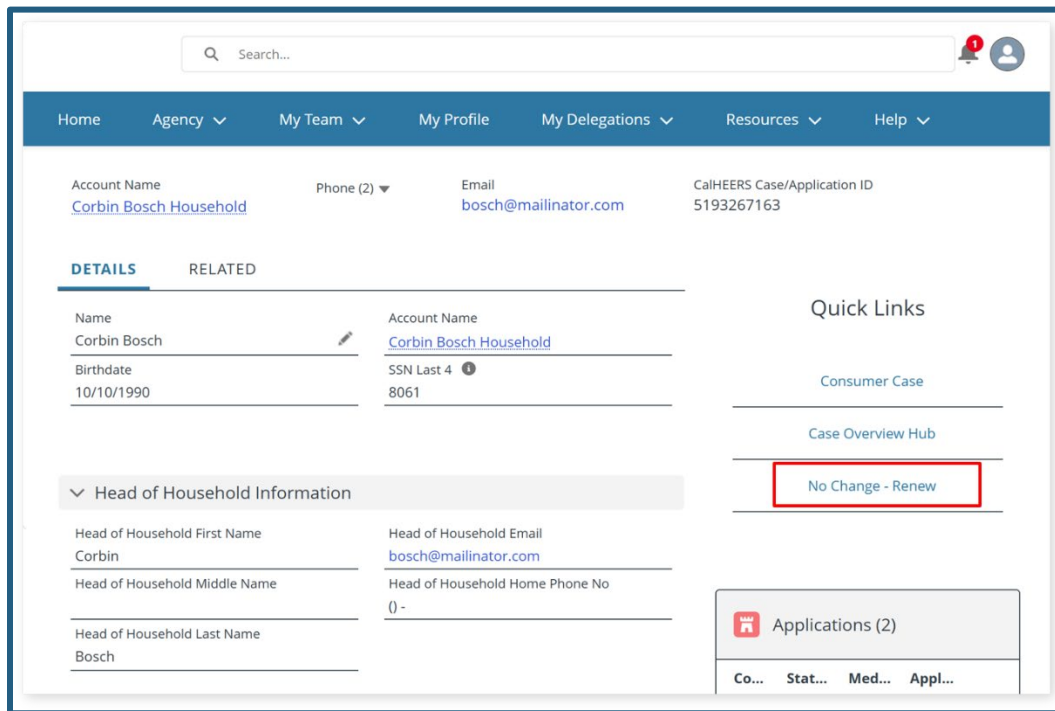
- *Add Household Member*
- *Final Individual Review*
- *Tell us about the people in your household*

- *Select all household member who are applying for health care*



Enroller Portal Enhancements

The Contact page of the Enroller Portal displays a new **No Change – Renew** button during Open Enrollment allowing Agency and Entity users to initiate a Renewal application with no changes for Covered California only renewals.

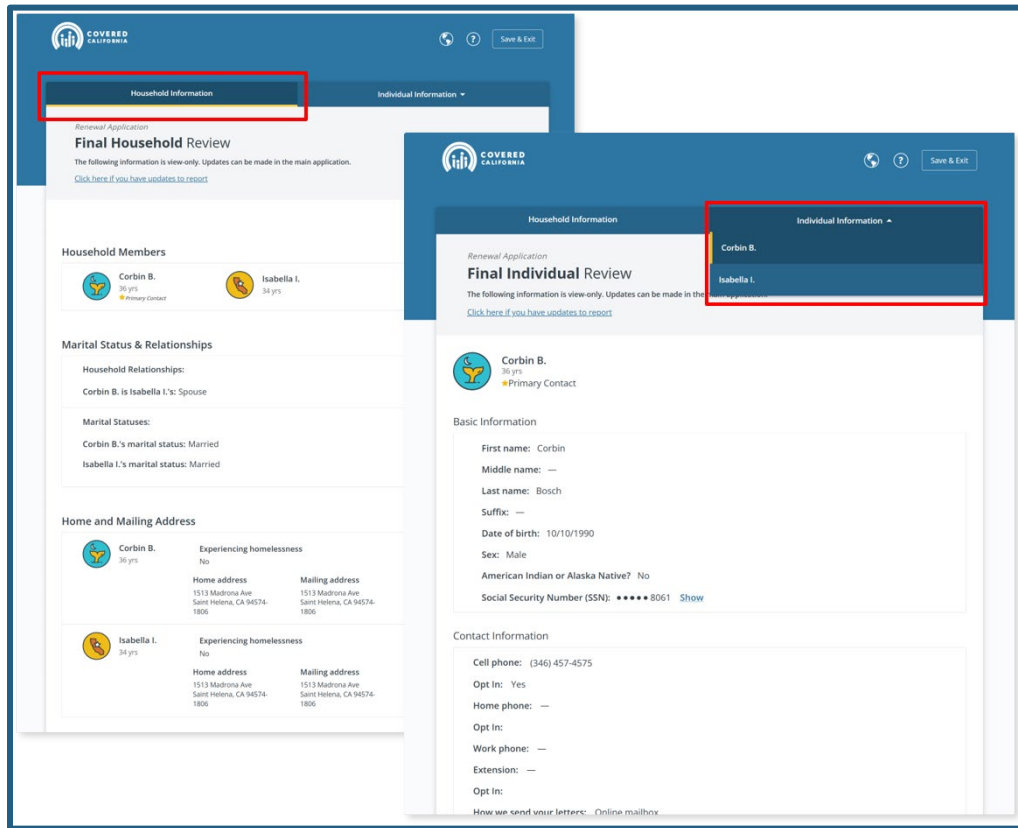


The screenshot shows a user interface for Covered California. At the top is a search bar and navigation menu. Below the navigation menu, account information is displayed: Account Name (Corbin Bosch Household), Phone (2), Email (bosch@mailinator.com), and CalHEERS Case/Application ID (5193267163). The main content area is divided into 'DETAILS' and 'RELATED' sections. The 'DETAILS' section shows personal information like Name (Corbin Bosch), Birthdate (10/10/1990), and Account Name (Corbin Bosch Household). The 'RELATED' section shows 'Head of Household Information' with fields for First Name, Middle Name, Last Name, Email, and Home Phone No. A 'Quick Links' section on the right includes 'Consumer Case', 'Case Overview Hub', and a 'No Change - Renew' link highlighted with a red box. At the bottom right, there is a section for 'Applications (2)' with a table showing columns for Co..., Stat..., Med..., and Appl....

Agency and Entity users navigate through a new No Change Renewal flow when clicking the **No Change – Renew** link.

The No Change Renewal flow navigates users to a dynamic view of the *Final Household Review* and *Final Individual Review* pages with the following:

- *Household Information* tab – Displays read only case information
- *Individual Information* tab – Displays individual information and allows one to select the individual they would like to review



The screenshot displays two overlapping web forms. The background form is titled 'Final Household Review' and contains sections for 'Household Members' (listing Corbin B. and Isabella I.), 'Marital Status & Relationships', and 'Home and Mailing Address'. The foreground form is titled 'Final Individual Review' and contains sections for 'Basic Information' (including name, date of birth, sex, and SSN) and 'Contact Information' (including cell, home, and work phone numbers). Red boxes highlight the 'Household Information' tab in the background form and the 'Individual Information' tab in the foreground form.

The *Household Information* tab displays the following in view only:

Updated messaging

- **Click here if you have updates to report** link – Navigates the user to the active Renewal flow
- **Continue to Review** button – Navigates the user to the Individual Information tab
- **Skip to Submit** link – Allows the user to complete the Renewal and navigates to the:
 - *Let's check your application to make sure you are ready to submit!* page
 - *We Found an existing application* page when a HHM member is identified as having a duplicate application or case



 COVERED
CALIFORNIA

 Save & Exit

Household Information

Individual Information

Renewal Application

Final Household Review

The following information is view-only. Updates can be made in the main application.
[Click here if you have updates to report](#)

Household Members

 Corbin B.
36 yrs
★ Primary Contact

 Isabella I.
34 yrs

Marital Status & Relationships

Household Relationships:
Corbin B. is Isabella I.'s: Spous

Marital Statuses:
Corbin B.'s marital status: Ma
Isabella I.'s marital status: Ma

Calculated Yearly Household Income
January - December

\$44,500.00 / year

Next 12-Month Household Income
Variable earnings starting this month

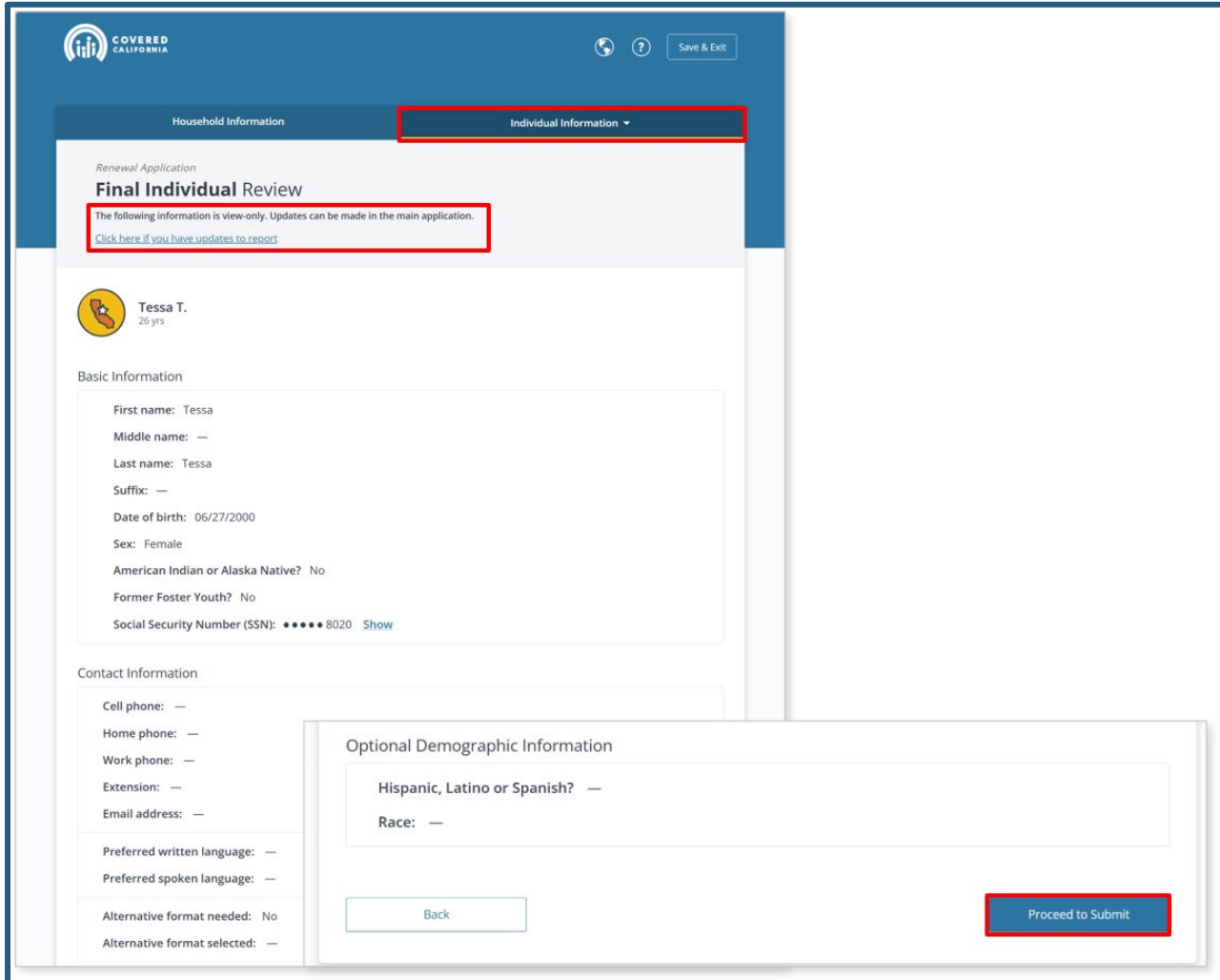
\$44,500.00 / next 12-months

Continue to Review

Skip to Submit

The *Individual Information* tab displays individual information in view only. Selecting the individual in the dropdown displays information for that individual.

Clicking the **Proceed to Submit** button allows the user to continue with Renewal process as described on the *Household Information* tab.



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Household Information | **Individual Information**

Renewal Application

Final Individual Review

The following information is view-only. Updates can be made in the main application.
[Click here if you have updates to report](#)

 **Tessa T.**
26 yrs

Basic Information

First name: Tessa
Middle name: —
Last name: Tessa
Suffix: —
Date of birth: 06/27/2000
Sex: Female
American Indian or Alaska Native? No
Former Foster Youth? No
Social Security Number (SSN): ••••• 8020 [Show](#)

Contact Information

Cell phone: —
Home phone: —
Work phone: —
Extension: —
Email address: —
Preferred written language: —
Preferred spoken language: —
Alternative format needed: No
Alternative format selected: —

Optional Demographic Information

Hispanic, Latino or Spanish? —
Race: —

[Back](#) [Proceed to Submit](#)

Prior to the *Sign and Submit* page, the system will conduct a duplicate case check and a message will appear and the verification check will populate

If any details are edited, the quick renew flow will no longer be available and the enroller will need to complete the application for each page.

