

HEALTHCARE INFORMATION

2016

Taxpayer Name: _____ **DATE:** _____

DAYTIME PHONE NUMBER: _____

Did you have health insurance coverage for you and all your dependents every month in 2016?

() YES () NO

IF YES, where did you get your policy?

- () Employer, COBRA or Retiree coverage
- () Gov't Coverage such as Medicare Part A, Medicare Advantage, Medicaid, CHIP, Tricare, VA
- () Policy purchased from an insurance company
- () Health Insurance Marketplace
- () Other _____

PROOF OF INSURANCE DOCUMENTATION IS REQUIRED FOR YOU AND YOUR DEPENDENTS

SHOWING INSURED'S NAME AND DATES OF COVERAGE

For all coverage not purchased through the Health Insurance Marketplace, there are new requirements in 2016. All employers that offer health coverage, as well as health care insurance providers are required to provide a 1095B or 1095C by March 2, 2017. If you have not received this form by the time that you are ready to file your taxes, we will need some other proof of insurance. This may be an insurance card, a government issued card such as Medicare, Medicaid, TRICARE etc. or an insurance policy

We cannot complete your tax return without documentation

If you purchased from the **Health Insurance Marketplace** you will receive a 1095A by the end of January.

We cannot complete your tax return without the 1095A

~~~~~

**IF NO:**

- ( ) No coverage for yourself or dependents
- ( ) Had coverage but not for every month in 2016

Do you have an exemption certificate number from the Health Insurance Marketplace?

Certificate Number \_\_\_\_\_