

ACA (healthcare) Worksheet

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."

You can satisfy the minimum essential coverage standard (and not be subject to a penalty) if you and your dependents 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.

Please initial each APPLICABLE item and sign the bottom of the worksheet.

- _____ 1. I/we have qualified employer-provided health for the entire year for our entire household. (Form 1095-C if received)
- _____ 2. I/we did not receive all Forms 1095-A because we have alternate government provided qualified health insurance from Medicare, Medicaid, or CHIPs that covers members of our household. Enter N/A if not applicable.
- _____ 3. I/we obtained health insurance through the state exchange (marketplace) for some or all of 2018. **Form 1095-A is mandatory!** If you received premium payment assistance (subsidy), you may have to repay some or all of that benefit based on your total income for 2018
- _____ 4. I/we have qualified health insurance purchased directly from an independent agent or insurance company for the entire year which covers our entire household. (Form 1095-B will be provided by the insurance carrier. You **MUST** bring the forms.)
- _____ 5. I/we do not have qualified health insurance but are eligible for an exemption from the penalty. *Enclose exemption certificate from marketplace when applicable. **This is mandatory!**

If you **DID NOT** have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household.

<u>Name</u>	<u>Period of Coverage</u>	<u>Insurer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event we do not receive this form filled out, signed, and/or do not receive the appropriate 1095 form(s), we are required to calculate the applicable penalty and include it on your tax return.

_____	_____	_____	_____
Taxpayer	Date	Spouse, if applicable	Date