

Health Insurance Questionnaire for 2018 Tax Return

1. Did you have Health Insurance Coverage for yourself and all your dependents (those who will be reported on your 2018 tax return) for all 12 months of 2018? YES _____ NO _____

(For our purposes, Health Insurance Coverage includes all government sponsored programs such as Medicare, Medicaid, Children's Health Insurance Program (CHIP), Tricare, VA, etc)

If you answered YES above, STOP HERE and sign at the bottom. Please be sure to provide a copy of any Form 1095-A, B, or C that you received.

If you answered NO above, continue on to Question 2.

2. Did you or any of your dependents have health insurance for any part of 2018? YES ____ NO ____

If YES, list the months DID YOU NOT have coverage:

Taxpayer: _____

Spouse: _____

Dependents: _____

If you answered Question 2 (YES or NO), complete the Healthcare Coverage Questionnaire on the back of this form.

Taxpayer Statement: I declare that all of the above information is true and correct and should be used in completing my 2018 tax return. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government.

Signature (Taxpayer) Date

Signature (Spouse) Date

Printed Name (Taxpayer)

Printed Name (Spouse)

Healthcare Coverage Questionnaire

Name: _____

SSN: _____

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2018?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member