

**AFFORDABLE CARE ACT (ACA) HEALTH COVERAGE INFORMATION**  
**MANDATORY**

Check this box if your family was covered for the full year of 2017 with minimum essential health care coverage.

“Your family” for health care coverage purposes refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. “Minimum essential health care coverage” generally means insurance you obtain through Medicare, your employer, your retirement system, your union, or on your own through the Marketplace.

***If you checked this box, STOP here, SIGN at the bottom of this page and give it to us with your other tax information.***

**\*Be sure to give us any and all Forms 1095 (A, B, or C) you receive\***

**For those NOT covered for the full year with minimum essential health care coverage:**

1. If you were granted an exemption from the Marketplace, you must enter it here:  
# \_\_\_\_\_
  
2. If you are claiming an Other Exemption Type, please circle it below:  
A Unaffordable coverage  
B Short coverage gap  
C Exempt noncitizen  
D Health care sharing ministry  
E Indian tribe member  
F Incarcerated individual  
G Hardship  
H Medicaid/TRICARE  
OTHER – PLEASE EXPLAIN
  
3. If you had minimum essential health care coverage for less than a full year, provide us with your Forms 1095 OR the following information:
  - Marketplace identifier
  - Marketplace-assigned policy number
  - Policy issuer’s name
  - Policy start date
  - Covered individuals’ names
  - Monthly premium amount for each month of coverage
  - Monthly advance payment of premium tax credit for each month of coverage
  
4. Please sign below and give us this form along with your other tax information.

**SIGNATURE:**

**The undersigned hereby certifies that the health care coverage information provided on this page and on any supplemental pages is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date