

AFFORDABLE CARE ACT (ACA)

Health Insurance Introduction

This is easier than the doctor's office. As part of the Affordable Care Act, we are required to verify insurance coverage for members of your household. We have made this easy for you with a series of questions.

Contact our support team if you need assistance. We are here to make it painless.

Select this box if anyone in the tax household had MEC at any time during the year. (See page ACA-4)

✓ Continue

Health Insurance Questionnaire

Did you or your family have health insurance at any time in 2015?

Yes No

Below are some examples of healthcare plans that may be purchased or qualify as a purchased plan under the Affordable Care Act.

- ✦ A private plan purchased from a health insurance company
- ✦ An employer-sponsored health insurance plan or insurance through your work, spouse's work or parent's work
- ✦ A university or college where you are enrolled
- ✦ Your parent's health insurance plan if you're under age 26
- ✦ A State Medicaid program
- ✦ State high-risk pools for plan or policy years
- ✦ The Children's Health Insurance Program (CHIP) in your state
- ✦ Medicare
- ✦ Veteran's Administration (VA), CHAMPVA, or Tricare
- ✦ A former employer's retirement program
- ✦ A union you belong to
- ✦ The Peace Corps
- ✦ COBRA
- ✦ Refugee Medical Assistance (RMA)
- ✦ The Nonappropriated Fund Health Benefit Program

✓ Continue

A "Yes" answer will prompt another question about health insurance purchased through the Marketplace:

Health Insurance Questionnaire

Did you purchase health insurance via HealthCare.gov or a State Marketplace?

Yes No

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✓ Continue

Verify Your Household Members

If there are additional household members that are listed as a dependent, click the "Dependents" button below. If you have additional family members that are neither a spouse nor a dependent, click "Add a New Member."

First Name	Last Name	SSN	Date of Birth
Sample	Return	555-50-XXXX	1/1/1965

+ Dependents

+ Add a New Member

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✓ Continue

Months Insured – Select Yes if everyone in the tax household was insured for all 12 months. If No, select the number of months each individual had coverage.

Months Insured

Was your entire household insured for all 12 months of 2015?

Yes No

Please enter the number of months insured for each household member.

Name

Months Insured

Sample Return

1

- Please Select -

12

11

10

9

8

7

6

5

4

3

2

1

0

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✓ Continue

Then indicate which months the individual had coverage:

Specify Insured Months (Sample Return)

Please specify the months that Sample Return had minimum essential coverage

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
