ACA Form 2-Affordable Care Act (Obamacare) Health Coverage Exemptions

Complete Section I below if you have a Marketplace granted coverage exemption certificate. Complete Section II if you are claiming a coverage exemption on your return:

SECTION I: MARKETPLACE GRANTED EXCEPTION:

Name of Individual	<u>SSN</u>	Certificate	Certificate No.	
SECTION II: COVERAGE	EXEMPTION(S) CLAIM	MED ON RETURN:		
Name of Individual	<u>SSN</u>	Exemption type*Exemption	ion type*Exemption Period**	
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* <u>Exemption Types</u>				
B) Short Gap in Covera C) Living abroad or a no D) Health Care Sharing E) Federally recognized F) Incarcerated after co	ge (3 mo or less) due to ch on-citizen Ministry I Indian Tribe Member		me)	
** <u>Exemption Period</u> – List e Dec-12)	ach month of non coverage	e the exemption covers by number: Ja	an-1, Feb-2, through	
Taxpayer Signature	Date	Spouse Signature	Date	