

Healthcare Questions	Yes	No
<p>Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?</p> <p>If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.</p> <p>If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.</p>		
<p>Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?</p>		
<p>Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?</p>		
<p>Did you apply for an exemption through the Marketplace?</p> <p>If Yes, provide the Exemption Certificate Number. _____</p>		
<p>Are any of your dependents required to file a tax return?</p>		
<p>Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?</p>		
<p>Were you eligible for employer-sponsored healthcare coverage?</p>		
<p>If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?</p>		
<p>Did you or your spouse have any transactions pertaining to a health savings account (HSA)?</p> <p>If you received a distribution from an HSA include all Forms 1099-SA.</p>		
<p>Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?</p> <p>If you received a distribution from an MSA include all Forms 1099-SA.</p>		
<p>Did you or your spouse receive any distributions from long-term care insurance contracts?</p> <p>If Yes, include all Forms 1099-LTC.</p>		
<p>If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?</p> <p>If Yes, how many months were you covered? _____</p>		
<p>If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?</p> <p>If Yes, how many months were you covered? _____</p>		
<p>Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?</p>		

**Client Name:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_