***Affordable Care Act / ObamaCare***

***HEALTH INSURANCE QUESTIONAIRE***

***Required by the IRS & ObamaCare Act***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION** | | | | | | |
| **TAXPAYER** | **SSN or ITIN**  **(as shown on SSA Card)** | **\_ \_ \_ - \_ \_ - \_ \_ \_ \_** | |  |  |  | |
| FIRST NAME | | | LAST NAME | | | |
| 1. Did you have Health Insurance for *yourself and all your dependents* all 12 months of 2014? **□ YES □ NO** (if you answered NO skip to question #5) | | | | | | |
| 2. Did you receive form 1095 from your Employer, your insurance company or HHS?  □ YES □ NO | | | | | | |
| 3. Did you receive any Health Care Premium Credits to assist in monthly payment for Health Insurance? □ YES □ NO: If so how much did you receive each month $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 4. If Yes in box 1,  Did you purchase your Health Insurance through Market Place / Healthcare.gov? □ YES □ NO  Did you purchase your Health Insurance directly from an Insurance Agent? □ YES □ NO  Was your insurance provided by your employer? □ YES □ NO  Were you covered by Medicare or Medicaid? □ YES □ NO | | | | | | |
| 5. If you check NO in box #1  Did *you or any of your dependents* have health insurance for any part of the year 2014? □ YES □ NO  If yes, what months **DIDN’T** you have coverage  Taxpayer: □ Jan □ Feb □ Mar □ April □ May □ June □ July □ Aug □ Sept □ Oct □ Nov □ Dec  Spouse: □ Jan □ Feb □ Mar □ April □ May □ June □ July □ Aug □ Sept □ Oct □ Nov □ Dec  Dependents: □Jan □ Feb □ Mar □ April □ May □ June □ July □ Aug □ Sept □ Oct □ Nov □ Dec | | | | | | |
| 6.Do you meet any of the following criteria for exemption of Tax Penalty (check all that apply)  **□** Unaffordable – lowest priced coverage available to you would cost more than 8% of your household income.  **□** Short coverage gap – you went less than 3 consecutive months w/o coverage.  **□** You were incarcerated (detained or in jail).  **□** You are not lawfully present in the U.S. (not a citizen, nor a US National, are living Abroad, or a Resident of a Foreign Country)  **□** You are a member of a recognized health care sharing ministry  **□** You are a member of a recognized religious sect (religious objections to insurance, including Social Security and Medicare)  **□** You are enrolled in Limited Benefit Medicaid or TRICARE or VA program.  **□** Your employer has a Fiscal Year Employer Health Insurance Sponsored Plan  **□** Your are member of American Indian Tribe  **□** You qualify for Hardship Exemption (see list on next page)  ***PLEASE COMPLETE THE BACK SIDE OF THIS FORM*** | | | | | | |
| You qualify for Hardship Exemption (check all that apply)  **□** You were homeless.  **□** You were evicted in the last 6 months of 2014 OR you were facing eviction or foreclosure.  **□** You received a shut-off notice from a utility company (anytime during 2014).  **□** You experienced domestic violence (spouse, son, daughter, family, neighbor anyone during year 2014).  **□** You experienced a death of a close family member in 2014.  **□** 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 2014.  **□** You had medical expenses you couldn’t pay in 2013 or 2014 that resulted in substantial debt.  **□** You experienced unexpected increase in necessary expenses due to caring for 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.  **□** You were determined ineligible for Medicaid because your state didn’t expand eligibility for Medicaid under the Affordable Care Act.  **□** Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­  **­­­­­­­­­­­­** | | | | | | |

### TAXPAYER’S STATEMENT

Under penalties of perjury, I declare that 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**