

Affordable Care Act Client Checklist

If you receive any of the following IRS documents and had coverage for the entire year for each member of the household:

- **Form 1095-A** (Health Insurance Marketplace Statement)
- **Form 1095-B** (Health Coverage)
- **Form 1095-C** (Employer Provided Health Insurance Offer and Coverage)

Please attach the document and do not complete the table below.

Indicate by checking the box for full year or for each covered month whether the individual had coverage under an employer plan, a plan that was purchased in the individual market, or under a government-sponsored program.

**Name of taxpayer,
spouse and anyone in
your household that you
claim as a dependent on
your tax return.**

	Full yr.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<i>Insert Name Here</i>													

If you or any of your household members did not have insurance for any part of the year, there may be a Shared Responsibility Payment due with your tax return. There are also many exemptions that can be claimed which would reduce or eliminate any shared responsibility payment. Please indicate by checking the boxes below for any coverage exemptions that may apply to you or a household member.

Types of Coverage Exemptions	Applies to entire Household	Applies to a member of Household
<p>Coverage is considered unaffordable: You cannot afford coverage because the minimum amount you must pay for premiums is more than 8% of your household income.</p>		
<p>Citizens living abroad and certain noncitizens: You are: a U.S. citizen or resident who spent at least 330 full days outside of the U.S. during a 12-month period, a U.S. citizen who is a bona fide resident of a foreign country or U.S. territory, or neither a U.S. citizen or U.S. national nor an alien lawfully present in the U.S.</p>		
<p>Member of a health care sharing ministry.</p>		
<p>Member of a federally-recognized Indian tribe.</p>		
<p>Incarceration: You are in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.</p>		
<p>Member of a recognized religious sect.</p>		
<p>Limited benefit Medicaid and TRICARE programs: You are enrolled in certain types of Medicaid and TRICARE programs that are not minimum essential coverage. (Available only in 2014.)</p>		
<p>Fiscal year employer-sponsored plan: You were eligible, but did not purchase, coverage under an employer plan with a plan year that started in 2013 and ended in 2014. (Available only in 2014.)</p>		

* Exemption chart reproduced from IRS Form 8965 Instructions.

Types of Coverage Exemptions

Applies
to entire
Household

Applies to
a member
of Household

Hardships

Two or more family members' aggregate cost of self-only employer-sponsored coverage is more than 8% of household income, as is the cost of any available employer-sponsored coverage for the entire family.

You purchased insurance through the Marketplace during the initial enrollment period but have a coverage gap at the beginning of 2014

You applied for CHIP coverage during the initial open enrollment period and were found eligible for CHIP based on that application but have a coverage gap at the beginning of 2014.

You are an American Indian, Alaska native, or a spouse or descendent of either who is eligible for services through an Indian health care provider.

You are experiencing circumstances that prevent you from obtaining coverage under a qualified health plan.

You do not have access to affordable coverage based on your projected household income.

You are ineligible for Medicaid solely because the state in which you live does not participate in the Medicaid expansion under the Affordable Care Act.

You have been notified that your health insurance policy will not be renewed and you consider the other plans available unaffordable.

You were homeless.

You were evicted or facing eviction or foreclosure in the last six months.

You received a shut-off notice from a utility company.

You recently experienced domestic violence.

You recently experienced the death of a close family member.

You experienced a fire, flood, or other natural human-caused disaster that caused substantial damage to your property.

You filed for bankruptcy in the last 6 months.

You had medical expenses that couldn't be paid in the last 24 months.

You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member

* Exemption chart reproduced from IRS Form 8965 Instructions.