



Use this form only if you and your spouse did not file a federal income tax return for the most current tax year.

### Declaration of Non-filing Status

Complete, sign the top portion of this form (must be signed by both member and spouse, if any), and send to the address below. If a financial sponsor, other community organization, or clinic is assisting you with filling out this form, have the organization's designated representative keep a copy of the form for their records.

Member's Name \_\_\_\_\_ Basic Health ID # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please explain why you cannot provide Internal Revenue Service (IRS) documentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we certify that I/we have provided all available income documentation as requested by Basic Health. I/we did not file an income tax return with the Internal Revenue Service for (tax year) \_\_\_\_\_.

Member's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

You are required to complete a formal recertification at least once a year, even if you return this form. If Basic Health finds that the state has paid too much of your premium, you may be required to repay any overpayments. If we find that you withheld or gave false information, Basic Health can require you to repay up to twice the amount the state paid for your coverage.

**Mail:**

Basic Health  
P.O. Box 42683  
Olympia, WA 98504-2683

**FAX:**

**OR** (360)923-2610 or  
(360)923-2910

To obtain this document in another format, call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.