

# Affordable Care Act Client Checklist

If you receive any of the following IRS documents and had coverage for the entire year for each member of the household:

- **Form 1095-A** (Form 1095-A is only required for individuals who secured an individual policy for a Qualified Health Plan through a Marketplace)
- **Form 1095-B** (Health Coverage)
- **Form 1095-C** (Employer Provided Health Insurance Offer and Coverage)

An ECN is the number the Marketplace provides when an individual qualifies for a health insurance exemption. The ECN is needed when filing federal taxes for the year an individual does not have coverage. Each member of your household who qualifies for the exemption will get their own ECN. You'll use the numbers to complete Form 8965.

*Disclaimer: In some cases, Form 1095-A, 1095-B and 1095-C may not be provided from the source of coverage. Forms 1095-B and 1095-C are not required for filing. Individuals who receive Marketplace coverage should contact [healthcare.gov](http://healthcare.gov) or their state Marketplace if they do not receive Form 1095-A.*

Indicate by checking the box for full year or for each covered month whether the individual had coverage under an employer plan, a plan that was purchased in the individual market, or under a government-sponsored program.

Name of taxpayer,  
spouse and anyone in  
your household that you  
claim as a dependent on  
your tax return.

	Full yr.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<i>Insert Name Here</i>													

If you or any of your household members did not have insurance for any part of the year, there may be a Shared Responsibility Payment due with your tax return. There are also many exemptions that can be claimed which would reduce or eliminate any shared responsibility payment. Please indicate by checking the boxes below for any coverage exemptions that may apply to you or a household member.

## Coverage Exemption

Applies  
to entire  
Household

Applies to  
a member  
of Household

**Income below the filing threshold:** Your gross income or your household income was less than your applicable minimum threshold for filing a tax return.

**Coverage considered unaffordable:** The minimum amount you would have paid for premiums is more than 8.05% of your household income.

**Short coverage gap:** You went without coverage for less than 3 consecutive months during the year.

**Citizens living abroad and certain noncitizens:** You were: A U.S. citizen or resident who spent at least 330 full days outside of the U.S. during a 12-month period; A U.S. citizen who was a bona fide resident of a foreign country or U.S. territory; A resident alien who was a citizen of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for the tax year; Not lawfully present in the U.S. and not a U.S. citizen or U.S. national. For more information about who is treated as lawfully present for purposes of this coverage exemption, visit [healthcare.gov](http://healthcare.gov); or A nonresident alien, including (1) a dual-status alien in the first year of residency and (2) a nonresident alien or dual-status nonresident alien who elects to file a joint return with a spouse. For definitions of resident alien and nonresident alien, see IRS Tax Topic 851 at [www.irs.gov/taxtopics/tc851.html](http://www.irs.gov/taxtopics/tc851.html).

**Member of a health care sharing ministry:** You were a member of a health care sharing ministry

**Member of Indian tribes:** You were either a member of a Federally-recognized Indian tribe, including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.

**Incarceration:** You were in a jail, prison, or similar penal institution or correctional facility after the disposition of charges

**Aggregate self-only coverage considered unaffordable:** Two or more family members' aggregate cost of self-only employer-sponsored coverage was more than 8.05% of household income, as was the cost of any available employer-sponsored coverage for the entire family.

**Resident of a state that did not expand Medicaid:** Your household income was below 138% of the federal poverty line for your family size and at any time in 2015 you resided in a state that didn't participate in the Medicaid expansion under the Affordable Care Act.

**Member of tax household born, adopted, or died:** During 2015 a child was added to your tax household by birth or adoption, or a member of your tax household died during the year and you can't check the full-year coverage checkbox on your tax return.

Exemption chart reproduced from IRS Form 8965 Draft Instructions.

# Coverage Exemption

Applies  
to entire  
Household

Applies to  
a member  
of Household

**Members of certain religious sects:** You are a member of a recognized religious sect.

**Determined ineligible for Medicaid in a state that didn't expand Medicaid coverage:** You were determined ineligible for Medicaid solely because the state in which you resided didn't participate in Medicaid expansion under the Affordable Care Act.

**General hardship:** You experienced a hardship that prevented you from obtaining coverage under a qualified health plan.

**Coverage considered unaffordable based on projected income:** You didn't have access to coverage that is considered affordable based on your projected household income.

**Unable to renew existing coverage:** You were notified that your health insurance policy was not renewable and you considered the other plans available unaffordable.

**Certain Medicaid programs that are not minimum essential coverage:** You were (1) enrolled in Medicaid coverage provided to a pregnant woman that is not recognized as minimum essential coverage; (2) enrolled in Medicaid coverage provided to a medically needy individual (also known as Spend-down Medicaid or Share-of-Cost Medicaid) that is not recognized as minimum essential coverage; or (3) enrolled in Medicaid, and received minimum essential coverage for one or more months of the year by meeting a spend-down, but not in other months because the spend-down had not been met.

Exemption chart reproduced from IRS Form 8965 Draft Instructions.