

# ACA (aka ObamaCare) "Exemptions" Worksheet

(1) **Name:** Please list every person on the tax return who was **NOT** covered by health insurance **ALL YEAR**

(2) **Exemption Period:** If exemption applies for the **full year**, check the "Full Year" box  
 If exemption **is not** for the full year, check each monthly box for which the exemption applies

Exemptions granted by the Health Care Marketplace and you **must have** the Exemption Certificate Number

- Hardship
- Religious objection

Exemptions available by claiming them on your tax return

- Income below filing requirements – income is less than Filing Threshold (basically filing status. TW computes)
- Code A – Coverage considered unaffordable – the minimum amount due for premiums is more than 8.13% of your household income (combined income of all persons listed on the tax return , but does not include income of individuals who are not required to file) **(Must use affordability worksheet!)**
- Code B - Short-coverage gap period – lack of coverage was **less than** 3 "consecutive" months
- Code C - Citizens living abroad and certain noncitizens (persons with an ITIN)
- Code D - Members of a health care sharing ministry
- Code E - Indian tribe members
- Code F - Incarcerated
- Code G –Two or more family members’ aggregate cost of self-only employer-sponsored coverage was more than 8.13% of household income, as was the cost of any available employer-sponsored coverage for the entire family. (Household income is MAGI plus any tax exempt interest)
- Code G - Resident of non-Medicaid expansion state (**Indiana**) and household income below . . . (138% of FPL)  
 \$16,242 for Individual    \$21,983 for family of 2    \$27,724 for family of 3    \$33,465 for family of 4  
 \$39,205 for family of 5    \$44,946 for family of 6    \$50,687 for family of 7    \$56,428 for family of 8  
 Add \$5,741 for each family member over 8
- Code H - Member of tax household born, adopted, or died and you can't check full year coverage

Name	Exemption Code(s)	Full Year	If not full year, check the month(s) the exemption applies											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

\*\*\*\*\*  
 I certify that this information is correct to the best of my knowledge.

**Preparer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_