

Health Care Coverage Statement

Beginning in 2014, unless you are covered by an exemption, you are required to maintain basic health insurance coverage (known as minimum essential coverage) for yourself and any of your dependents, or pay a shared responsibility payment (a penalty). The requirement to maintain coverage or pay a penalty is generally called the "individual mandate."

The penalty is the lesser of: (i) the greater of a flat dollar amount or a percentage of your household income, or (ii) the national average premium for the lowest-level plan providing minimum essential coverage. You must make the shared responsibility payment when you file your federal income tax return. Married individuals who file a joint return for a tax year are jointly liable for any shared responsibility payment.

You can satisfy the minimum essential coverage standard (and not be subject to a penalty) if you and your dependent are enrolled in a qualified health plan offered by an exchange, a qualified employer-sponsored plan (including a government plan), a government plan, such as Medicare, Medicaid or CHIP (Children's Health Insurance Program), or any other health coverage plan recognized as affording minimum essential coverage. Note that minimum essential coverage does not include workers compensation insurance, disability insurance, dental or vision benefits, long-term care benefits, and Medigap or MedSupp insurance.

If you are an exempt individual, such as a non-U.S. citizen, incarcerated individual, member of certain religious sects or health care sharing ministries or a member of an Indian tribe you will not be subject to the individual mandate. In addition, low income taxpayers, taxpayers for whom basic coverage is unaffordable and taxpayers who qualify under a hardship exemption are not required to maintain minimum essential coverage. Moreover, under the short coverage gap exception, any individual who doesn't maintain minimum essential coverage for less than three consecutive months will not be subject to the penalty for failure to maintain coverage. To determine whether you qualify for an exchange exemption, visit <http://marketplace.cms.gov> to learn more and to get an application for exemption. For a complete list of exemptions, including hardship exemptions, go to www.healthcare.gov/feesexemptions

By your signature below, you certify that you have minimum essential health care coverage as defined by the law or satisfy an exemption. You understand that it is your responsibility to research and determine whether you meet the requirements for an exemption. You also certify that as your tax advisor, we are not responsible for auditing or verifying you have met the minimum essential coverage as defined by the law or for satisfying an exemption. Unless you have provided our firm with a 1095-A, 1095-B, or 1095-C, we are unable to endorse or verify any other documentation you provide as meeting the requirements of minimum essential coverage.

Check one:

I certify that I have minimum essential coverage for myself, spouse and all eligible dependents. I/we have the following health insurance:

Employer/self- provided. Name of insurer _____

Obtained through the Marketplace

Medicare

Other. Please explain _____

I certify that I have met an exemption.

I do not or did not have minimum essential health care coverage for the entire year and do not meet any exemptions. I understand I will pay a penalty on my 2014 federal tax return.

Taxpayer signature

Date

2014 Health Care Organizer Questions for All Taxpayers

Terminology

- Health insurance refers to minimum essential coverage that qualifies as health insurance under the Health Care Reform Act of 2010, and includes employer-sponsored coverage, insurance purchased in the individual marketplace, grandfathered health plans, and government plans such as Medicare and Medicaid.
- The Marketplace refers to the Health Insurance Exchange set up by your state (or federal government for states that did not set up their own exchange) where you can go online to shop for individual health insurance policies from a variety of insurance providers.
- Tax family refers to you the taxpayer, your spouse if filing a joint return, and everyone you can claim as a dependent on your tax return. It does not include an individual that somebody else can claim as a dependent (such as a former spouse), even if you are the one who purchased the health insurance for that individual. A member of your tax family does not necessarily have to live with you in your household (such as when you are the noncustodial parent of a child whom you claim as a dependent).

Health Care Questions

- ☐ Yes ☐ No 1) Did you have health insurance for you, your spouse (if filing jointly), and everyone that you can claim as a dependent for the entire year?
- If **Yes**, go to line 2.
If **No**, go to line 3.
- ☐ Yes ☐ No 2) Was your insurance coverage provided through the Marketplace?
- If **Yes**, go to line 3.
If **No** (and line 1 above is yes), STOP here. Do not answer any more questions. Check the box next to line 61 of Form 1040 and leave line 61 blank.
- ☐ Yes ☐ No 3) For each member of your tax family, enter the applicable code for each month that describes the type of insurance (if any) each member had for that month:
- **Code a.** Employer-sponsored coverage.
 - **Code b.** Government plan such as Medicare or Medicaid.
 - **Code c.** Individual policy including grandfathered plans, but not including plans purchased through the Marketplace.
 - **Code d.** Individual policy purchased through the Marketplace.
 - **Code e.** No health insurance coverage (or coverage does not qualify as minimum essential coverage).
- Note:** You are considered to have health insurance for any month in which you had health insurance for at least one day during that month.

