Health Care Coverage Questionnaire

Name:	**SSN:**

Had health care coverage? List each household member:	For the entire year	For part of the year (Less than 12 months)	No health care coverage at all	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? (select from dropdown menu))	Employer

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 ☐	Was your previous insurance policy cancelled in 2014?
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?
YES ☐	NO ☐	Are you eligible for services through an Indian health care provider?
YES ☐	NO ☐	Are you a member of a health care sharing ministry?
YES ☐	NO ☐	Did you live in the United States the entire year?
YES ☐	NO ☐	Are you enrolled in TRICARE?
YES ☐	NO ☐	Did you apply for CHIP (Children's Health Insurance Program) coverage?
YES ☐	NO ☐	Do any of the following apply to you? Do **NOT** indicate which one. **Marketplace Exemption Certificate Number 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
	Filled for bankruptcy in the last six months
	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

Signature

Date

1) I had coverage from _____ for _____ months in 2014

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

3) My cost for Minimum Essential Coverage (MEC) was quoted as $_____ per month for (type in Single or Family):

4) Additional Notes _____