Affordable Care Act/ ObamaCare

HEALTH INSURANCE QUESTIONNAIRE

First Name- Taxpayer ______________________ Last Name ______________________

First Name- Spouse ______________________ Last Name ______________________

1. Did you have health insurance for yourself & **Everyone** on your tax return for all 12 months of **2017**?

☐ YES ☐ NO

2. What type of Insurance did you have in **2017**? Check all Boxes (a-d) that apply and indicate if you received a 1095

a ☐ Marketplace ⇨ ☐ 1095-**A** Received **(1095-A is REQUIRED before filing)**

b ☐ Employer Insurance ⇨ ☐ 1095-**B** Received ☐ 1095-**C** Received ☐ 1095 Not Received

c ☐ Privately Purchased Insurance ⇨ ☐ 1095-**B** Received ☐ 1095 Not Received

d ☐ Gov't Insurance (Medicare/ Hoosier Healthwise) ⇨ ☐ 1095-**B** Rec'd ☐ 1095 Not Rec'd

If you were covered all 12 months, STOP here and sign below

If not, continue on to number 3.

3. If you, or anyone on your tax return, were not covered for all 12 months of **2017**, check the months

You Were NOT Covered

Taxpayer	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec
Spouse	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec
Dependents	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sep	☐ Oct	☐ Nov	☐ Dec

*If you did not have health insurance for all of **2017** you may be subject to a tax penalty unless you qualify for an exemption. Please talk to your tax professional about your specific situation.*

TAXPAYER'S STATEMENT

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

Taxpayer: ______________________ Date: ______________

Spouse: ______________________ Date: ______________

FOR OFFICE USE ONLY

Exemption
- ☐ A Unaffordable
- ☐ B Short Coverage Gap (2)
- ☐ C Not a Citizen
- ☐ D Health Care Sharing Ministry
- ☐ E American Indian
- ☐ F Incarcerated
- ☐ G Limited Medicaid/ TRICARE/ VA
- ☐ G Aggregate Self Only Plan unaffordable
- ☐ H Birth or Death in Year
- ☐ Hardship Exemption
- ☐ Filed Application for Exemption

Hardship
- ☐ Homeless
- ☐ Eviction/ Foreclosure
- ☐ Utility Shut Off Notice
- ☐ Domestic Violence
- ☐ Death of close family member
- ☐ Natural disaster
- ☐ Bankruptcy
- ☐ Medical
- ☐ Care for ill, disabled, or aging family member
- ☐ Denied coverage in Medicaid- court order
- ☐ Ineligible for Medicaid- state didn't expand for ACA
- ☐ ECN: ______________________