

Health Care Coverage Questionnaire – 2015

Taxpayer Name: \_\_\_\_\_

Please list each person:

Had health care coverage	For the entire year?	For part of this year (less than 12 months)	No health care coverage at all

Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?  Yes  No

Did you pay for health care coverage for anyone not listed above?  Yes  No

If you had coverage for any part of the year: Where was the policy obtained? Circle one

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

**If you didn't have coverage part or all of the year: Answer the following questions if it applies to any member of the household.**

Was your previous insurance policy cancelled in 2015?  Yes  No

Do you have an Exemption from the Marketplace (also called the Exchange)?  Yes  No

Was coverage offered by taxpayers or spouse's employer?  Yes  No

Are you a member of a federally recognized Indian Tribe?  Yes  No

Are you eligible for services through an Indian Health care provider?  Yes  No

Are you a member of a health care sharing ministry?  Yes  No

Did you live in the United States for the entire year?  Yes  No

Are you enrolled in TRICARE?  Yes  No

Did you apply for CHIP coverage?  Yes  No

Do any of the following apply to you? Do **NOT** indicate which one.  Yes  No

- \*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 a close family member? \*Recently experienced a fire, flood or other natural or human-caused disaster that resulted in substantial damage to your property? \*Filed for bankruptcy in the last six months? \*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?