CalHEERS Update Functionality for Eligible Non-Citizens (ENC)

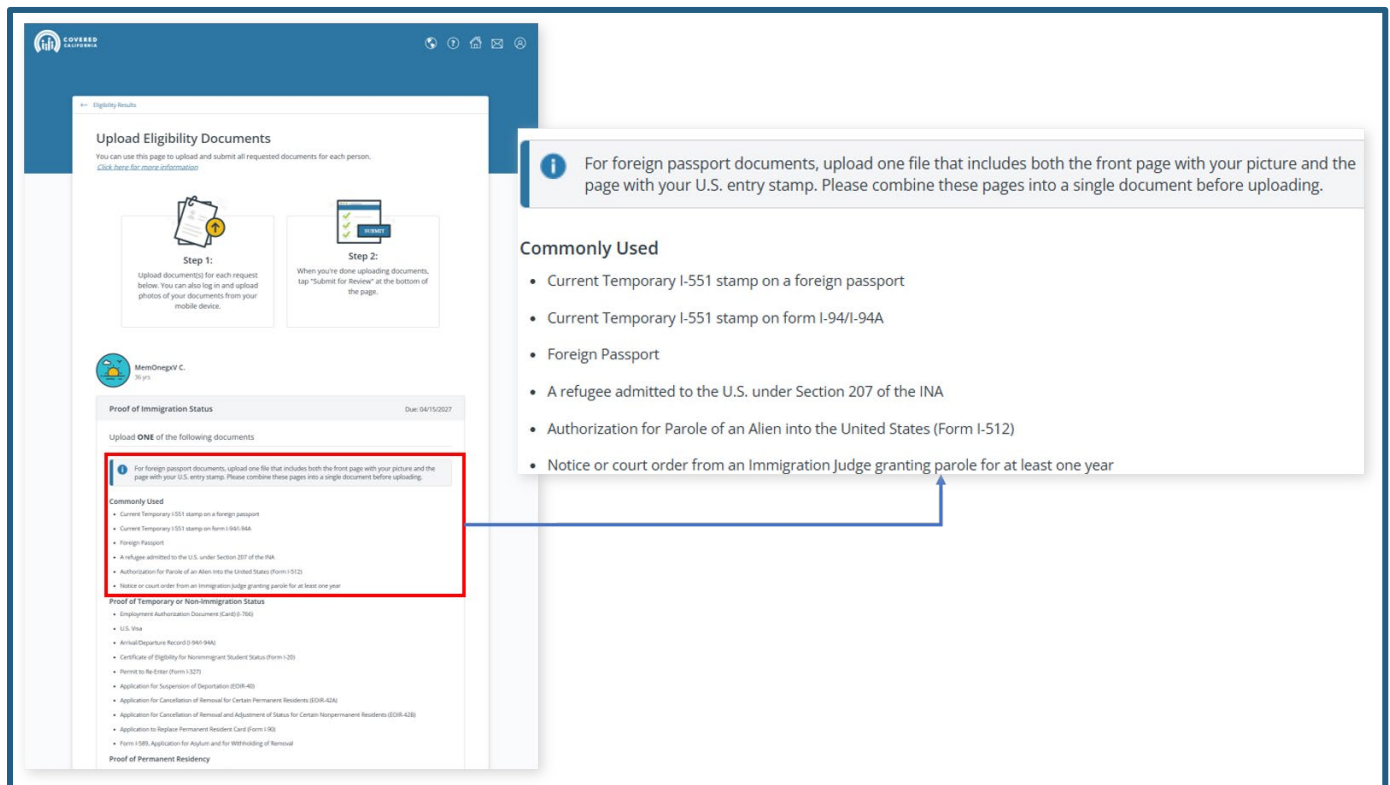
Effective October 1, 2026, CalHEERS introduces a new APTC Non-Citizen (APTC ENC) verification attribute to determine Exchange financial assistance and subsidy eligibility for non-citizens based on ENC status and verification results.

Financial assistance will be limited to newly defined Eligible Non-Citizen (ENC) with the following status:

- Lawful Permanent Resident (LPR/Green Card holder).
- Cuban/Haitian Entrant
- Citizen of Micronesia, the Marshall Islands, or Palau.
- Other immigration status' will be ineligible financial assistance

The *Upload Eligibility Documents* page displays the following:

- *New banner messaging*
- *Updated and new document types*



Upload Eligibility Documents

You can use this page to upload and submit all requested documents for each person.
[Click here for more information](#)

Step 1: Upload documents for each request below. You can also log in and upload photos of your documents from your mobile device.

Step 2: When you're done uploading documents, tap "Submit for Review" at the bottom of the page.

Proof of Immigration Status Due: 04/15/2027

Upload **ONE** of the following documents

For foreign passport documents, upload one file that includes both the front page with your picture and the page with your U.S. entry stamp. Please combine these pages into a single document before uploading.

Commonly Used

- Current Temporary I-551 stamp on a foreign passport
- Current Temporary I-551 stamp on form I-94/I-94A
- Foreign Passport
- A refugee admitted to the U.S. under Section 207 of the INA
- Authorization for Parole of an Alien into the United States (Form I-512)
- Notice or court order from an Immigration Judge granting parole for at least one year

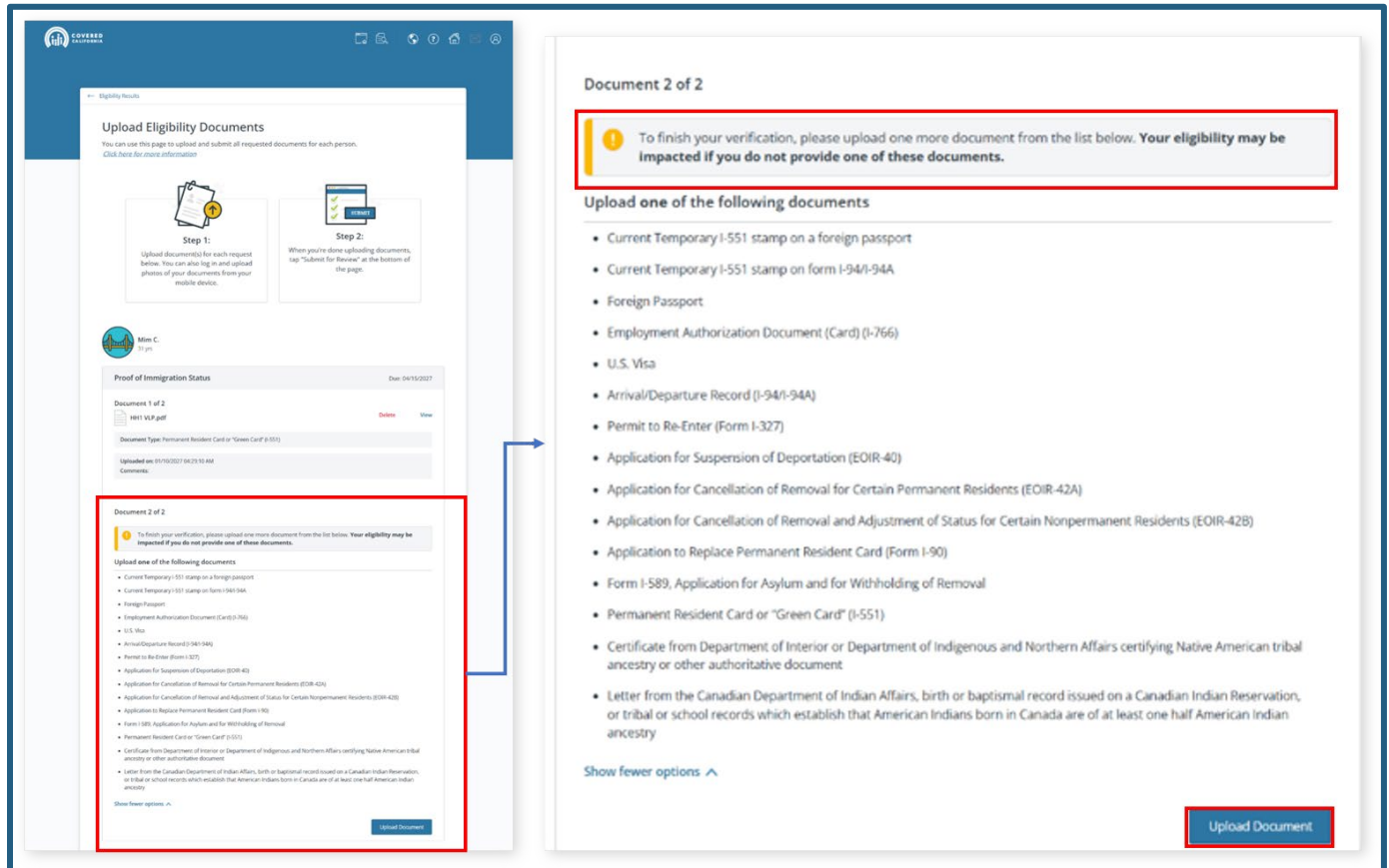
Proof of Temporary or Non-Immigration Status

- Employment Authorization Document (EAD) (I-766)
- U.S. Visa
- Arrival/Departure Record (I-94/I-94A)
- Certificate of Eligibility for Nonimmigrant Student Status (Form I-20)
- Permit to Re-Enter (Form I-527)
- Application for Suspension of Deportation (SDA-40)
- Application for Cancellation of Removal for Certain Permanent Residents (SDA-42A)
- Application for Cancellation of Removal and Adjustment of Status for Certain Nonpermanent Residents (SDA-42B)
- Application to Reopen Permanent Resident Card (Form I-90)
- Form I-95, Application for Admission and for Waiver of Removal

Proof of Permanent Residency

New banner messaging displays when uploading a document that only satisfies Lawful Presence and does not verify the Consumer as an Exchange Eligible Non-Citizen.

Clicking the **Upload Document** button allows the user to upload an additional document to validate ENC.



The screenshot shows the 'Upload Eligibility Documents' page for user Min C. It displays a 'Document 1 of 2' section with a file named 'M01 VAP.pdf'. A red box highlights a new banner message for 'Document 2 of 2' that reads: 'To finish your verification, please upload one more document from the list below. Your eligibility may be impacted if you do not provide one of these documents.' Below this, a list of documents to upload is provided, including various immigration and status documents. A blue arrow points from the banner on the left to the expanded view on the right. The 'Upload Document' button is visible at the bottom right.

Document 2 of 2

To finish your verification, please upload one more document from the list below. Your eligibility may be impacted if you do not provide one of these documents.

Upload one of the following documents

- Current Temporary I-551 stamp on a foreign passport
- Current Temporary I-551 stamp on form I-94/I-94A
- Foreign Passport
- Employment Authorization Document (Card) (I-766)
- U.S. Visa
- Arrival/Departure Record (I-94/I-94A)
- Permit to Re-Enter (Form I-327)
- Application for Suspension of Deportation (EOIR-40)
- Application for Cancellation of Removal for Certain Permanent Residents (EOIR-42A)
- Application for Cancellation of Removal and Adjustment of Status for Certain Nonpermanent Residents (EOIR-42B)
- Application to Replace Permanent Resident Card (Form I-90)
- Form I-589, Application for Asylum and for Withholding of Removal
- Permanent Resident Card or "Green Card" (I-551)
- Certificate from Department of Interior or Department of Indigenous and Northern Affairs certifying Native American tribal ancestry or other authoritative document
- Letter from the Canadian Department of Indian Affairs, birth or baptismal record issued on a Canadian Indian Reservation, or tribal or school records which establish that American Indians born in Canada are of at least one half American Indian ancestry

Show fewer options ^

Upload Document

New messaging related to immigration status displays on the *See Full Details* page.

Welcome to Your Household Eligibility Results Summary



Let's take a look at your Household.

Please review each member's program eligibility below.

 [Choose a plan](#) by 12/31/2026 to start your coverage on 01/01/2027.

View:  
Card Table

Gigi J.

35 years old

Program Eligibility

Covered California Plan

Financial Help

Enhanced Silver Benefits

[Upload Document](#)

[See Full Details](#)

Franco L.

33 years old

Program Eligibility

Covered California Plan

[Upload Document](#)

[See Full Details](#)

Financial Help

[Show Less Details](#)

Franco is not eligible for Financial Help because of the following:

- You are not eligible because of your immigration status. If your immigration status changes, you can update your information to see if you qualify.

Enhanced Silver Benefits

[Show Less Details](#)

Franco is not eligible for Enhanced Silver Benefits because of the following:

- You are not eligible because of your immigration status. If your immigration status changes, you can update your information to see if you qualify.

Verifications and Income Enhancements

The *Welcome to Your Application* section informs consumers about what to expect, information to have ready, and options for assistance in application submission.

Enrollers should expect more up-front verification support during the application process.

Enrollers can be prepared to help consumers correct information and provide documents earlier in the process.



Save & Exit

Welcome to Your Application

Here is some information to help you get ready to apply for health coverage through Covered California and Medi-Cal. Most people can finish their application in about 30 minutes or less.

What to Expect:

Answer the questions as accurately as you can. We will ask about you and anyone in your household. We use this information to see what programs you may qualify for and how much you might pay each month.

If we cannot verify some information, we may ask you to upload documents. Your information is kept safe and secure, and we protect your privacy.

What You Will Need:

- Social Security Numbers for people who have them
- Most recent federal income tax forms, if you file taxes
- Immigration documents for people who are not U.S. citizens (i.e., non-citizens can apply! We will keep your information safe and secure.)
- Employer and income information, such as pay stubs or self-employment records
- Home and mailing addresses and a phone number or email

You can start even if you do not have all your information. Answer the questions as best you can. You can leave and come back later, and we will save your progress and tell you if we need more information.

Please fill out some information:

Application Date

07/15/2026

What is the source of this application?

Phone

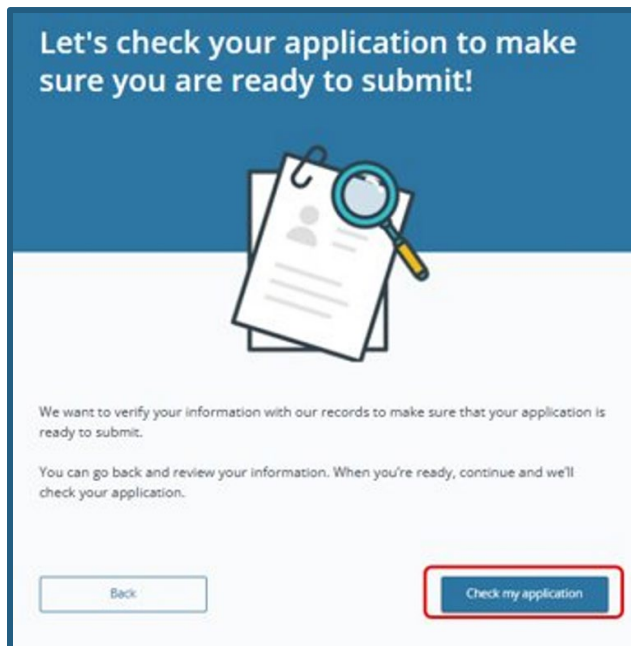
ECM ID: *Optional*

Get Started

The *Let's check your application to make sure you are ready to submit* page is the first of the new Application Verification process for exchange or Covered California only consumers and displays with the following:

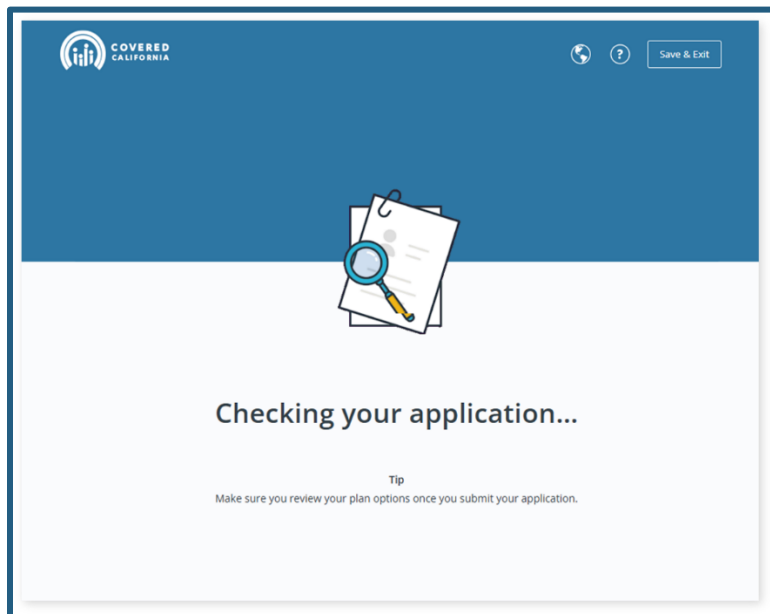
- Informational messaging
- **Back button**
- **Check my application** button – Navigates the user to the *Checking your application...* page

The Application Verification happens for consumers during intake, RACs and Renewals and dynamically displays before signing and submitting the application.



