

Statement of Good Faith Effort

American Indian/Alaska Native Enrollment Verification

American Indians and Alaska Natives (AI/AN) applying for medical coverage through Washington Healthplanfinder must provide verification of enrollment in a federally-recognized tribe or Alaska Native Corporation within 90 days of receiving notice from the Washington Healthplanfinder that they are unable to verify AI/AN enrollment.

If you are unable to verify your AI/AN enrollment within the required 90-day time period, please tell us why. Please indicate what efforts you have made to obtain required proof of tribal enrollment documents. These efforts may include (1) written requests; (2) phone calls; and/or (3) personal contact. Please attach any documentation to demonstrate these efforts including copies of your written requests and a letter from the health clinic staff explaining the attempts made to obtain evidence of tribal enrollment.

Complete the information below for each household member that receives medical coverage and does not have proof of tribal enrollment. Sign and return this form to the following address:

Washington Health Benefit Exchange, P.O. Box 657, Olympia, Washington 98507

Last Name:	First Name:
Date of Birth:	
Tell us why you are unable to provide verification of tribal enrollment?	
<hr/> <hr/> <hr/> <hr/> <hr/>	
Last Name:	First Name:
Date of Birth:	
Tell us why you are unable to provide verification of tribal enrollment?	
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Last Name:	First Name:
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Date of Birth:

Tell us why you are unable to provide verification of tribal enrollment?

Use a separate sheet for additional household members

I declare, under penalty of perjury, the information above for each person is true, correct and complete to the best of my knowledge. I understand that I may continue to try to get any necessary documentation unless the Washington Healthplanfinder tells me that they already have the necessary documentation.

Signature: _____ Date: _____

Printed Name: _____

What is the best way for us to reach you?

Daytime Phone Number: _____

Email: _____

FORM WILL BE AVAILABLE SOON ON THE WA HBE CORPORATION WEBSITE;
<http://www.wahbexchange.org/>