

Affordable CareAct (ACA) Compliance Questionnaire (aka ObamaCare)

We're sorry to ask, but IRS requires us to know whether everyone on your tax return has health insurance coverage and what type.

- (1) Name:** Please list the first name of EVERYONE listed on your tax return, whether they live with you or not
- (2) Coverage:** For each person covered for the full year, enter the type and check the "Full Year" box
For each person NOT covered at all during the year, check the "None" box.
For each person 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)
- Please Note:** If a person is covered by two or more different plans during the year, please enter each plan type on a separate line and the months covered by that plan

Acceptable Coverage "Types" (Primary Insurance Only)

- ▶ (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) Peace Corps health plan
- ▶ (9) Marketplace Health Plan purchased thru "HealthCare.gov", **must have Form 1095-A**

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

- 3) For persons with NO INSURANCE COVERAGE checked for any month during the year:**
- Was health insurance offered at work? 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
- Was person eligible for Medicaid? Yes No

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:** _____