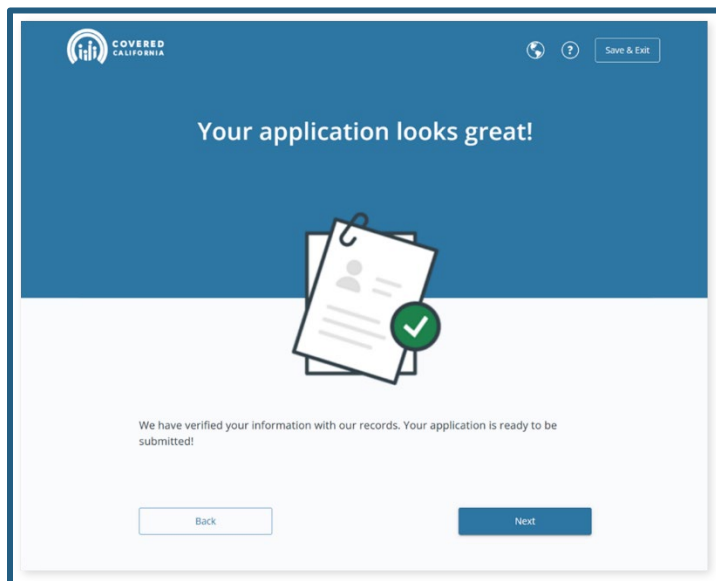
The *Checking your application...* page displays while CalHEERS verifies information entered by the consumer. The user navigates to one of the following pages when the check is complete:

- *Your application looks great!*
- *Let's make sure everything matches*
- *Review and edit information*



The *Your application looks great!* page displays when CalHEERS verifies the attested information.

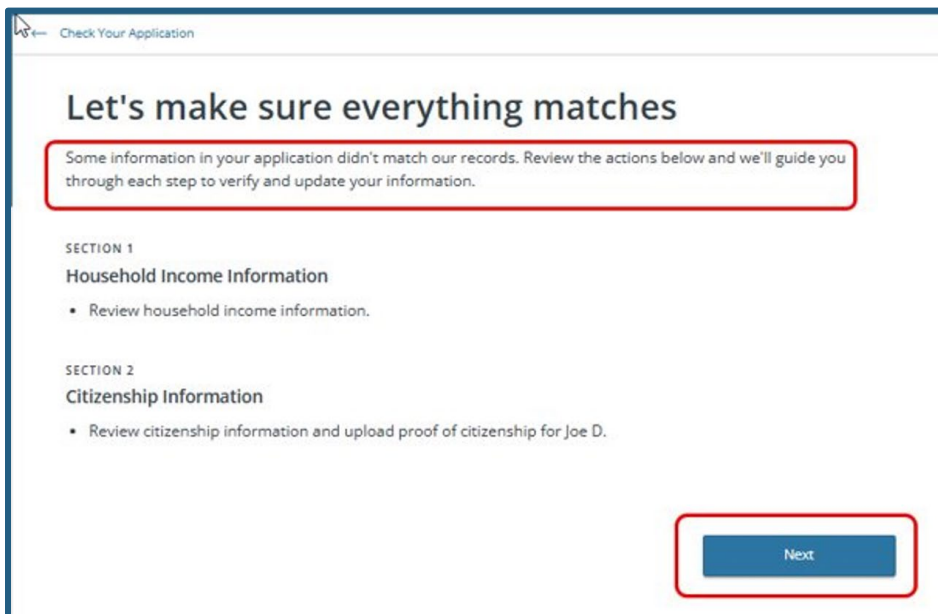
- **Back** button
- **Next** button – Exits the Application Verification process and resumes the application flow



The *Let's make sure everything matches* page displays when there is one or more of the following that was not verified:

- *Personal Information*
- *Household Income Information*
- *Citizenship Information*
- *Immigration Status Information*

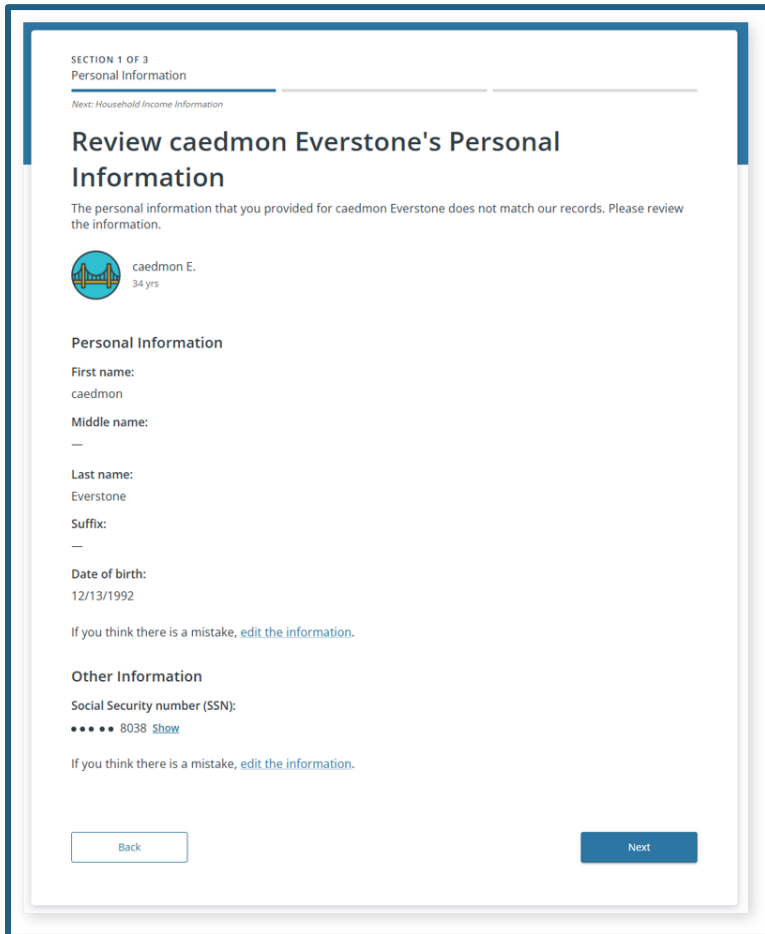
Next button – Navigates the user to resolve the first unverifiable information.



The *Review [HHM]'s Personal Information* page displays when there is a mismatch in personal information:

- Information entered on the application displays in the Personal Information section
 - **edit the information** link allows the user to edit the application information and navigates the user to:
 - *Edit Household Member* page for initial applications
 - *Has your household changed?* page for RACs and Renewals
- *Other Information* section – Displays SSN entered on the application
 - Messaging displays when no SSN was entered
 - **edit the information** link

- **Back** button – Navigates the user to the previous HHM or Let's make sure everything matches page
- **Next** button – Navigates the user to the next HHM with mismatched information, the next unresolved verification, or exits the Application Verification process.



SECTION 1 OF 3
Personal Information

Next: Household Income Information

Review caedmon Everstone's Personal Information

The personal information that you provided for caedmon Everstone does not match our records. Please review the information.

 caedmon E.
34 yrs

Personal Information

First name:
caedmon

Middle name:
—

Last name:
Everstone

Suffix:
—

Date of birth:
12/13/1992

If you think there is a mistake, [edit the information](#).

Other Information

Social Security number (SSN):
•••• 8038 [show](#)

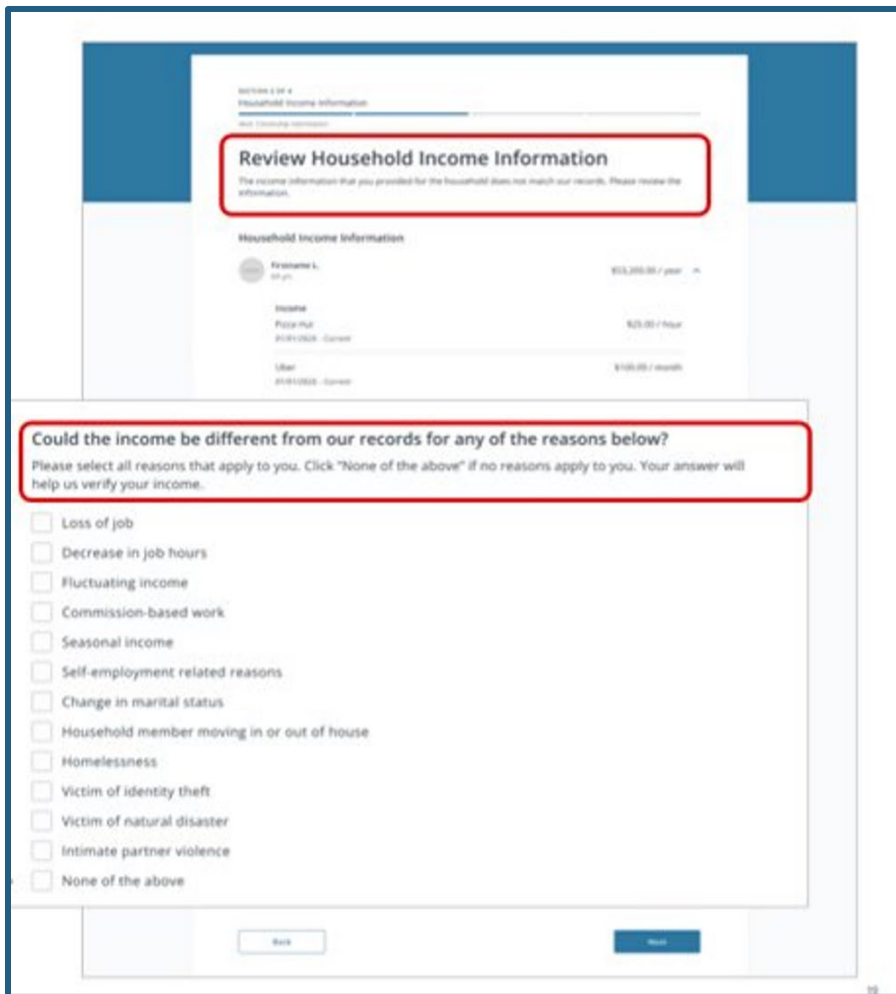
If you think there is a mistake, [edit the information](#).

[Back](#) [Next](#)

The *Review Household Income Information* page displays when income was not verified:

- *Household Income Information* section
- **edit the information** link
- *Could the income be different from our records for any of the reasons below?* question with reasonable explanation checkboxes
- **Back** button – Navigates the user to the previous unverified information or to the Let's make sure everything matches page
- **Next** button – Navigates the user to:

- The next unverified information or exits the Application Verification process when a reasonable explanation is selected
- The *Confirm Household Income Information* page displays at household level with options to edit income information.
 - If there are no edits to the income, then REX opens to provide a reason. If **Other** is selected the *Attestation to Income* form is available. The option to Upload Documents is also available.



Section 2 of 4
Household Income Information

Back | Overview | Summary

Review Household Income Information

The income information that you provided for the household does not match our records. Please review the information.

Household Income Information

Personnel L	Income
Personnel L SSN: 123456789	\$12,000.00 / year
Patty M SSN: 987654321	\$25.00 / hour
Uber SSN: 111111111	\$120.00 / month

Could the income be different from our records for any of the reasons below?
Please select all reasons that apply to you. Click "None of the above" if no reasons apply to you. Your answer will help us verify your income.

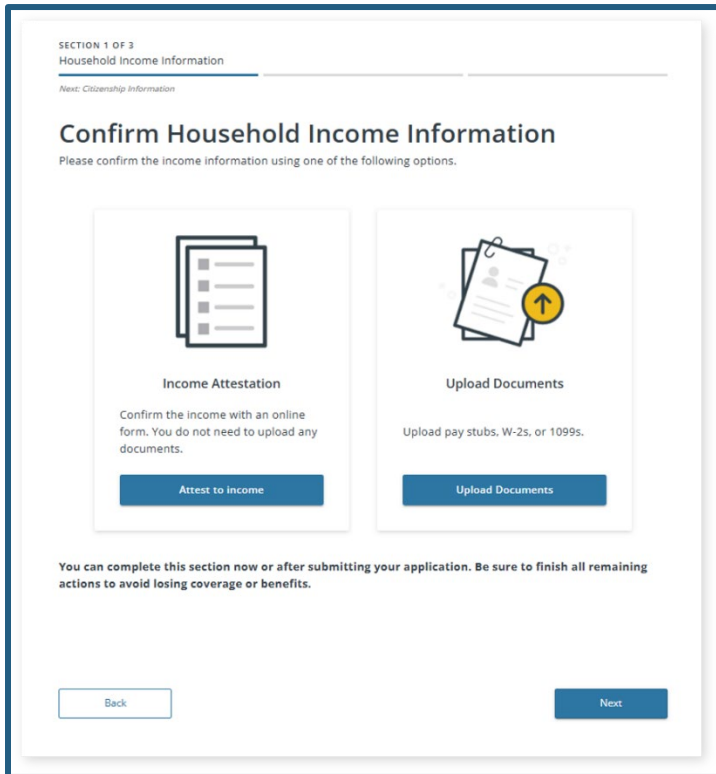
- ☐ Loss of job
- ☐ Decrease in job hours
- ☐ Fluctuating income
- ☐ Commission-based work
- ☐ Seasonal income
- ☐ Self-employment related reasons
- ☐ Change in marital status
- ☐ Household member moving in or out of house
- ☐ Homelessness
- ☐ Victim of identity theft
- ☐ Victim of natural disaster
- ☐ Intimate partner violence
- ☐ None of the above

Back Next

The *Confirm Household Income Information* page displays the following:

- *Income Attestation* tile with Attest to income button – Navigates the user to the new *Attest to income* page

- *Upload Document* tile with **Upload Documents** button – Navigates the user to the new *Upload Documents for Income* page
- **Back** button – Navigates the user to Review Household Income Information page
- **Next** button – Navigates the user to the next unverified information or exits the Application Verification process



SECTION 1 OF 3
Household Income Information

Next: Citizenship Information

Confirm Household Income Information

Please confirm the income information using one of the following options.



