

Affordable Care Act (aka ObamaCare)
Health Insurance Questionnaire for 2016
Required for reporting to the IRS on your 2016 Tax Return

INFORMATION		
Primary Taxpayer	FIRST NAME:	LAST NAME:
<p>1. Did you have Health Insurance coverage (include Government Sponsored programs, such as Medicare, Medicaid, Children’s Health Insurance Program (CHIP), TRICARE, VA, etc.) for <u>yourself and all your dependents</u> (those who will be reported on your 2016 tax return) for all 12 months of 2016? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you answered YES above, <u>STOP HERE</u>, and please sign at the bottom of Page 2. <u>Also</u>, please be sure to include a copy of any Form 1095 [-A, -B, and/or -C] that you receive. (Please note: It is possible these forms may not be received until as late as early March 2017.) If you answered NO above, continue on to Question 2.</p>		
<p>2. If you answered NO in question 1, then... Did <u>you or any of your dependents</u> have health insurance for <u>any part</u> of 2016? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, what months Did You Not have coverage (mark boxes below, as applicable):</p> <p>Taxpayer: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec</p> <p>Spouse: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec</p> <p>Dependents: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec</p>		
<p>3. Do you or any of your dependents meet any of the following criteria for exemption of Tax Penalty (check all that apply)</p> <p><input type="checkbox"/> Short coverage gap – you or your dependent went <u>less than</u> three (3) consecutive months without coverage.</p> <p><input type="checkbox"/> Insurance Coverage was considered unaffordable (i.e., lowest priced coverage available to you would cost more than 8% of your household income).</p> <p><input type="checkbox"/> You or your dependent are not lawfully present in the U.S. <small>(not a citizen, nor a U.S. National, or are living Abroad, or a Resident of a Foreign Country)</small></p> <p><input type="checkbox"/> You or your dependent are a member of a recognized health care sharing ministry <small>(e.g., Medi-Share; Samaritan Ministries; etc.)</small></p> <p><input type="checkbox"/> You or your dependent are a member of a recognized religious sect <small>(religious objections to insurance, including Social Security and Medicare)</small></p> <p><input type="checkbox"/> You or your dependent are members of a Federally recognized Indian Tribe</p> <p><input type="checkbox"/> You or your dependent were incarcerated (serving a term in prison or in jail).</p> <p><input type="checkbox"/> You or your dependent qualify for Hardship Exemption (see list on page two and check all that apply)</p> <p><input type="checkbox"/> One or more of your dependents were born, adopted or died in 2016.</p>		
Please continue to page two of this form		

Conditions that qualify for Hardship Exemption (check all that apply)

(Please be aware that the IRS requires that you complete a paper application and mail it to the Marketplace to obtain your Hardship Exemption Certificate, as an Exemption Certificate Number (ECN) is required before filing your 2016 tax return.)

- You were homeless.
- You were evicted in the last 6 months of 2016, OR you were facing eviction or foreclosure.
- You received a shut-off notice from a utility company (anytime during 2016).
- You experienced domestic violence (spouse, son, daughter, family, neighbor, or anyone in 2016).
- You experienced a death of a close family member in 2016.
- You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.
- You filed for bankruptcy in the last 6 months of 2016.
- You had medical expenses you couldn't pay that resulted in substantial debt.
- You experienced unexpected increase in necessary expenses due to caring for an ill, disabled, or aging family member.
- You expect to claim a child as a tax dependent who's been denied coverage in Medicaid and CHIP, and another person is required by court order to give medical support to the child.
- As the result of an eligibility appeals decision, you're eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on your premiums, or cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace in 2016.
- You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act.
- Your Individual health insurance plan was cancelled after June 30, 2013, and you believe other Marketplace plans are unaffordable.
- You experienced a hardship that kept you from getting health insurance that's not listed above.

Please explain _____

TAXPAYER'S STATEMENT

Under penalties of perjury, I declare that all the above information is true and correct and should be used in completing my tax return. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government.

Taxpayer: _____ **DATE** _____

Spouse: _____ **DATE** _____