

Individual Compliance with the Affordable Health Care Act (ACA)

VALID FOR 2015 TAX YEAR

To comply with the requirements of the ACA, complete information on this form must be provided by all taxpayers. Please bring all 1095 Forms reporting health insurance coverage that you receive.

- Form 1095A** From Federal Insurance Marketplaces or MNSure
- Form 1095B** You will receive from small Employers (with <50 employees) who had Employer sponsored group health insurance plans.
- Form 1095C** You will receive from large Employers (with >50 employees) who had Employer sponsored group health insurance plans.

Identification

T TAXPAYER _____

S SPOUSE _____

COUNTY OF RESIDENCE _____

HEALTH INSURANCE PROVIDER _____

D1 DEPENDANT 1 _____

D2 DEPENDANT 2 _____

D3 DEPENDANT 3 _____

D4 DEPENDANT 4 _____

D5 DEPENDANT 5 _____

Coverage

- All household members were covered by qualified Health Insurance for the entire year.
Chart Is Not Required
- Household members who have obtained a Health Insurance Exemption Waiver are indicated.
Please Complete Chart
- Household members who are eligible for but have not yet received an exemption waiver are indicated.
Please Complete Chart

Please indicate on chart all months for which each family member had coverage the the previous year:

- C COVERED**
- W WAIVER IN POSSESSION. DOCUMENTATION REQUIRED.**
- E ELIGIBLE FOR WAIVER - NOT YET OBTAINED.**
Refer to chart on back.

| | T | S | D1 | D2 | D3 | D4 | D5 |
|-----------|---|---|----|----|----|----|----|
| JANUARY | | | | | | | |
| FEBRUARY | | | | | | | |
| MARCH | | | | | | | |
| APRIL | | | | | | | |
| MAY | | | | | | | |
| JUNE | | | | | | | |
| JULY | | | | | | | |
| AUGUST | | | | | | | |
| SEPTEMBER | | | | | | | |
| OCTOBER | | | | | | | |
| NOVEMBER | | | | | | | |
| DECEMBER | | | | | | | |

I verify that the above information is accurate and truthful.

SIGNATURE DATE

Types of Coverage Exemptions

VALID FOR 2015 TAX YEAR

This chart shows all of the coverage exemptions available, including information about where the coverage exemptions can be obtained.

| COVERAGE EXEMPTION | GRANTED BY MARKETPLACE | CLAIMED ON TAX RETURN |
|---|------------------------|-----------------------|
| Coverage is considered unaffordable – You cannot afford coverage because the minimum amount you pay for premiums is more than 8% of your household income. | | ✓ |
| Short coverage gap – You went without coverage for less than 3 consecutive months during the year. | | ✓ |
| Citizens living abroad and certain noncitizens – You are: A U.S. citizen or resident who spent at least 330 full days outside of the U.S. during a 12-month period, A U.S. citizen who is a bona fide resident of a foreign country or U.S. territory, or Neither a U.S. citizen or U.S. national nor an alien lawfully present in the U.S. | | ✓ |
| Household income below the filing threshold – Your household income is below the minimum threshold for filing a tax return. | | ✓ |
| Members of a health care sharing ministry – You are a member of a health care sharing ministry. | ✓ | ✓ |
| Members of Federally-recognized Indian tribes – You are a member of a Federally-recognized Indian tribe. | ✓ | ✓ |
| Incarceration – You are in a jail, prison, or similar penal institution or correctional facility after the disposition of charges. | ✓ | ✓ |
| Member of certain religious sects – You are a member of a recognized religious sect. | ✓ | |
| Limited benefit Medicaid and TRICARE programs – You are enrolled in certain types of Medicaid and TRICARE programs that are not minimum essential coverage. | | ✓ |
| HARDSHIPS: | | |
| Two or more family members' aggregate cost of self-only employer-sponsored coverage is more than 8% of household income, as is the cost of any available employer-sponsored coverage for the entire family. | | ✓ |
| You purchased insurance through the Marketplace during the initial enrollment period but have a coverage gap at the beginning of the year. | | ✓ |
| You applied for CHIP coverage during the initial open enrollment period and were found eligible for CHIP based on that application but have a coverage gap at the beginning of the year. | | ✓ |
| You are an American Indian, Alaska native, or a spouse or descendent of either who is eligible for services through an Indian health care provider. | ✓ | ✓ |
| Your gross income is below the filing threshold. | | ✓ |
| You are experiencing circumstances that prevent you from obtaining coverage under a qualified health plan. | ✓ | |
| You do not have access to affordable coverage based on your projected household income. | ✓ | |
| You are ineligible for Medicaid solely because the state in which you live does not participate in the Medicaid expansion under the Affordable Care Act. | ✓ | |
| You have been notified that your health insurance policy will not be renewed and you consider the other plans available unaffordable. | ✓ | |