Income Attestation

Confirm the income with an online form. You do not need to upload any documents.

Attest to income



Upload Documents

Upload pay stubs, W-2s, or 1099s.

Upload Documents

You can complete this section now or after submitting your application. Be sure to finish all remaining actions to avoid losing coverage or benefits.

Back **Next**

The *Attest to income* page displays with the following:

- *Primary Tax Filer:*
- *Calculated Yearly Income of Tax Filing Household:*
- Acknowledgements and checkbox
- *Date*
- **Cancel** button – Navigates the user to the Confirm Household Income Information page
- **Submit** button – Enables when the checkbox is selected and navigates the user to the next unverified information or exits the Application Verification process

SECTION 1 OF 3
Household Income Information

Next: Citizenship Information

Attest to income

You can confirm your income with this form. **You only have to complete this once for your entire household.** Confirm the following information and sign this form.

Primary Tax Filer:
Carl Crawler

Calculated Yearly Income of Carl Crawler's Tax Filing Household:
\$117,000 /year

Please read and agree to the acknowledgements:

- I acknowledge that the information provided on this form will only be used for purposes of eligibility determination for financial assistance. Covered California will keep this information private, as required by federal and California law.
- I understand that I must report income changes to Covered California within 30 days of the change because it may affect the amount of premium assistance (or tax credits) or the level of cost-sharing reduction for which I may qualify.
- I understand that this income attestation is only valid for the benefit year for which coverage is requested and must be renewed each benefit year.
- I understand that if I receive too much premium assistance (or tax credits) during the benefit year, I will have to pay some or all of the excess premium assistance back to the Internal Revenue Service (IRS) when I file my federal income tax return for the benefit year.
- I declare under the penalty of perjury, under the laws of the state of California, that what I stated above is true and correct.

☒ I agree and certify that I have read the acknowledgements.

Date
07/13/2026

Cancel

Submit

The *Upload Documents for Income* page displays the following:

- *Household Members* section
- *Upload Document* section – Displays list of acceptable documents for Proof of Income and an **Upload Document** button
 - Clicking the **Upload Document** button displays the *Upload Document* popup
- an **attestation** link – Navigates the user to the *Attest to income* page
- **Cancel** button – Navigates the user to the *Confirm Household Income Information* page
- **Submit** button – Navigates the user to the next unverified information or exits the Application Verification process

SECTION 1 OF 3
Household Income Information

Next: Citizenship Information

Upload Documents for Income

Please upload proof of income for all members of the household.

Household Members



Carl C.
(34)



Bianca B.
(33)

Upload Document

Proof of Income

Upload **ONE** of the following documents

Commonly Used

- Pay stub
- Copy of last year's federal tax return that accurately reflects the current income (Form 1040)
- Copy of last year's amended federal tax return that accurately reflects the current income (Form 1040-X)
- Income Self Attestation Form
- Business records such as profit and loss statements
- Copy of last year's Wage and Tax Statement (W-2)

Proof of Earned Income

- Signed letter from employer that displays the gross income, payment frequency, and date of paycheck (Employer Statement)
- Copy of last year's Form 1099-NEC (Non Employee Compensation)
- Copy of last year's Form 1099-MISC (miscellaneous information)
- Other documents to support Proof of Earned Employer Wages Income

Proof of Self-Employment Income

- Receipts displaying gross profit and expenses
- Other documents to support Self Employment Income

Show more options

Upload Document

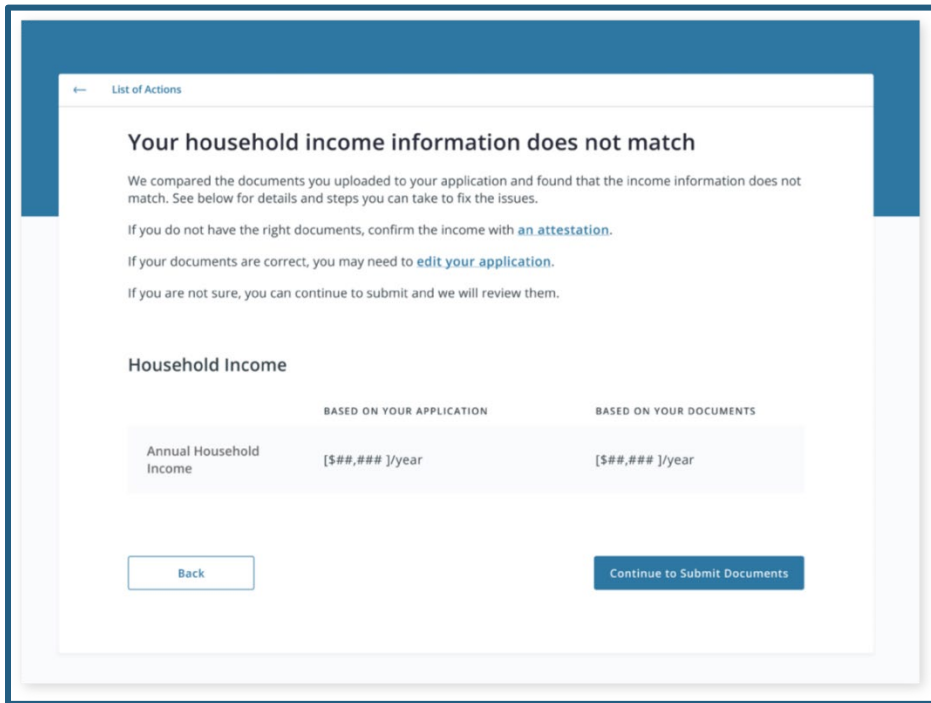
If you do not want to upload documents, confirm the income with an attestation.

Cancel

Submit

The *Your household income information does not match page* displays during the Application Verification process when one or more uploaded documents do not meet the IDP verification income requirements of any HHMs and includes:

- Messaging with the following links:
 - **an attestation** – Navigates the user to the *Attest to income* page
 - **edit your application**
 - *Household Income* section
- **Back** button
- **Continue to Submit Documents** button – Uploads the document and navigates the user to the next unverified information or exits the Application Verification process



← List of Actions

Your household income information does not match

We compared the documents you uploaded to your application and found that the income information does not match. See below for details and steps you can take to fix the issues.

If you do not have the right documents, confirm the income with [an attestation](#).

If your documents are correct, you may need to [edit your application](#).

If you are not sure, you can continue to submit and we will review them.

Household Income

	BASED ON YOUR APPLICATION	BASED ON YOUR DOCUMENTS
Annual Household Income	[\$##,###]/year	[\$##,###]/year

Back

Continue to Submit Documents

The *Review [HHM]'s Citizenship Information* page and *Review [HHM]'s Immigration Status* page display with the following when there is an unverified information for Citizenship or Immigration status:

- *[Verification] Information* section – Displays information entered in the application
- *[Document Type] Information* section – User enters information from the document that is being uploaded
- **Back** button
- **Next** button

SECTION 2 OF 3

Citizenship Information

Next: Immigration Status Information

Review Carl Crawler's Citizenship Information

The citizenship information that you provided for Carl Crawler does not match our records. Please review the information and upload documents if needed.



Carl C.
34 yrs

Citizenship Information

Naturalized or derived citizen?

Most people born in the U.S. are **not** naturalized or derived citizens. You are a naturalized or derived citizen if you:

- Became a citizen by taking a test and having a ceremony (called a **naturalized citizen**)
- Became a citizen when you were under the age of 18 when your parent(s) became a citizen (called a **derived citizen**)

☒ Yes
 ☐ No

Certificate of Citizenship Number Optional

Ex: N12345678

Certificate of Naturalization Number Optional

Carl1991

Alien Number/USCIS Number Optional

Ex: 1234567890

Information

Enter Carl Crawler's first name/given name on document

Carl

Enter Carl Crawler's middle name on document Optional

Enter Carl Crawler's last name/surname on document

Crawler

Enter Carl Crawler's suffix on document.

Select...

Enter Carl Crawler's date of birth on document.

09/01/1991

Back

Next

SECTION 3 OF 3

Immigration Status Information

Review Bianca Brawler's Immigration Status Information

The immigration status information that you provided for Bianca Brawler does not match our records. Please review the information and upload documents if needed.



Bianca B.
33 yrs

Immigration Status Information

Immigration status

Lawful Permanent Resident (LPR/Green Card holder)

Please choose an additional immigration status, if one applies. Optional

☐ Battered non-citizen, or parent or child of battered non-citizen
 ☐ Filed for a U Visa
 ☒ Taking steps to apply for a T Visa or for certification by the Office of Refugee Resettlement
 ☐ None of the above

Immigration document type

Permanent Resident Card ("Green Card," I-551)

Permanent Resident Card ("Green Card," I-551) Information

Enter Bianca's Permanent Resident Card (Green Card, I-551) Alien registration number/ United States Citizenship and Immigration Services (USCIS) number.

Enter Bianca's Permanent Resident Card (Green Card, I-551) Green Card receipt or card number.

Select first three letters from the dropdown and then enter the 10-digit number.

ESC 7275893474

Enter Bianca's Permanent Resident Card ("Green Card," I-551) document expiration date.

03/12/2029

Enter Bianca's first name/given name on document

Bianca

Enter Bianca's middle name on document Optional

Enter Bianca's last name/surname on document

Brawler

Enter Bianca's suffix on document.

Select...

Enter Bianca's date of birth on document.

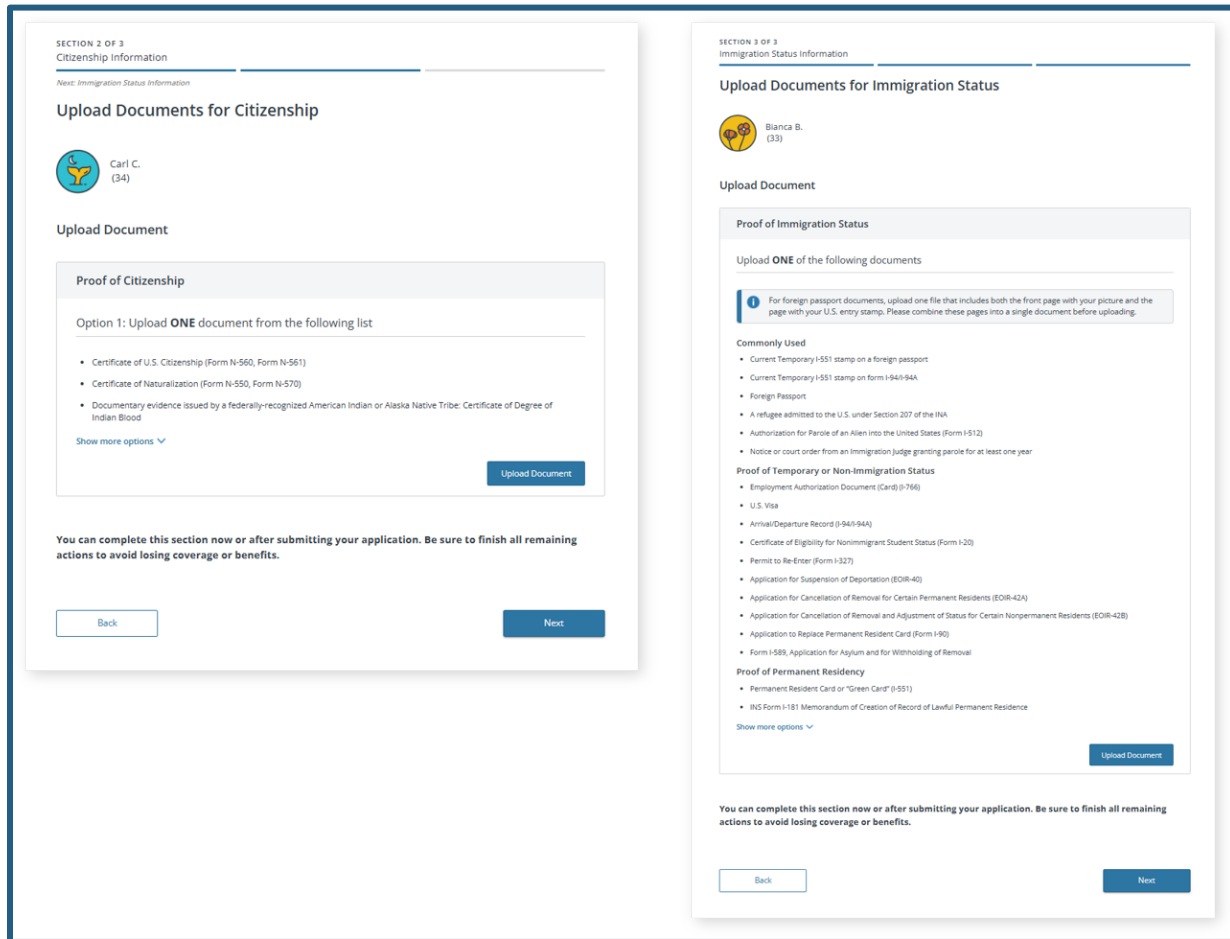
09/02/1992

Back

Next

The *Upload Documents for Citizenship* page and *Upload Documents for Immigration Status* page display with the following:

- **Upload Document** section – Displays list of acceptable documents for the verification category and an **Upload Document** button
 - Clicking the **Upload Document** button displays the Upload Document popup
- **Back** button
- **Next** button



The *Review and edit information* page displays when there is one or more of the following unverified information:

- Unverified Information – Dynamically displays:
 - *Medicare Information* with **Review and edit the information** link
 - *Other Health Care Information* with **Review and edit the information** link
 - *American Indian / Alaska Native Status Information* with **Review and edit the information** link
 - *Incarceration Status Information* with **Upload a document** link
 - Clicking the **Upload a Document** link navigates the user to the *Upload Documents for [HJM]'s Incarceration Status* page
- **Back** button
- **Continue** button – Exits the Application Verification process

Review and edit information

The information below does not match our records or needs to be verified with documents. You can review and edit this information in your application. If the information is correct, you can verify the information with documents after you submit the application.

