NAME: _____ **TAX YEAR:** **2016**

AFFORDABLE CARE ACT
HEALTH INSURANCE QUESTIONAIRE

Unless you qualify for an exemption, you are required to have qualifying health care coverage for EVERY month of 2016 for **each** family member. Your "**family**" refers to you, your spouse if filing jointly, and anyone you **CAN** claim as a dependent.

	Full Year	J	F	M	A	M	J	J	A	S	O	N	D
Check to indicate full year coverage or months of coverage Submit Form 1095 from Provider													
Coverage by parents' policy													
Covered by Employer Sponsored Plan													
Marketplace Coverage through healthcare.gov under the Affordable Care Act - Submit a copy of Forms 1095-A.													
Covered by Medicare/Medicaid													
Covered by Individual Plan NOT Self-Employed													
Covered by Individual Plan Self-Employed													

If self-employed indicate premiums paid in 2016 $ _____

If self-employed were you also eligible to participate in a subsidized health plan maintained by an employer? _____ Yes _____ No

Did you qualify for an exemption from the health care coverage mandate? _____ Yes _____ No
If yes, submit a copy of the exemption certificate.

Did you **contribute to or withdraw from** a health savings account (HSA) or medical savings account (MSA)? **If yes, submit Form 5498-SA and 1099-SA** _____ Yes _____ No

If yes, are you covered by a High Deductible Health Plan? _____ Yes _____ No

Number of months covered by HDHP _____

Indicate annual deductible _____

Indicate maximum out of pocket expense _____

Note, a Health Savings Account is not QUALIFYING HEALTH CARE COVERAGE under the Affordable Care Act.