

## 2016 HEALTH INSURANCE INFORMATION

NAME \_\_\_\_\_

1. Did you and all the members of your household (dependents you claim as an exemption) have ACA required health insurance for the entire year? Yes  No
  
2. Health insurance coverage was provided by:
  - Employer (1095-B or 1095-C)
  - Medicare
  - Market Place (Please provide Form 1095-A)
  - Other \_\_\_\_\_.
  
3. If you did not have health insurance, are you aware of any exemption from the ACA Health Insurance mandate.
  - Yes       No       Don't know

If yes, please explain \_\_\_\_\_.

If you or any member of your household did **not** have health insurance for the entire year, or if you or any member of your household received a Premium Tax Credit, please provide us with the income of all household members that we do not prepare a tax return for.

<i>Name of Dependent(s)</i>	<i>Amount of Dependent(s) income</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____