

# Affordable Care Act Client Checklist

If you receive any of the following IRS documents and had coverage for the entire year for each member of the household:

- **Form 1095-A** (Health Insurance Marketplace Statement)
- **Form 1095-B** (Health Coverage)
- **Form 1095-C** (Employer Provided Health Insurance Offer and Coverage)

Please attach the document and do not complete the table below.

Indicate by checking the box for full year or for each covered month whether the individual had coverage under an employer plan, a plan that was purchased in the individual market, or under a government-sponsored program.

Name of taxpayer,  
spouse and anyone in  
your household that you  
claim as a dependent on  
your tax return.

	Full yr.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<i>Insert Name Here</i>													

If you or any of your household members did not have insurance for any part of the year, there may be a Shared Responsibility Payment due with your tax return. There are also many exemptions that can be claimed which would reduce or eliminate any shared responsibility payment. Please indicate by checking the boxes below for any coverage exemptions that may apply to you or a household member.

Types of Coverage Exemptions	Applies to entire Household	Applies to a member of Household
<p><b>Income below the filing threshold:</b> Your gross income or your household income was less than your applicable minimum threshold for filing a tax return.</p>		
<p><b>Coverage is considered unaffordable:</b> The minimum amount you would have paid for premiums is more than 8% of your household income.</p>		
<p><b>Short coverage gap:</b> You went without coverage for less than 3 consecutive months during the year.</p>		
<p><b>Citizens living abroad and certain noncitizens:</b> You were: A U.S. citizen or resident who spent at least 330 full days outside of the U.S. during a 12-month period; A U.S. citizen who was a bona fide resident of a foreign country or U.S. territory; A resident alien who was a citizen of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for the tax year; or Not a U.S. citizen, not a U.S. national, and not an individual lawfully present in the U.S. For more information about who is treated as lawfully present for purposes of this coverage exemption, visit <a href="http://healthcare.gov">healthcare.gov</a></p>		
<p><b>Member of a health care sharing ministry:</b> You were a member of a health care sharing ministry</p>		
<p><b>Member of Indian tribes:</b> You were either a member of a Federally-recognized Indian tribe, including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.</p>		
<p><b>Incarceration:</b> You were in a jail, prison, or similar penal institution or correctional facility after the disposition of charges</p>		
<p><b>Aggregate self-only coverage considered unaffordable:</b> Two or more family members' aggregate cost of self-only employer-sponsored coverage was more than 8% of household income, as was the cost of any available employer-sponsored coverage for the entire family.</p>		
<p><b>Gap in coverage at the beginning of 2014:</b> You had a coverage gap at the beginning of 2014 but were either enrolled in, or were treated as having enrolled in, coverage through the Marketplace or outside of the Marketplace with an effective date on or before May 1, 2014</p>		
<p><b>Gap in CHIP coverage:</b> You applied for CHIP coverage during the initial open enrollment period and were found eligible for CHIP based on that application but had a coverage gap at the beginning of 2014.</p>		
<p><b>Resident of a state that did not expand Medicaid:</b> Your household income was below 138% of the federal poverty line for your family size and at any time in 2014 you resided in a state that did not participate in the Medicaid expansion under the Affordable Care Act.</p>		
<p><b>Limited benefit Medicaid and TRICARE programs that are not minimum essential coverage:</b> You were enrolled in certain types of Medicaid and TRICARE programs that are not minimum essential coverage. (Available only in 2014.)</p>		

Exemption chart reproduced from IRS Form 8965 Instructions.

## Types of Coverage Exemptions

Applies  
to entire  
Household

Applies to  
a member  
of Household

**Employer coverage with non-calendar plan year beginning in 2013:** You were eligible, but did not purchase, coverage under an employer plan with a plan year that started in 2013 and ended in 2014. (Available only in 2014.)

**Members of certain religious sects:** You are a member of a recognized religious sect.

**Determined ineligible for Medicaid in a state that did not expand Medicaid coverage:** You were determined ineligible for Medicaid solely because the state in which you resided did not participate in Medicaid expansion under the Affordable Care Act.

**General hardship:** You experienced a hardship that prevented you from obtaining coverage under a qualified health plan

**Coverage considered unaffordable based on projected income:** You did not have access to coverage that is considered affordable based on your projected household income.

**Unable to renew existing coverage:** You were notified that your health insurance policy was not renewable and you considered the other plans available unaffordable.

**AmeriCorps coverage:** You were engaged in service in AmeriCorps State and National, VISTA, or NCCC programs and were covered by short-term duration coverage or self-funded coverage provided by these programs.

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