

ACA - Health Coverage (Obamacare) Taxes and Exemptions

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered or are exempt from the requirement to maintain minimum essential 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 indicate the Start Month and End Month.

Please provide Form 1095-A, 1095-B, 1095-C, or exemption certificate for each person listed.

If no Form 1095, please provide coverage page of health insurance policy or insurance card for each person.

Name	Exemption Certificate or Policy Number	Other Exemption Type *	Full Year	Start Month	End Month

* Other Exemption Type Codes

A = Unaffordable coverage B = Short coverage gap C = Exempt noncitizen 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
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Entire family was covered for the full year with minimum essential health care coverage.