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ACCOUNTING SERVICES & TAX PREPARATION

HEALTH INSURANCE VERIFICATION FORM

TAX YEAR 2015

The Affordable Care Act mandates that everyone who is required to file a tax return must indicate on the tax return if he/she has health insurance coverage. This form is for you to indicate whether or not you, your spouse & dependents (if applicable) were covered by health insurance for the entire tax year of 2015.

Coverage can be in any of the following:

*Employer sponsored plan, Individual coverage, Government sponsored plan, Medicare, Medicaid, Pension sponsored plan or Student health insurance.*

Please check the box as applicable:

Taxpayer:

I was covered by health insurance for the entire tax year of 2015      Yes   
No

Spouse, if applicable:

I was covered by health insurance for the entire tax year of 2015      Yes   
No

Dependent children, if applicable:

All dependents claimed on my tax return for 2015 were covered by health insurance for the entire tax year of 2015.      Yes   
No

Please note that by signing this form, you acknowledge that you are truthfully answering the above questions regarding health care for yourself (taxpayer), or as spouse, and if applicable, you are verifying coverage for all dependents claimed on your tax return for 2015.

\_\_\_\_\_  
Signature of taxpayer      Date

\_\_\_\_\_  
Signature of spouse      Date

*Please sign and return this form to our office with your tax documents.*