

**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:**

Complete the information below if you have a Marketplace granted coverage exemption certificate and attach a copy of the certificate.

<u>Name of Individual</u>	<u>SSN</u>	<u>Certificate No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION II: COVERAGE EXEMPTION(S) CLAIMED ON RETURN:**

<u>Name of Individual</u>	<u>SSN</u>	<u>Exemption type*</u>	<u>Exemption Period**</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*Exemption Types**

- A) Coverage Unaffordable (HOUSEHOLD coverage exceeds 8% of HOUSEHOLD income)
- B) Short Gap in Coverage (3 mo or less) due to change in employment
- C) Living abroad or a non-citizen
- D) Health Care Sharing Ministry
- E) Federally recognized Indian Tribe Member
- F) Incarcerated after conviction
- G) Hardship (As defined by the Affordable Care Act)

\*\* **Exemption Period** – List each month of non coverage the exemption covers by number: Jan-1, Feb-2, through Dec-12)

\_\_\_\_\_  
Taxpayer Signature Date

\_\_\_\_\_  
Spouse Signature Date