



Subsidy Eligibility Data Collection Form



If you would like to find out if you are eligible for a subsidy through Covered California, please complete this form and scan/email it to Sierra Benefit Solutions at team@sierrabenefit.com or fax to (530) 823-3140.

Before you get started: If you currently receive or are offered affordable health insurance through an employer or public program, unfortunately, you won't be eligible to receive premium assistance to help you afford insurance purchased through Covered California.

Name: _____ Email: _____ Phone: _____

Household Information

Please be sure to include everyone in your household and all sources of income in this section regardless of whether or not they are enrolling for coverage.

Number of People in Household: _____

Annual Household Income: _____

Zip Code: _____

County: _____

Enrollee Information

Only enter members of your household who would enroll in a plan.

Enter the Name and Date of Birth of each person to be covered

Name: _____ Date of Birth: _____ Home Zip Code: _____

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Should you have any questions, please feel free to contact our office at (866) 618-9977.