

Affordable Care Act - Health Care Coverage Questionnaire 2016

	Health Insurance All Year	No Health Insurance All Year	Part-Year Insurance (List months WITH coverage)		
Taxpayer					Signatures Required:
Spouse					
Dependents (Please list)					
1				/	X _____ Taxpayer
2				/	
3				/	Spouse
4				/	X _____
5				/	
					Date: _____
Yes ___ No ___	Did anyone besides taxpayer or spouse pay for health coverage for anyone listed above?				
Yes ___ No ___	Did anyone pay for health coverage for anyone not listed above?				
IF you had coverage for any part of the year:					
Where was the policy obtained?					
Employer/Medicare/Medicaid/Marketplace(exchange)/Other					
IF you didn't have coverage part or all the year:					
Yes ___ No ___	Was your previous insurance policy cancelled in 2016?				
Yes ___ No ___	Do you have an Exemption from the Marketplace?				
Yes ___ No ___	Was coverage offered by taxpayer's or spouses employer?				
Yes ___ No ___	Are you a member of a federally recognized Indian tribe?				
Yes ___ No ___	Are you eligible for services through an Indian health care provider?				
Yes ___ No ___	Are you a member of a health care sharing ministry?				
Yes ___ No ___	Did you live in the United States the entire year?				
Yes ___ No ___	Are you enrolled in TRICARE?				
Yes ___ No ___	Did you apply for CHIP coverage?				
Yes ___ No ___	Do any of the following apply to you? Do NOT indicate which one.				
Yes ___ No ___	Became homeless				
	Evicted in the past six months, or facing eviction or foreclosure				
	Received a shut-off notice from a utility company				
	Recently experienced domestic violence				
	Recently experienced the death of a close family member				
	Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in sunstantial damage to your property				
	Filed for bankruptcy in the last six months				
	Incurred unreimbursed medical expenses in the last 24 months that resulted in a substainial debt				
	Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member				