**ACA — Checklist**

**\*\* IMPORTANT — IF YOU RECEIVED FORM 1095-A, 1095-B or 1095-C, WE MUST RECEIVE A COPY \*\*
You will receive Form 1095-A if you received your health insurance through the exchange in 2016**

**\_\_\_\_\_\_ Check here if you, your spouse, and all dependents claimed on your tax return obtained minimum essential coverage (defined below) for all 12 months of 2016.**

**Dependents (including spouse) covered:**

**Minimum Essential Coverage Defined:**

Employer-sponsored coverage that is the equivalent of a "Bronze" plan (60% covered by insurance)

Medicare and Medicaid Peace Corps Plan

* Coverage purchased on the Healthcare Exchange TRICARE and Department of Defense Plans

 Children's Health Insurance Program (CHIP)

**Coverage obtained through (check all that apply)**

\_\_\_\_\_Employer

\_\_\_\_\_Healthcare Exchange

\_\_\_\_\_Medicare

\_\_\_\_\_Other (provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Provider (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**­­­­­­­\_\_\_\_\_\_\_ Check here** if your entire family was **NOT** covered for the full year with minimum essential health care coverage, and enter information for all family members who are not covered, or are exempt from the requirement to maintain health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year; otherwise, indicates the Start Month and End Month.

**Exemption Other Full Start End**

**Social Security No. First Name Last Name Number Type\* Year Month Month**



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| **\*Other Exemption Type Codes:****A = Unaffordable Coverage****B = Short Coverage Gap (< 3 months)****C = Exempt Non-citizen****D = Health Care Sharing Ministry** | **E = Indian Tribe Member****F = Incarcerated Individual****G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)****H = Medicaid/TRICARE/Fiscal Year Employer Plan** |