

2015 Health Insurance Questionnaire

The process of preparing and filing your 2015 income tax return will involve questions regarding your health insurance coverage due to the Affordable Care Act. Therefore to comply with these laws, we must ask certain questions to you before preparing your return this year. This form must be completed and returned to us before we can prepare your return.

1) Were you and each member of your household covered the entire year of 2015 under one of the following forms of health insurance coverage? Yes ___ No ___

****If you answer yes, please indicate what type of insurance you have below and sign and date the form. You may skip the rest of the questions.**

___ Employer provided insurance

___ Insurance purchased from the Insurance Marketplace or Exchange

___ Private purchased insurance (not from the Exchange)

___ Government insurance such as Medicare, Medicaid, CHIP, TRICARE or VA

If you purchased insurance from the Insurance Marketplace or Exchange did you receive a subsidy or reduced premium?
Yes ___ No ___ If yes, please bring in Form 1095-A which you should have received by January 31.

2) If you were not covered for the entire year, which months or parts of months were you covered? _____

3) If not all members of your household were covered by health insurance, list those without _____

4) If you answered "No" to question 1, do you meet one of the following exemptions?

___ Exemption certificate issued by HHS (see item 5)

___ Family income below filing requirement for income taxes (\$20,300 for married filing joint, both under 65 or single \$10,150- under 65)

___ Cost of available coverage exceeds 8% of household income

___ Enrolled member of Indian tribe

___ Non-coverage period less than 3 months

5) There are 14 hardship exemptions available upon filing of a 6-page application. Hardships are listed on the back of the page or see www.HealthCare.gov or call your local Mountain Projects office for assistance.

I certify that the answers given above correctly reflect mine and/or my household's compliance with the Affordable Care Act for purposes of preparing my 2015 Federal income tax return.

Taxpayer

Spouse

Date _____

Hardship exemptions from the fee for not having health coverage

If any of the following circumstances apply to you, you may qualify for a “hardship” exemption from the penalty:

1. You were homeless
2. You were evicted in the past 6 months or were facing eviction or foreclosure
3. You received a shut-off notice from a utility company
4. You recently experienced domestic violence
5. You recently experienced the death of a close family member
6. You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property
7. You filed for bankruptcy in the last 6 months
8. You had medical expenses you couldn't pay in the last 24 months that resulted in substantial debt
9. You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member
10. 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. In this case, you don't have to pay the penalty for the child.
11. As a result of an eligibility appeals decision, you're eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on your monthly premiums, or cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace
12. You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act
13. Your individual insurance plan was cancelled and you believe other Marketplace plans are unaffordable
14. You experienced another hardship in obtaining health insurance