Name	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

- 4) For each member of your tax family where code (e) was entered above, enter the applicable code for each month that describes why that tax family member did not have any insurance for that month:
- **Code f.** Cost of insurance was too expensive. List on a separate sheet your cost of the least expensive plan you could find in the Marketplace for each member of your tax family, or your cost of insurance that your employer would have provided for you. Include information on the amount of the advanced premium tax credit that the Marketplace would have given you had you purchased insurance through the Marketplace.
 - **Code g.** Tax family member was either (1) outside the U.S. for at least 330 full days during the year, or (2) was a bona fide resident of a foreign country or U.S. territory during the year, or (3) was not a U.S. citizen or U.S. national, and was not lawfully present in the U.S. during the year.
 - **Code h.** Your income was below the filing requirement for the year. In this case, enter this code for all members of your tax family.
 - **Code i.** Member of a health care sharing ministry, member of an Indian tribe, incarceration, or member of a religious sect opposed to accepting any insurance benefits. You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
 - **Code j.** There was a hardship such as an eviction, facing foreclosure, death of a close family member, fire, flood, bankruptcy, high medical expenses, or other circumstance that made it difficult to purchase health insurance (describe details on separate sheet). You must provide the Exemption Certificate Number (ECN) that you received from the Marketplace for this hardship. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
 - **Code k.** Other allowed circumstance that qualifies for a coverage exemption (describe details on separate sheet). You may need an Exemption Certificate Number (ECN) from the Marketplace to claim this coverage exemption.
 - **Code l.** Family member does not have a qualified excuse for not having health insurance.

Name	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

For codes (f) through (k) above, file Form 8965 to claim a health coverage exemption for that member of your tax family.

For code (l) above, a coverage exemption for that tax family member applies for the entire year if one of the following is true:

- The tax family member went without coverage for less than three consecutive months during the year.
- Insurance was purchased through the Marketplace during the initial open enrollment period but there was a coverage gap at the beginning of 2014.

- The tax family member applied for CHIP coverage during the initial open enrollment period and was found eligible for CHIP based on that application but had a coverage gap at the beginning of 2014.
- The tax family member had limited benefit Medicaid or TRICARE that is otherwise not considered minimum essential coverage.

If one of the above applies, file Form 8965 to claim a health coverage exemption for that tax family member. If none of these exceptions apply, see the worksheet to calculate the penalty for not having health insurance to determine the amount to enter on line 61 of Form 1040.

Health Care Questions continued

<input type="checkbox"/> Yes <input type="checkbox"/> No	5) For line 3, was code (d) entered for any month for you or any member of your tax family?	If Yes , go to line 6. If No , STOP here and do not answer any more questions.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6) Did you or any member of your tax family receive an advance payment of the premium tax credit (APTC) through the Marketplace?	If Yes , go to line 7. If No , STOP here and do not answer any more questions. File Form 8962 to see if you qualify for the Premium Tax Credit (PTC). Note: If there was no APTC and your household income is above 400% of the Federal Poverty Level, you do not qualify for the PTC. Form 8962 is not needed, unless you or a tax family member received a Form 1095-A from the Marketplace.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7) For any month that code (d) was entered in line 3, did you or any tax family member qualify for health insurance through an employer plan or government sponsored plan such as Medicaid, TRICARE, or the Children's Health Insurance Program (CHIP)?	If Yes , for such tax family member, the PTC is not allowed for that month, even if the health insurance was purchased through the Marketplace for that month, and/or APTC was received for that month. See the Form 8962 instructions for Part 2, line 10.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8) Do you have a Form 1095-A for each member of your tax family for the months in which code (d) was entered on line 3?	If Yes , go to line 9. If No , you need to contact the Marketplace to obtain a copy of Form 1095-A for each applicable tax family member, or, if another taxpayer (such as a former spouse) has the applicable Form 1095-A for such tax family member, you need to obtain a copy of Form 1095-A from that other taxpayer.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9) Did you or a member of your tax family share a policy with another taxpayer? For example, you purchased insurance for yourself and your two children, but a former spouse can claim one or both children on his/her tax return as a dependent.	If Yes , complete Part 4 of Form 8962.
<input type="checkbox"/> Yes <input type="checkbox"/> No	10) Did you get married during the tax year?	If Yes , see the Form 8962 instructions for Part 5. This part of Form 8962 is not required, but this election may help to reduce the amount of excess APTC that must be repaid, if applicable.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11) Was there a change of address, or a new member added or subtracted from your tax family (such as the birth of a newborn or an adult child moving away), or a change in the number of personal exemptions claimed from what you had originally informed the Marketplace, or a change in the number of tax family members enrolled through the Marketplace, and you did not inform the Marketplace of these changes at the time of the change?	If Yes , see the Form 8962 instructions for Part 2, line 10. If No , complete Form 8962 to determine the allowable PTC and whether any APTC must be repaid. Note: Informing your insurance company of a change in address or number of family members, or other change in circumstance is not the same as informing the Marketplace. In addition to notifying the insurance company, you must also notify the Marketplace whenever there is a change in circumstances. If the Marketplace was not informed, see the Form 8962 instructions for Part 2, line 10.