Medicare Information

- The Medicare information that you provided for Carl C. does not match our records.
[Review and edit the information](#)
- The Medicare information that you provided for Bianca B. does not match our records.
[Review and edit the information](#)

Other Health Care Information

- The other health care information that you provided for Carl C. does not match our records.
[Review and edit the information](#)
- The other health care information that you provided for Bianca B. does not match our records.
[Review and edit the information](#)

American Indian / Alaska Native Status Information

- The American Indian / Alaska Native information that you provided for Carl C. will need to be verified.
[Review and edit the information](#)

[Back](#)[Next](#)

The *Upload Document for [HHM]'s Incarceration Status* page displays with the following:

- *Upload Document* section – Displays list of acceptable documents for Proof of Incarceration Status and an **Upload Document** button
 - Clicking the **Upload Document** button displays the *Upload Document* popup
- **Back** button
- **Next** button – Exits the Application Verification Process

Upload Documents for Lucy Lombard's Incarceration Status

We could not confirm that Lucy Lombard is not in jail or prison. If this is wrong, please upload a document to show Lucy Lombard is not in jail or prison.



Lucy L.
(39)

Upload Document

Proof of Non-Incarceration Status

Upload **ONE** of the following documents

- Official release papers from the institution or Department of Corrections/Parole Papers
- Non-Incarceration Self Attestation Form

Upload Document

You can complete this section now or after submitting your application. Be sure to finish all remaining actions to avoid losing coverage or benefits.

Back

Next

Adult Expansion Work and Community Engagement

Effective January 1, 2027

A new *Help us gather some additional information* page displays during intake, Report a Change, and Renewal and guides the user in entering work exemptions or uploading proof of work requirements.

Application Menu Your answers will be saved

Help us gather some additional information

These household members must meet a work requirement or exemption to receive coverage. Provide us with some additional information before viewing your final eligibility results. If you can't answer these questions right now, you will be able to come back to them after you finish submitting your application.

[Why are work activities requested from me?](#)



Michael S.
26 yrs

Start



Thomas S.
27 yrs

Start

Done

Do this later

Understanding Medi-Cal Work Requirements

What are Work Requirements?

Work requirements mean certain adults **must work or take part in approved activities to keep their Medi-Cal health coverage**. These activities might include working a job, looking for work, or doing community service. You must meet these rules to keep your Medi-Cal benefits, unless you have a valid exemption.

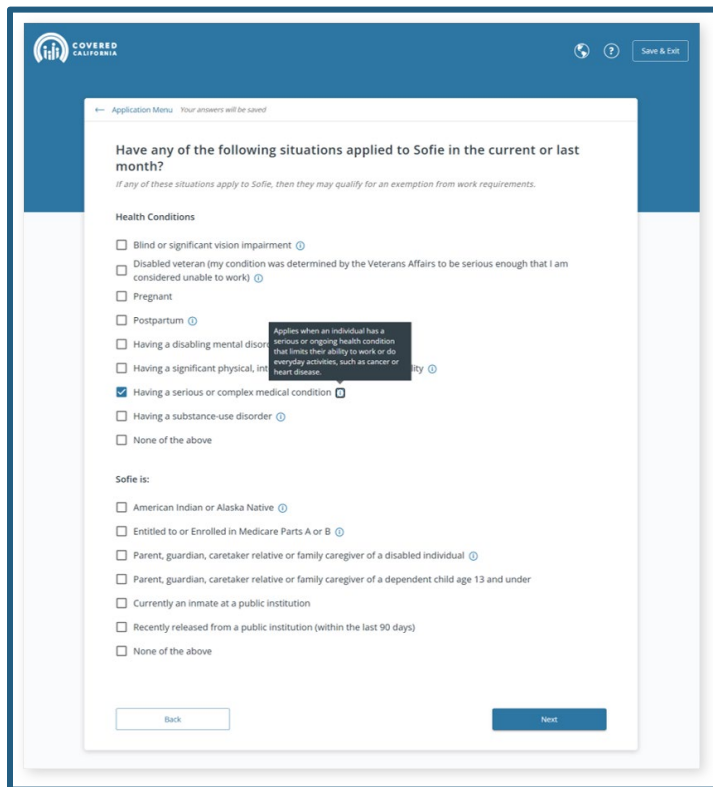
How can you qualify

- **Work for pay:** This includes full-time, part-time, or self-employment.
- **Job searching:** Actively looking for work through a work program.
- **Education or Training:** Attending school, job training, or vocational programs.
- **Community service:** Unpaid work in your community (volunteering).
- **Combination:** Mix any of the above activities to reach 80 hours.

Close

A new *Have any of the following situations applied to [HHM] in the current or last month?* page displays with multi-select and optional checkboxes for the user to attest to an exemption to work requirements.

Several tooltips display a short description of exemption reasons.



Application Menu Your answers will be saved

Have any of the following situations applied to Sofie in the current or last month?

If any of these situations apply to Sofie, then they may qualify for an exemption from work requirements.

Health Conditions

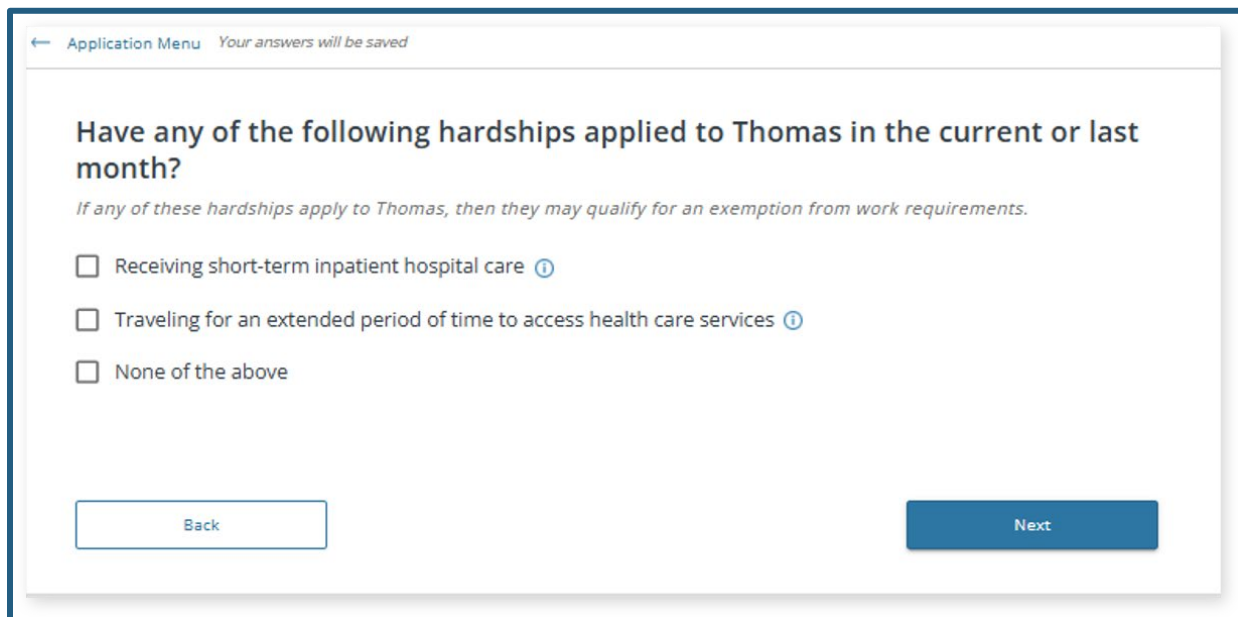
- ☐ Blind or significant vision impairment ⓘ
- ☐ Disabled veteran (my condition was determined by the Veterans Affairs to be serious enough that I am considered unable to work) ⓘ
- ☐ Pregnant
- ☐ Postpartum ⓘ
- ☐ Having a disabling mental disorder ⓘ
- ☐ Having a significant physical, intellectual, or sensory disability ⓘ
- ☒ Having a serious or complex medical condition ⓘ
- ☐ Having a substance-use disorder ⓘ
- ☐ None of the above

Sofie is:

- ☐ American Indian or Alaska Native ⓘ
- ☐ Entitled to or Enrolled in Medicare Parts A or B ⓘ
- ☐ Parent, guardian, caretaker relative or family caregiver of a disabled individual ⓘ
- ☐ Parent, guardian, caretaker relative or family caregiver of a dependent child age 13 and under
- ☐ Currently an inmate at a public institution
- ☐ Recently released from a public institution (within the last 90 days)
- ☐ None of the above

Back Next

A new Have any of the following hardships applied to [HHM] in the current or last month? page displays for the user to attest to additional exemptions.



Application Menu Your answers will be saved

Have any of the following hardships applied to Thomas in the current or last month?

If any of these hardships apply to Thomas, then they may qualify for an exemption from work requirements.

- ☐ Receiving short-term inpatient hospital care ⓘ
- ☐ Traveling for an extended period of time to access health care services ⓘ
- ☐ None of the above

Back Next



A new *How long has your situation applied to you?* page allows the user to attest to the beginning and end date of the exemption.

The screenshot shows a web application interface for Covered California. At the top, there is a navigation bar with a back arrow, the text 'Application Menu', and a status message 'Your answers will be saved'. The main heading is 'How long has your situation applied to you?'. Below this is a sub-heading: 'You said you have a situation that may exempt you from work requirements.' The form section is titled 'Having a substance-use disorder'. It contains two date input fields: 'Start Date' and 'End Date Optional'. Both fields have a placeholder 'mm/dd/yyyy' and a calendar icon. At the bottom of the form, there are two buttons: 'Back' and 'Next'.

Additional questions display dynamically based on the exemption condition attested.

← Application Menu Your answers will be saved

Substance Use Disorders

These questions are about problems you may have with alcohol or drugs.

Has a doctor or other health care provider ever told you they were concerned about how much you use alcohol or drugs, that you are addicted to drugs or alcohol, or that you have a substance use disorder?

☐ Yes ☐ No

Are you currently getting any help for drug or alcohol use, such as a recovery program, counseling, or taking medicine?

Examples of medicine include acamprosate, buprenorphine/Suboxone, disulfiram, methadone, or naltrexone.

☐ Yes ☐ No

In the past 12 months, has alcohol or drug use caused problems in your life?

☐ Yes ☐ No

Have you ever wanted to cut down on alcohol or drug use but couldn't?

☐ Yes ☐ No

In the past 12 months, has anyone told you that they're concerned about your alcohol or drug use?

☐ Yes ☐ No

Have alcohol or drugs ever caused a serious medical emergency for you, like an overdose or hospital visit?

☐ Yes ☐ No

A new *Help us learn more about [HHM]'s work situation – seasonal worker* displays after the last exemption page.

- Clicking the **Yes** radio button displays a required entry box
- Clicking the **No** radio button enables the **Next** button

← Application Menu Your answers will be saved

Help us learn more about Thomas's work situation – seasonal worker

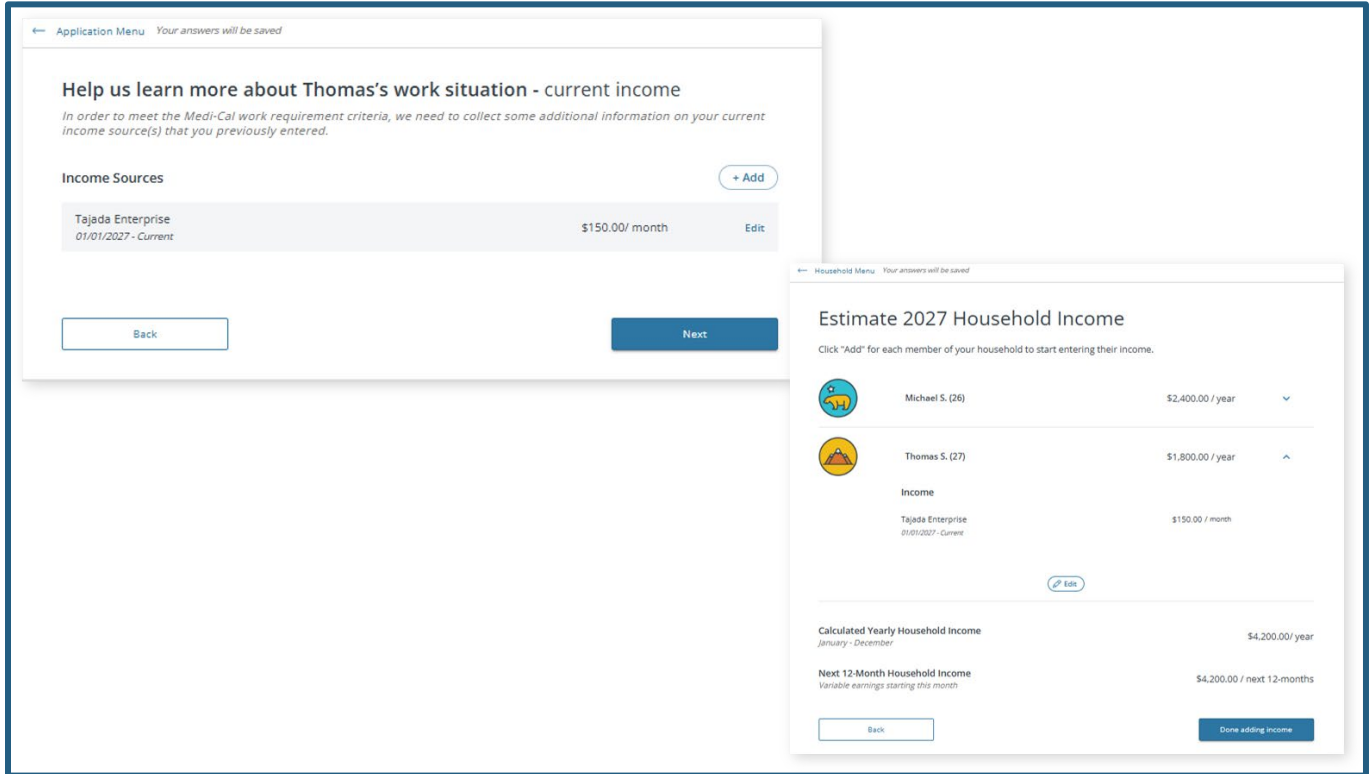
To meet the Medi-Cal work requirement criteria, we need to make sure we have included all income that applies to the requirement.

Was Thomas a seasonal worker within the past 6 months? ⓘ

☐ Yes ☒ No

A new *Help us learn more about [HHM]'s work situation – current income* page displays after the last exemption page.

Clicking the **+ Add** button or the **Edit** link navigates the user to the page to the *Estimate [YYYY] Household income* page to add or edit income.



Help us learn more about Thomas's work situation - current income
In order to meet the Medi-Cal work requirement criteria, we need to collect some additional information on your current income source(s) that you previously entered.

Income Sources + Add

Income Source	Amount	Action
Tajada Enterprise 01/01/2027 - Current	\$150.00/ month	Edit

Back Next

Estimate 2027 Household Income
Click "Add" for each member of your household to start entering their income.

