

ACA Form 1 - Affordable Care Act (Obamacare) Health Insurance Requirement Questionnaire

In March, 2010 President Obama signed the Affordable Care Act. One provision of the Act required that in 2014 all Americans must have qualified health insurance, have a health coverage exemption or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. **If you have a Coverage Exemption Certificate issued by a Federal or State Marketplace or believe you have grounds for an exemption to the Shared Responsibility Payment, please also complete the Health Coverage Exemption Form (ACA Form 2).** In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we require all individual taxpayers for 2016 to positively affirm one of the following items related to Health Care. **Please note that the Shared Responsibility Payment has more than doubled in 2016 over 2015.**

_____ 1. I/we have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.

_____ 2. We did not receive all Forms 1095-A because we have alternate government provided qualified Health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our Household.

Section I: Please initial the section below that is applicable to your tax family (all individuals who will appear on your return as a taxpayer, spouse, and/or dependent) and answer any questions or provide the information requested for that section.

_____ 3. I/we had qualified employer-provided health insurance for all member(s) of my/our tax family for the entire year.

_____ 4. I/we had alternate government provided qualified health care insurance from Medicare (Part A or Medicare Advantage), Medicaid**, Tri-Care**, CHIP or Veterans Health that covered all members of my/our tax family for the entire year. **Limits to what coverage applies

_____ 3. I/we had qualified other health insurance I/we purchased directly from an agent or insurance company that covered all members of my/our tax family for the entire year.

_____ 4. I/we had qualified health insurance through the federal or state health insurance exchange(s) which covers all members of my/our tax family for the entire year.

_____ 5. I/we had qualified health insurance for part of the year **or** coverage DID NOT cover all members of my/our tax family for the entire year. Please indicate your type of coverage above (1-4) _____ and complete the information in Section II.

Section II: In the event you do not have qualified health insurance for the entire year for your entire tax family, please provide the following information regarding the insurance coverage for all members of your tax family. In the absence of the completion of items 1-4 above or item 5 below, and the absence of you providing information regarding an exemption from the requirement to provide health insurance, I will calculate the required penalty and include it with your return.

<u>Name</u>	<u>Period of Coverage</u>	<u>Insurer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxpayer Signature

Date

Spouse Signature

Date