

NAME: _____

TAX YEAR: 2014

Health Insurance

Did you have qualifying health care coverage, such as employer-sponsored coverage or government sponsored coverage (i.e. Medicare or Medicaid), or an individual policy for EVERY month of 2014?

If no, did you qualify for an exemption from the health care coverage mandate?

If yes, submit a copy of the exemption certificate.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

If yes, submit a copy of Forms 1095-A.

Did you **contribute to or withdraw from** a health savings account (HSA) or medical savings account (MSA)?

If yes, are you covered by a High Deductible Health Plan? Number of months covered by HDHP _____

Indicate annual deductible _____ Indicate maximum out of pocket expense _____

If yes, are you also covered by any other **non** High Deductible Health Plan?

If yes, are you eligible for Medicare?

Submit Form 5498-SA and 1099-SA

If you are self employed, did you pay for health insurance?

AMOUNT \$ _____

If yes, were you eligible to participate in a subsidized health plan maintained by an employer of yourself?