HEALTH CARE COVERAGE QUESTIONNAIRE

NAME: **SSN:** - -

Please list each individual living in your households status below:

Had health care coverage:	For the entire year	For part of the year (Less than 12 months)	No health care coverage at all

YES O NO O Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

YES O NO O Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if it applies to any member of the household

YES O NO O Was your previous insurance policy canceled in 2014?

YES O NO O Do you have an Exemption from the Marketplace (also called the Exchange)?

YES O NO O Was coverage offered by taxpayer's or spouse's employer?

YES O NO O Are you a member of a federally-recognized Indian tribe?

YES O NO O Are you eligible for services through an Indian health care provider?

YES O NO O Are you a member of a health care sharing ministry?

YES O NO O Did you live in the United States the entire year?

YES O NO O Are you enrolled in TRICARE?

YES O NO O Did you apply for CHIP coverage?

YES O NO O Do any of the following apply to you? Do NOT indicate which one.

-Became homeless -Evicted in the past six months, or facing eviction or foreclosure

-Received a shut-off notice from a utility company -Recently experienced domestic violence

-Recently experienced the death of an immediate family member -Filed for bankruptcy in the last six months

-Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property

-Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt

-Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member