



Individual Mandate Questionnaire

The Affordable Care Act added the individual shared responsibility requirement under I.R.C. §5000A, also called the “individual mandate.” Beginning in 2014, the individual mandate generally requires you to be covered by health insurance that is “minimum essential coverage” during each month of the year or risk paying an excise tax penalty on your federal income tax return unless a coverage exemption applies. You may be eligible for an exemption if, for example, you do not have affordable coverage available to you or you had only a short gap in coverage during the year. Your spouse and dependents also must have health insurance or you risk paying an excise tax penalty for them. Several coverage exemptions are available, including an exemption based on your income being below the federal tax return filing threshold.

Please fill out this questionnaire so that we can determine whether you must make an excise tax payment. The information is needed for you, your spouse if you are filing jointly, and each child and other individual that you actually claim as a dependent, and for each individual who you can claim as a dependent unless another taxpayer properly claims him or her.

PART A — INSURANCE COVERAGE

Question 1a: Did you, your spouse, and dependents being claimed on your return have health insurance coverage during all of 2018?

Yes ____ No ____

Question 2a: Were there any months that you were not covered?

Yes ____ No ____

Question 2a: If yes, what months were you not covered?

Question 3: Where did you obtain your health insurance from?

Employer ____ Self ____ Market Place* ____

*Please fill out 1095A

Question 4a: If you did not have health insurance in 2018, did you receive an Exemption Certificate Number (ECN)? (If no, please complete Attachment A)

Yes ____ No ____

Question 4b: If yes, is your ECN number included? Yes ____ No ____

I understand that the above questions have been answered to the best of my knowledge and are true and accurate, and have provided my health insurance card. I also understand if I did not have health insurance, I may have to pay a penalty.

Signature

Date



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Attachment A

Question 1a: If you did not obtain health insurance coverage, was the reason because you could not afford it? Yes ____ No ____

Question 1b: If you answered “yes,” list the minimum amount that you would have paid for premiums, if you know that amount:

• for the self-only premium for employer-sponsored group coverage	
• for any available employer-sponsored coverage for the family	
• if no employer plan is available, for the family through the Marketplace	

Question 1c: If you obtained an exemption based on your projected income, list the Exemption Certificate Number (ECN) provided by the Exchange/Marketplace and the months to which it applies for each individual to whom this applies.

Question 2a: For any months that you did not have health insurance coverage, were you a member of a religious sect that is recognized as conscientiously opposed to accepting insurance benefits? Yes ____ No ____

Question 2b: If you answered “yes,” list the months of membership for each individual to whom this applies.

Question 2c: If you obtained an Exemption Certificate Number (ECN) from the Exchange/Marketplace, list the ECN and the months to which it applies for each individual to whom this applies.

Question 3a: For any months that you did not have health insurance coverage, were you a member of a health care sharing ministry? Yes ____ No ____

Question 3b: If you answered “yes,” list the months of membership for each individual to whom this applies.

Question 3c: If you obtained an Exemption Certificate Number (ECN) from the Exchange/Marketplace, list the ECN and the months to which it applies for each individual to whom this applies.

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Question 4a: For any months that you did not have health insurance coverage, were you a member of a federally recognized Indian tribe or someone who is eligible for services through an Indian care provider?

Yes ____ No ____

Question 4b: If you answered “yes,” list the months of membership for each individual to

Question 4c: If you obtained an Exemption Certificate Number (ECN) through the Exchange/Marketplace, list the ECN and the months to which it applies for each individual to whom this applies.

Question 5a: For any months that you did not have health insurance coverage, did you obtain a hardship exemption from an Exchange/Marketplace?

Yes ____ No ____

Question 5b: If you answered “yes,” list the type(s) of hardship for each individual to whom this applies.

Question 5c: List the Exemption Certificate Number (ECN) provided by the Exchange/Marketplace and the months to which it applies for each individual to whom this applies.

Question 6a: For any months that you did not have health insurance coverage, were you in a jail, prison, or a similar penal institution or correctional facility, not waiting to be charged?

Yes ____ No ____

Question 6b: If you answered “yes,” list the months of confinement for each individual to whom this applies.

Question 6c: If you obtained an Exemption Certificate Number (ECN) through the Exchange/Marketplace, list the ECN and the months to which it applies for each individual to whom this applies.

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Question 7a: Were you (or someone with a relationship to you) eligible to, but did not, enroll in an employer-sponsored group health plan that ran from a date in 2016 to a date in 2018?

Yes ____ No ____

Question 7b: If you answered “yes,” list the dates of the 2017-2018 plan year and the family members to whom this applies.

Notes

I understand that the above questions have been answered to the best of my knowledge and are true and accurate, and have provided my health insurance card. I also understand if I did not have health insurance, I may have to pay a penalty.

Name

Signature

Date