

Affordable CareAct (ACA) Compliance Worksheet (aka ObamaCare)

This information must be provided below for everyone on every tax return

(1) Name: Please list every person’s first name, including your own, as shown on your tax return.
Important: You must include EVERYONE listed on your tax return, whether they live with you or not

(2) Coverage &Type: If the person has some coverage for any part of the year provide the coverage “Type”

Acceptable Coverage “Types” (Primary Insurance Only)	
▶ (1) Employer group / Retiree / Union or COBRA plan	▶ (2) Medicare (Part A and 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 / HIP
▶ (7) Children’s Health Insurance Program (CHIP)	▶ (8) Peace Corps health plan
▶ (9) Marketplace Health Plan purchased thru “HealthCare.gov”, must have Form 1095-A	

(3) Covered Period: If covered for the full year, check the “Full Year” box
 If NOT covered at all during the year, check the “None” box.
 If covered for only some of the year, check the monthly boxes they HAD coverage. They only need to be covered for one day during the month to qualify as covered for that month

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

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:** _____