Member	Income	Action
Michael S. (26)	\$2,400.00 / year	▼
Thomas S. (27)	\$1,800.00 / year	▲

Income

Income Source	Amount
Tajada Enterprise 01/01/2027 - Current	\$150.00 / month

Edit

Calculated Yearly Household Income
January - December: \$4,200.00 / year

Next 12-Month Household Income
Variable earnings starting this month: \$4,200.00 / next 12-months

Back Done adding income

A new *Help us learn more about [HHM]'s work situation - working hours* page displays after the last exemption page.

- Clicking the **+ Add** button displays the *Add Hours* popup.
- Clicking the **Edit** link displays the *Edit Hours* popup.

Application Menu
Your answers will be saved

Help us learn more about Thomas's work situation – working hours

Adding a record of the typical work hours for your income sources will help us understand if you meet the work requirement. We recommend adding a record of hours for each of your income sources listed on the previous screen.

Work Hours

Note: make sure to include any additional work hours outside of your listed income sources, for jobs where income may not have been earned in a given time period (commission-based jobs, unpaid internships, pro bono work, etc).

No work activities reported yet

+ Add

Back
Next

Add Hours

What is the name of this work record?

How many hours does Thomas typically work per month?

Start Date End Date *Optional*

Cancel
Save

Edit Hours

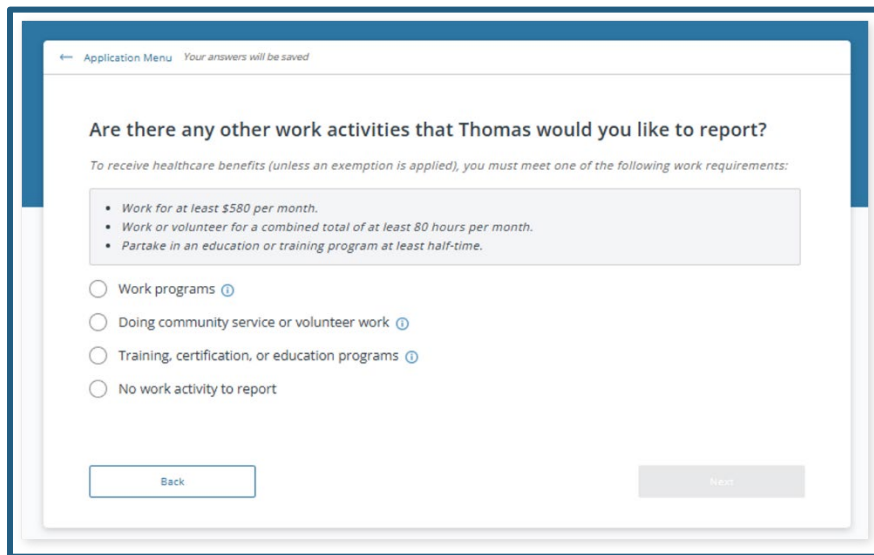
What is the name of this work record?

What are the average hours Thomas worked per month?

Start Date End Date *Optional*

Cancel
Save

A new *Are there any other work activities that [HHM] would like to report?* page displays for users to attest to their work experience.



← Application Menu Your answers will be saved

Are there any other work activities that Thomas would you like to report?

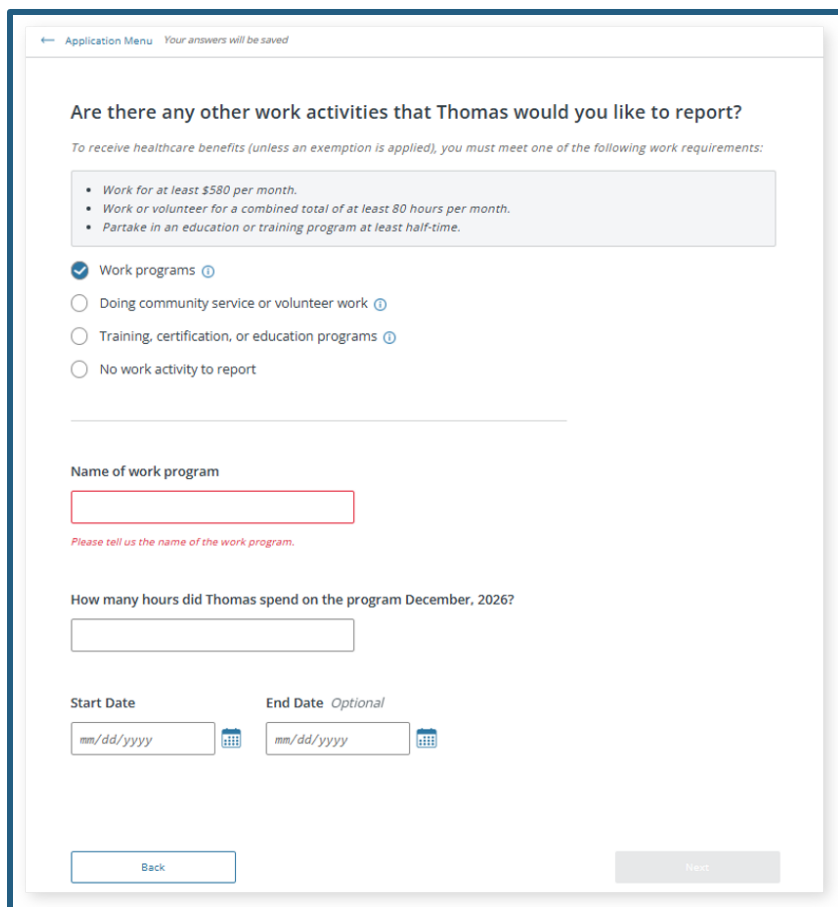
To receive healthcare benefits (unless an exemption is applied), you must meet one of the following work requirements:

- Work for at least \$580 per month.
- Work or volunteer for a combined total of at least 80 hours per month.
- Partake in an education or training program at least half-time.

☐ Work programs ⓘ
☐ Doing community service or volunteer work ⓘ
☐ Training, certification, or education programs ⓘ
☐ No work activity to report

Back Next

Selecting radio button options for any of the other work activities dynamically displays additional related fields for entry.



← Application Menu Your answers will be saved

Are there any other work activities that Thomas would you like to report?

To receive healthcare benefits (unless an exemption is applied), you must meet one of the following work requirements:

- Work for at least \$580 per month.
- Work or volunteer for a combined total of at least 80 hours per month.
- Partake in an education or training program at least half-time.

☒ Work programs ⓘ
☐ Doing community service or volunteer work ⓘ
☐ Training, certification, or education programs ⓘ
☐ No work activity to report

Name of work program

Please tell us the name of the work program.

How many hours did Thomas spend on the program December, 2026?

Start Date **End Date** *Optional*

ⓘ
 ⓘ

Back Next

A new [HHM]'s *Work Requirements* page displays with green banner messaging when a household member HHM meets work requirements or yellow banner messaging when a HHM does not meet work requirements.

Application Menu Your answers will be saved

Thomas's Work Requirements

Add all Exemptions or Work Activities since December, 2026



You're all set for now! You have fulfilled **at least one** of the following four criterion:

- ✓ **Meet one of the exemption scenarios**
 - Make at least \$580 per month while working
- ✓ **Work or volunteer for at least 80 hours per month**
 - Partake in education or training programs for at least half-time



Thomas Smalls
27 yrs

Exemptions

Add any exemptions that apply to you.

Having a substance-use disorder

07/07/2026 - Current

Edit Delete

Income

Add a record for each working income source you have.

Tajada Enterprise

01/01/2027 - Current

\$150.00 / month

Edit

Hours (Work & Other Activities)

Add hours spent on work, work programs, community service, education or training, etc.

Wanka Candy

07/07/2025 - Current

86 hours / month

Edit Delete

Thomas's Monthly Totals

Monthly Working Income	\$150.00 / month
<i>Total monthly income for work-based activities</i>	
6-month Seasonal Income	\$0.00 / month
<i>Average monthly income over the past 6-month (seasonal workers only)</i>	
Monthly Activity Hours	86 hours / month
<i>Total monthly hours for work activities and community service</i>	

Done with Thomas

Justus's Work Requirements

Add all Exemptions or Work Activities



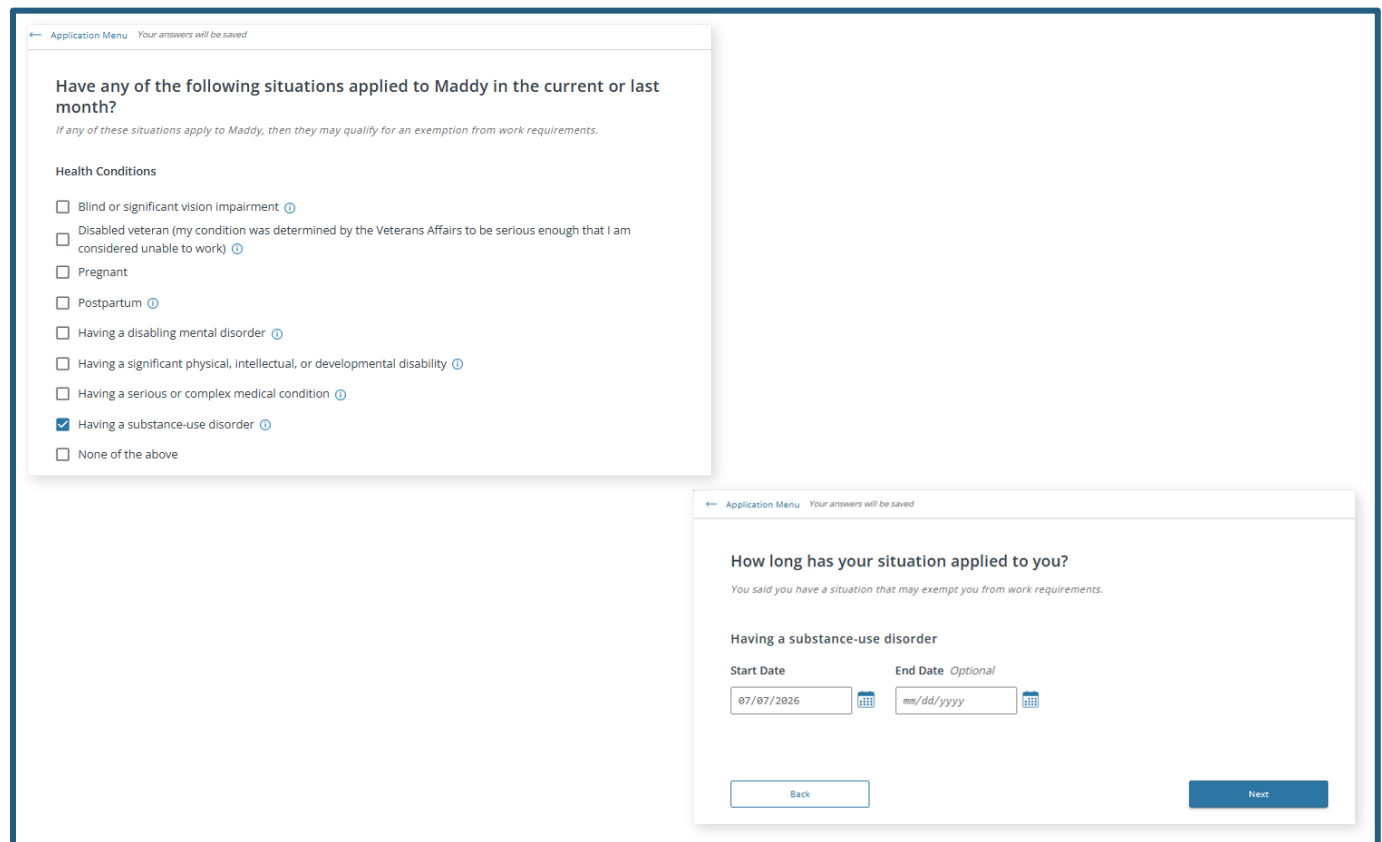
To receive healthcare benefits, you are expected to fulfill **one** of the following four criterion:

- Meet one of the **exemption scenarios**
 - Make at least **\$580 per month** while working
- Work or volunteer for at least **80 hours per month**
 - Partake in **education or training programs** for at least half-time

Exemptions

Clicking the **+ Add** button navigates the user to the *Have any of the following situations applied to [HHM] in the current or last month?* page

Clicking the **Edit** link navigates the user to the *How long has your situation applied to you?* Page.



The screenshot displays two overlapping application menu screens. The top screen, titled 'Have any of the following situations applied to Maddy in the current or last month?', lists various health conditions with checkboxes. The bottom screen, titled 'How long has your situation applied to you?', shows the 'Having a substance-use disorder' section with date pickers for 'Start Date' and 'End Date'.

Have any of the following situations applied to Maddy in the current or last month?
If any of these situations apply to Maddy, then they may qualify for an exemption from work requirements.

Health Conditions

- ☐ Blind or significant vision impairment ⓘ
- ☐ Disabled veteran (my condition was determined by the Veterans Affairs to be serious enough that I am considered unable to work) ⓘ
- ☐ Pregnant
- ☐ Postpartum ⓘ
- ☐ Having a disabling mental disorder ⓘ
- ☐ Having a significant physical, intellectual, or developmental disability ⓘ
- ☐ Having a serious or complex medical condition ⓘ
- ☒ Having a substance-use disorder ⓘ
- ☐ None of the above

How long has your situation applied to you?
You said you have a situation that may exempt you from work requirements.

Having a substance-use disorder

Start Date: 07/07/2026 ⓘ

End Date: Optional ⓘ

mm/dd/yyyy ⓘ

Back Next

Income

- Clicking the **+ Add** button displays the *Would you like to update your income information?* popup
- Clicking the **No** button closes the popup
- Clicking the **Yes** button navigates the user to the *Estimate [YYYY] Household Income* page.

Would you like to update your income information?

Click Yes to exit this section and update your income information. You will be guided to your next step after you make your updates.

No

Yes

Household Menu Your answers will be saved

Estimate 2027 Household Income

Click "Add" for each member of your household to start entering their income.

	Michael S. (26)	\$2,400.00 / year	▼
	Thomas S. (27)	\$1,800.00 / year	▼

Calculated Yearly Household Income
January - December \$4,200.00 / year

Next 12-Month Household Income
Variable earnings starting this month \$4,200.00 / next 12-months

Back

Done adding income

Hours (Work & Other Activities)

- Clicking the **+ Add** button displays the *What type of hours would you like to add?* popup

What type of hours would you like to add?

☐ Working Hours

☐ Other Activities
Work programs, community service, or education/training

Back

Add Hours

- Working Hours** radio button – Navigates the user to the *Help us learn more about [HHM]'s work situation – working hours* page



← Application Menu Your answers will be saved

Help us learn more about Thomas's work situation – working hours

Adding a record of the typical work hours for your income sources will help us understand if you meet the work requirement. We recommend adding a record of hours for each of your income sources listed on the previous screen.

