Health Care Coverage Questionnaire

Name:				SSN:	
List Name of each Member of your Household	CHECK if you had **entire year** health care coverage	For **part of the year** health care coverage, list months you had coverage	CHECK for **NO health care coverage** all year	Do you use **tobacco**?	NOTES:

YES ☐	NO ☐	Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?
YES ☐	NO ☐	Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year: Where was the policy obtained? (circle below)

Employer Medicare Medicaid Marketplace (Exchange) Other

If you didn't have coverage part or all of the year: (Answer YES if it applies to any member of the household)

YES ☐	NO ☐	Do you have an Exemption from the Marketplace (also called the Exchange)?
YES ☐	NO ☐	Was coverage offered by taxpayer's or spouse's employer?
YES ☐	NO ☐	Are you a member of a federally-recognized Indian tribe or eligible for services through an Indian health care provider?
YES ☐	NO ☐	Are you a member of a recognized health care sharing ministry?
YES ☐	NO ☐	Did you live in the United States the entire year?
YES ☐	NO ☐	Did you apply for Medicaid and are ineligible for Medicaid because your state did not expand eligibility for Medicaid?

YES ☐	NO ☐	Do any of the following apply to you? Do **NOT** indicate which one. **Marketplace Exemption Certificate Number (ECN) Required**
		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 substantial damage to your property
		Filed for bankruptcy after June 30, 2015
		Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
		Experienced unexpected increases inessential expenses due to caring for an ill, disabled, or aging family member
		Was your previous insurance policy cancelled after June 30, 2013 and you believe Marketplace plans are unaffordable

Signature

Date

1) I had coverage from _______________________ for _______ months in 2015

2) My coverage met Minimum Essential Coverage (MEC) regulations:
YES NO

3) My cost for Minimum Essential Coverage (MEC) was quoted as $__________ per month for (circle one): SINGLE or FAMILY

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