

# **AFFORDABLE CARE ACT (ACA) HEALTH COVERAGE INFORMATION**

## **MANDATORY**

**Check this box if your family was covered for the full year of 2018 with minimum essential health care coverage.**

“Your family” for health care coverage purposes refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. “Minimum essential health care coverage” generally means insurance you obtain through Medicare, your employer, your retirement system, your union, or on your own through the Marketplace.

***If you checked this box, STOP here, SIGN at the bottom of this page and give it to us with your other tax information.***

**\*Be sure to give us any and all Forms 1095 (A, B, or C) you receive\***

### **For those NOT covered for the full year with minimum essential health care coverage:**

1. If you were granted an exemption from the Marketplace, you must enter it here:  
# \_\_\_\_\_
2. If you are claiming an Other Exemption Type, please circle it below:
  - A Unaffordable coverage
  - B Short coverage gap
  - C Exempt noncitizen
  - D Health care sharing ministry
  - E Indian tribe member
  - F Incarcerated individual
  - G Hardship
  - H Medicaid/TRICARE
  - OTHER – PLEASE EXPLAIN
3. If you had minimum essential health care coverage for less than a full year, provide us with your Forms 1095 OR the following information:
  - Marketplace identifier
  - Marketplace-assigned policy number
  - Policy issuer’s name
  - Policy start date
  - Covered individuals’ names
  - Monthly premium amount for each month of coverage
  - Monthly advance payment of premium tax credit for each month of coverage
4. Please sign below and give us this form along with your other tax information.

### **SIGNATURE:**

**The undersigned hereby certifies that the health care coverage information provided on this page and on any supplemental pages is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date