Work Hours + Add

Note: make sure to include any additional work hours outside of your listed income sources, for jobs where income may not have been earned in a given time period (commission-based jobs, unpaid internships, pro bono work, etc).

Wanka Candy	86 hours / month	Edit Delete
07/07/2025 - Current		

Back Next

- **Other Activities** radio button – Navigates the user to *the Are there any other work activities that [HHM] would like to report?* Page

← Application Menu Your answers will be saved

Are there any other work activities that Thomas would you like to report?

To receive healthcare benefits (unless an exemption is applied), you must meet one of the following work requirements:

- Work for at least \$580 per month.
- Work or volunteer for a combined total of at least 80 hours per month.
- Partake in an education or training program at least half-time.

☒ Work programs ⓘ

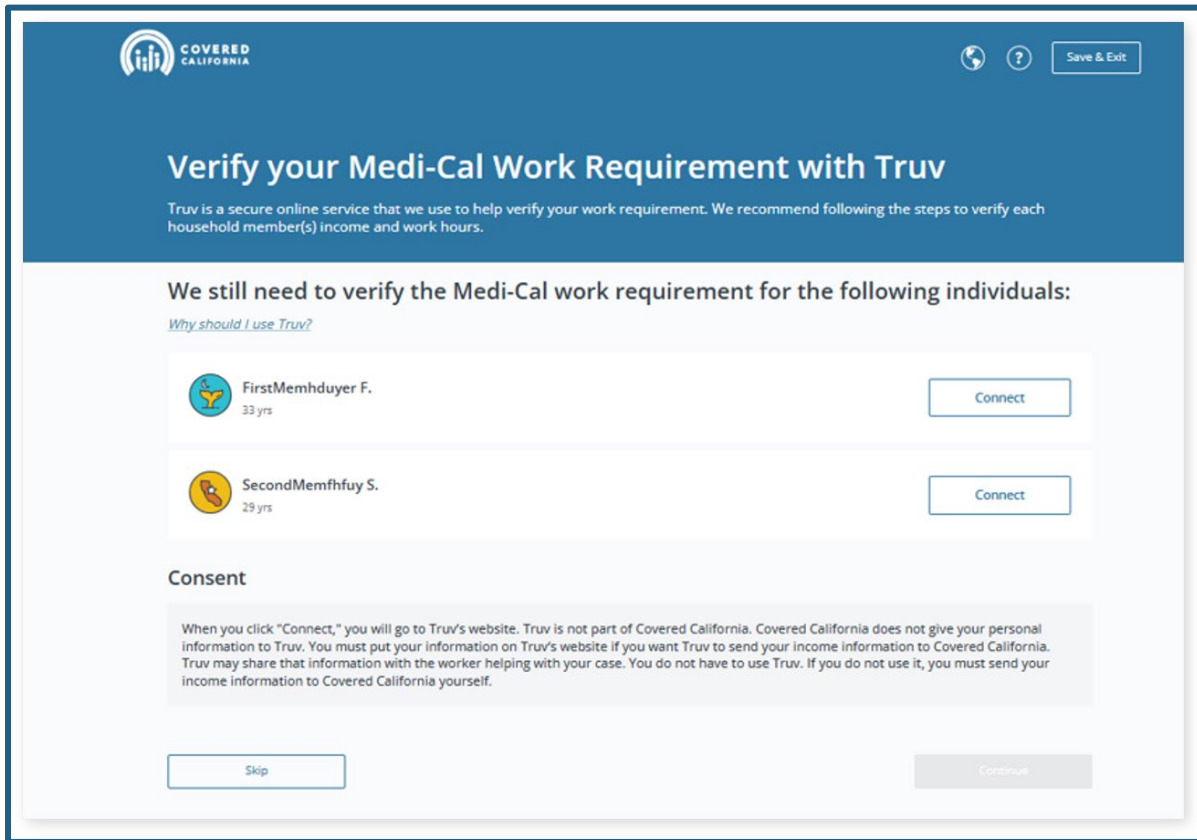
☐ Doing community service or volunteer work ⓘ

☐ Training, certification, or education programs ⓘ

☐ No work activity to report

Users may access Truv to verify income and work hours. Clicking the **Connect** button on the new Verify your Medi-Cal Work Requirement with Truv page navigates the user to the external Truv website.

Note: The *Verify your Medi-Cal Work Requirement with Truv* page may also be accessed from the *Welcome to Your Household Eligibility Results Summary* page.



Verify your Medi-Cal Work Requirement with Truv

Truv is a secure online service that we use to help verify your work requirement. We recommend following the steps to verify each household member(s) income and work hours.

We still need to verify the Medi-Cal work requirement for the following individuals:

[Why should I use Truv?](#)

	FirstMemhduyer F. 33 yrs	Connect
	SecondMemfhfuy S. 29 yrs	Connect

Consent

When you click "Connect," you will go to Truv's website. Truv is not part of Covered California. Covered California does not give your personal information to Truv. You must put your information on Truv's website if you want Truv to send your income information to Covered California. Truv may share that information with the worker helping with your case. You do not have to use Truv. If you do not use it, you must send your income information to Covered California yourself.

[Skip](#) [Continue](#)

Clicking the **Connect** button displays one of the following messages:

- *Successfully verified*
- *This individual's verified information did not meet the work requirement. There are more options to verify on the following screen.*

Verify your Medi-Cal Work Requirement with Truv

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We still need to verify the Medi-Cal work requirement for the following individuals:

[Why should I use Truv?](#)

ava tar [FirstName L.] [#] yrs

Successfully verified

ava tar [FirstName L.] [#] yrs

Successfully verified

ava tar [FirstName L.] [#] yrs

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Continue

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Continue

The *Upload Eligibility Documents* page displays a new *Proof of [Work Activity]* sections and a **Sign Statement** button for users to verify their work requirements.



Upload Eligibility Documents

You can use this page to upload and submit all requested documents for each person.
[Click here for more information](#)

Step 1:
Upload document(s) for each request below. You can also log in and upload photos of your documents from your mobile device.

Step 2:
When you're done uploading documents, tap "Submit for Review" at the bottom of the page.

Oscar F.
35 yrs

Proof of Work Activity - Doing community service or volunteer work Due: 5/17/2027

Don't have a Proof of Doing community service or volunteer work document?
You can easily confirm your Work Hours using the Online Attestation form.

Sign Statement

Proof of Work Activity - Work programs Due: 4/17/2027

Don't have a Proof of Work programs document?
You can easily confirm your Work Hours using the Online Attestation form.

Sign Statement

Proof of Work Activity - Work Income or Hours Due: 5/17/2027

Upload one or more of the following documents. Use the most recent documents you have.

Pay stub is the only document type that can be used to prove work hours. All documents listed below can be used for Proof of Work Income.

- Pay stub
- Copy of last year's federal tax return that accurately reflects the current income (Form 1040)
- Copy of last year's amended federal tax return that accurately reflects the current income (Form 1040-X)

[Show more options](#)

Upload Document

Confirm your Work Exemptions
You can Submit this for proof of Work Activities or Exemptions if you don't have the right documents.

Review Your Information

Case number
5193267262

Name
Texas Houston

Exemptions

Disabled veteran (my condition was determined by the Veterans Affairs to be serious enough that I am considered unable to work)
12/01/2026 - 01/01/2027

Provide Electronic Signature

Please read and agree to the following:

I certify that the information presented above has been examined by me and is true and correct to the best of my knowledge and belief. I declare under penalty of perjury under the laws of the United States and the State of California that the information contained on this page is true and correct.

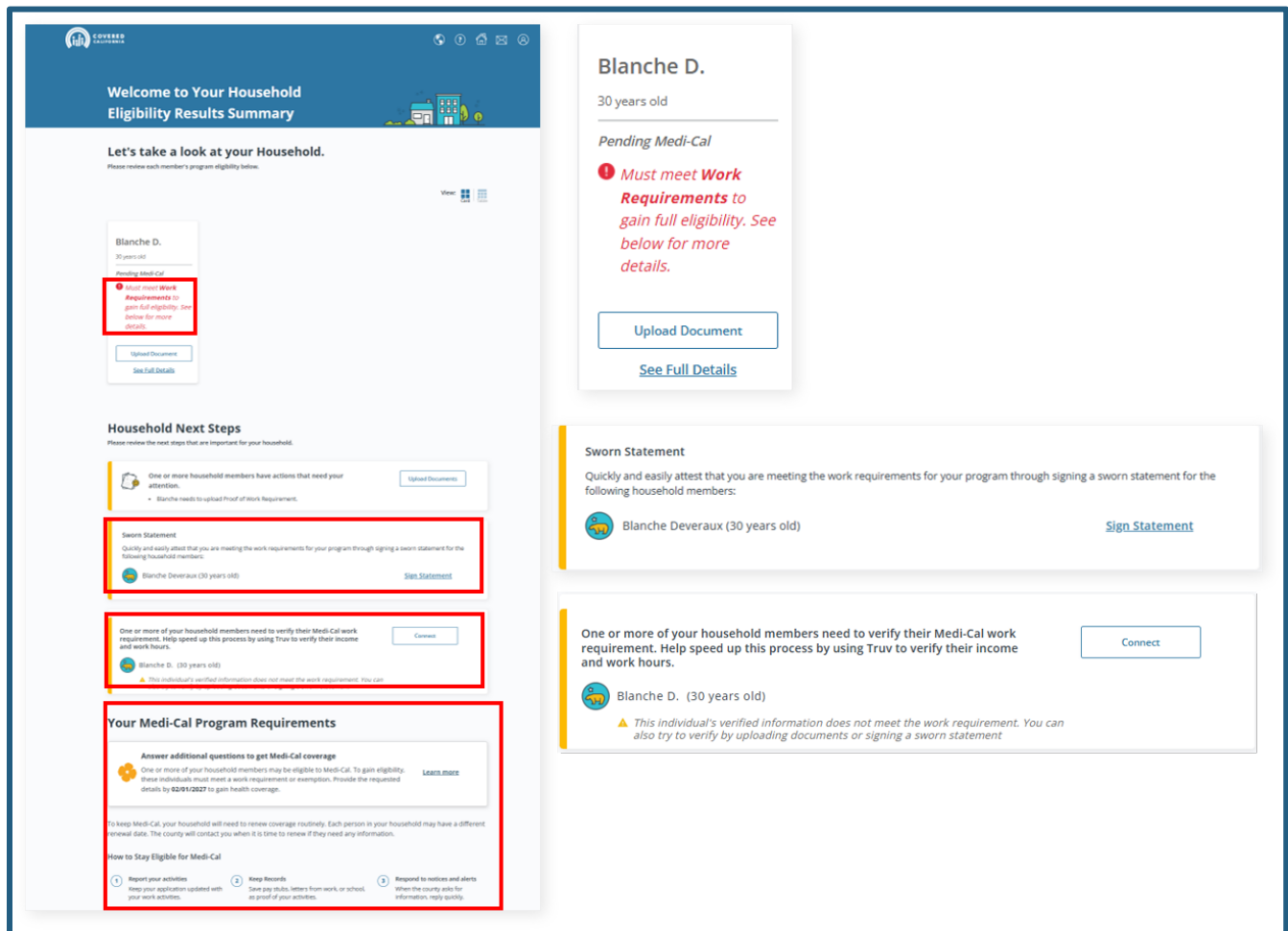
Texas Houston's Electronic signature

Date
03/04/2027

Cancel **Next**

The *Welcome to Your Household Eligibility Results Summary* page displays the following:

- Messaging on the [HHM] tile when work requirements must be met
- New *Sworn Statement* tile
- New TRUV tile to verify income and work hours
- New *Your Medi-Cal program Requirements* section



Welcome to Your Household Eligibility Results Summary

Let's take a look at your Household.
Please review each member's program eligibility below.

Blanche D.
30 years old
Pending Medi-Cal

Must meet Work Requirements to gain full eligibility. See below for more details.

[Upload Document](#)
[See Full Details](#)

Household Next Steps
Please review the next steps that are important for your household.

One or more household members have actions that need your attention.
• Blanche needs to upload Proof of Work Requirement. [Upload Documents](#)

Sworn Statement
Quickly and easily attest that you are meeting the work requirements for your program through signing a sworn statement for the following household members:
[Sign Statement](#)

Blanche Deveraux (30 years old)

One or more of your household members need to verify their Medi-Cal work requirement. Help speed up this process by using Truv to verify their income and work hours.
[Connect](#)

Blanche D. (30 years old)
⚠️ This individual's verified information does not meet the work requirement. You can also try to verify by uploading documents or signing a sworn statement.

Your Medi-Cal Program Requirements

Answer additional questions to get Medi-Cal coverage
One or more of your household members may be eligible to Medi-Cal. To gain eligibility, these individuals must meet a work requirement or exemption. Provide the requested details by **02/01/2027** to gain health coverage. [Learn more](#)

To keep Medi-Cal, your household will need to renew coverage routinely. Each person in your household may have a different renewal date. The county will contact you when it is time to renew if they need any information.

How to Stay Eligible for Medi-Cal

- Report your activities: Keep your application updated with your work activities.
- Keep Records: Save pay stubs, letters from work, or school, as proof of your activities.
- Respond to notices and alerts: When the county asks for information, reply quickly.

Medi-Cal Updates – Effective January 1, 2027

Adult Expansion 6-Month Redetermination

The Federal Budget Reconciliation Act H.R.1 passed July 3, 2025, which requires a 6-month redetermination for low-income adults ages 19-64.

The [YYYY] *Household Summary* popup displays a new yellow banner message for a household member (HHM) when they are Pending or Conditionally Eligible for MAGI Medi-Cal and there is at least one of the following outstanding verifications:

- Income
- Health Care
- Citizenship and Immigration



Household Summary
Please review all alerts and actions for your household. Complete all actions needed to get coverage.

Case #: 500067545 | [View Program Eligibility by Person](#)

Household Members (3):	Program Eligibility	Actions Needed
Xavier H. 39 yrs	Medi-Cal: Awaiting Review	Overdue Proof of Citizenship Upload Eligibility Documents
It is time for Xavier's Medi-Cal Renewal. Review and update their Citizenship and Immigration information or upload a document to stay covered.		
Waren A. 38 yrs	Pending Medi-Cal	Overdue Proof of Minimum Essential Coverage Upload Eligibility Documents
It is time for Waren's Medi-Cal Renewal. Review and update their Health Care information or upload a document to stay covered.		
Nor B. 37 yrs	Pending Medi-Cal	Due 01/04/2026 Reason why the income does not match Give a Reason Overdue Proof of Citizenship Due 01/04/2026 Proof of Income Upload Eligibility Documents
It is time for Nor's Medi-Cal Renewal. Review and update their information or upload a document to stay covered.		

