

# Affordable Care Act Questionnaire

What (if any) health insurance did you or your dependents have in 2019?

1. \_\_\_\_\_ Medicare
2. \_\_\_\_\_ Medicaid
3. \_\_\_\_\_ Your employer
4. \_\_\_\_\_ Your own private insurance
5. \_\_\_\_\_ Government Marketplace
6. \_\_\_\_\_ Other (Such as Veterans Affairs) \_\_\_\_\_
7. \_\_\_\_\_ None

List yourself, your spouse, and all members of the family who are dependents of yours. For each family member list the months (if any) he or she did **not** have health insurance (if a member had health insurance for one day during the month, he or she is treated as having insurance for the entire month). ***If all had health insurance for the entire year, you can skip this part.***

Family member	Months not covered
_____	_____
_____	_____
_____	_____
_____	_____

Did you receive a Form 1095? Yes \_\_\_\_\_ No \_\_\_\_ (If yes, attach a copy or bring it to your appointment)

If you have insurance from the Government Marketplace:

- a. How many children are your dependents? \_\_\_\_\_  
(Attach a copy of their tax return(s) if they filed or bring it to your appointment)
- b. How many children are dependents of another taxpayer? \_\_\_\_\_
- c. Did you receive a subsidy from the Marketplace that reduced the monthly premium for your insurance (also called an Advance Premium Tax Credit)?

Yes \_\_\_ No \_\_\_\_ If yes, what was the monthly subsidy? \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Taxpayer

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Taxpayer