

Affordable CareAct (Obamacare) Compliance Questionnaire

For persons with health insurance for the full year

Enter first name, coverage type number, check full year box, and sign.
That's All!

For persons with NO insurance or persons with insurance for only some of the months

- (1) Had **no health insurance** whatsoever, please check the "None" box
- (2) Had **health insurance for only some of the months**, please check each month

they had health insurance for at least 1 day in the month, and what type

If either of the above two situations apply to you, please answer the questions below.

Acceptable Health Insurance "Types" (Primary Health Insurance Only, not supplements)

- ▶ (1) Employer group / Retiree / Union or COBRA plan
- ▶ (2) Medicare (Part A and/or Medicare Advantage)
- ▶ (3) Medicaid / Hoosier Healthwise
- ▶ (4) Government plan for federal and/or state employees
- ▶ (5) Military and/or Veterans medical coverage
- ▶ (6) Individual qualified plans including HIP
- ▶ (7) Children's Health Insurance Program (CHIP)
- ▶ (8) Healthcare Sharing Ministries or Peace Corp health
- ▶ (9) Marketplace Health Plan purchased thru "HealthCare.gov", **must have Form 1095-A**

Name (first name only)	Above	Full	None												
	Type(s)	Year		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

For persons with "None" checked above, OR persons with coverage for only part of the year.

Was health insurance offered at work for any months you were without coverage? Yes No

Was COBRA offered if you left work? Yes No Was person eligible for Medicaid? Yes No

If Yes, taxpayer only cost at taxpayers employer? \$ _____ per week bi-weekly semi-monthly monthly

If Yes, spouse only cost at spouses employer? \$ _____ per week bi-weekly semi-monthly monthly

If Yes, family coverage cost at either employer? \$ _____ per week bi-weekly semi-monthly monthly

I have disclosed the above information to my income tax preparer for them to prepare my income tax return and I further certify that this information is correct to the best of my knowledge.

Signature: _____ **Date:** _____ **Reviewed:** _____