The *Next Steps* section of the consumer Home page displays new messaging when a HHM is in Renewal for either a Covered California plan or for Medi-Cal.

Welcome back, Sharp Napier!

Select Year: 2026 2027

Renew Application
One or more household members are in Renewal for the following program(s):

- Medi-Cal

Start your Renewal today and report any changes for your household.

[Renew](#)

Tax Forms & Other Important Documents

[View Proof of Coverage Forms](#)

Important Dates

10 DAYS - Medi-Cal
You have 10 days to report changes that could affect your eligibility.

2027 Household Summary
Your household has members with alerts or actions that need your attention.

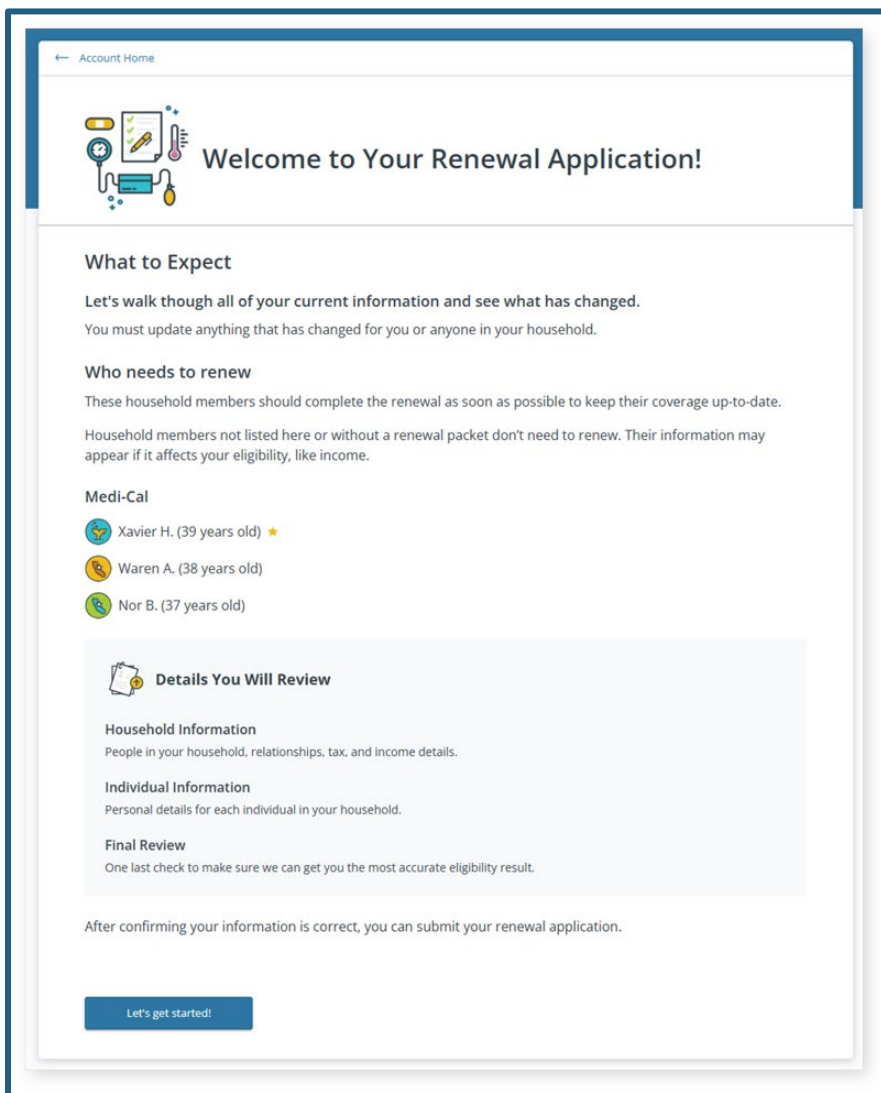
Sharp Napier...
B.
Primary Contact

Fervent NL...
S.

[View actions needed & alerts >](#)

The *Welcome to Your Renewal!* page redesign displays the following new sections:

- *What to Expect?* section
- *Who needs to renew* – Displays which HHMs need to renew for the following programs:
 - *Medi-Cal*
 - *Covered California*
- *Details You Will Review* – Provides details on information to review and update as needed



← Account Home

Welcome to Your Renewal Application!

What to Expect

Let's walk through all of your current information and see what has changed.
You must update anything that has changed for you or anyone in your household.

Who needs to renew

These household members should complete the renewal as soon as possible to keep their coverage up-to-date.
Household members not listed here or without a renewal packet don't need to renew. Their information may appear if it affects your eligibility, like income.

Medi-Cal

- Xavier H. (39 years old) ★
- Waren A. (38 years old)
- Nor B. (37 years old)

Details You Will Review

Household Information

People in your household, relationships, tax, and income details.

Individual Information

Personal details for each individual in your household.

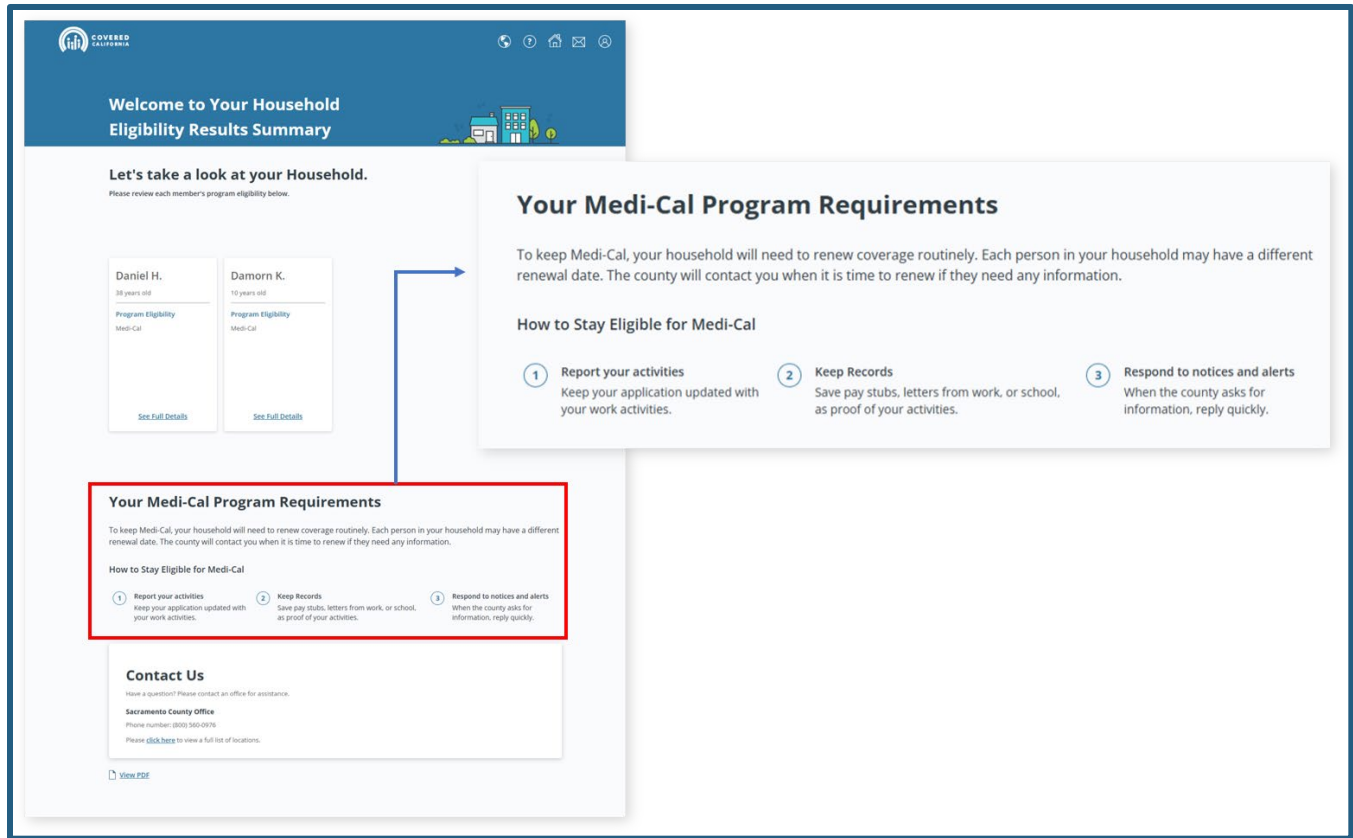
Final Review

One last check to make sure we can get you the most accurate eligibility result.

After confirming your information is correct, you can submit your renewal application.

[Let's get started!](#)

The *Welcome to Your Household Eligibility Results Summary* page displays the new *Your Medi-Cal Program Requirements* section and messaging when a HHM is Eligible, Conditionally Eligible, or Pending for MAGI Medi-Cal.



The *Medi-Cal program* section of the *See Full Details* page displays the following when the HHM's renewal is in progress and is Pending or Conditionally Eligible for MAGI Medi-Cal:

- *Renewal in Progress* status
- New messaging



< Go Back Jacob H. 39 years old

Jacob H.

Program: Medi-Cal Status: **Renewal in Progress**

Jacob's Next Steps

Answer additional questions to get Medi-Cal coverage
One or more of your household members may be eligible to Medi-Cal. To gain eligibility, these household members must meet a work requirement, unless they are exempt. Provide the requested details by 12/01/2027 to gain health coverage. [Learn more](#)

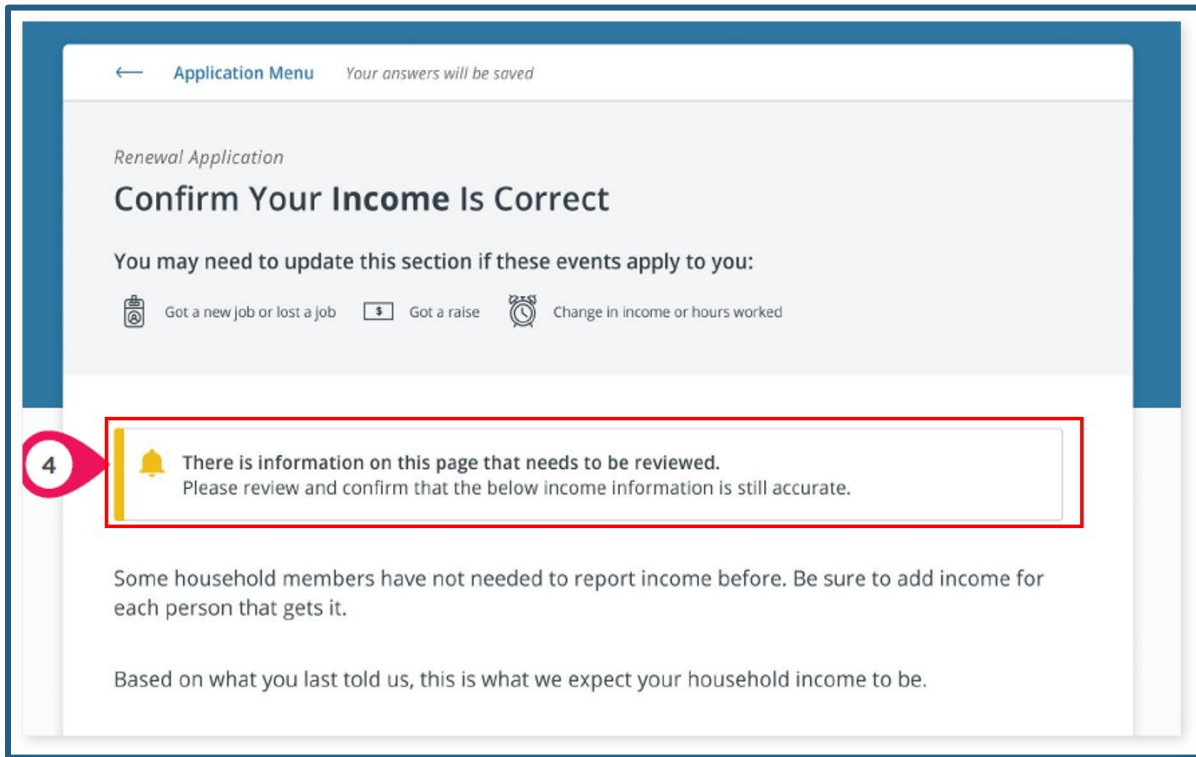
Medi-Cal **Renewal in Progress**
Jacob, your Renewal for Medi-Cal is in progress
To maintain eligibility for Medi-Cal, you must complete your renewal. If any additional information or action is required, the county will reach out to you.
[Show More Details](#)
Your local county office will contact you if they need more information, or you can contact your [local county office](#) if you have questions.

Jacob is not eligible for the following program(s):

- Covered California Plan
- Financial Help can be used to lower your monthly premium.
- Enhanced Silver Benefits (This lowers out-of-pocket costs, such as copays and deductibles when you use medical services)

A new yellow banner message displays on the following pages when a HHM is Pending or Conditionally Eligible for MAGI Medi-Cal or Covered California Plans and there are information discrepancies that need to be reviewed:

- *Confirm Your Income Is Correct*
- *Now, Let's Review Each Household Member to Make Sure Their Information Is Correct*
- *Help us gather some additional information*



← Application Menu Your answers will be saved

Renewal Application

Confirm Your Income Is Correct

You may need to update this section if these events apply to you:

 Got a new job or lost a job  Got a raise  Change in income or hours worked

4  There is information on this page that needs to be reviewed.
Please review and confirm that the below income information is still accurate.

Some household members have not needed to report income before. Be sure to add income for each person that gets it.

Based on what you last told us, this is what we expect your household income to be.

The *Review [HHM]'s Information* page displays a *Review Needed* alert in the following sections when the HHM is Pending or Conditionally Eligible for MAGI Medi-Cal or a Covered California plan and has an outstanding verification:

- *Health Care* – When there is an outstanding MEC or Medicare verification
- *Citizenship & Immigration* – When there is an outstanding citizenship & Immigration verification

← Application Menu Your answers will be saved

Update Your Application

Review **Xavier's** Information



Xavier H.
39 yrs

1

We need more information about Xavier. Please complete the section(s) marked "Missing Information."

Click each arrow to review and make updates. Expand all

Basic Information

1 Missing Information

▼

Contact Information

▼

Marital Status & Relationships

▼

Pregnancy Information

▼

Health Care

▼

Citizenship & Immigration

1 Review Needed

▼

Military Service

▼

Optional Demographic Information

▼

Save