

2017 AFFORDABLE CARE ACT QUESTIONNAIRE



PERSONAL INFORMATION

Name _____ Spouse's Name _____

1. Did you have health insurance for all 12 months of 2017 Yes____ No____
A. If you answered **NO**: How many months did you have health insurance in 2017? ____

2. Did your spouse (if applicable) have health insurance for all 12 months of 2017 Yes____ No____
A. If you answered **NO**: How many months did your spouse have health insurance in 2017? ____

3. Did **ALL** of your dependents (that you are entitled to claim on your 2017 tax return) have health insurance for all 12 months of 2017
Yes____ No____
A. If you answered **NO**: How many months did each of your dependents have health insurance in 2017? Please list each dependent separately:
Name: _____ Number of Month with Health Insurance: ____
Name: _____ Number of Month with Health Insurance: ____
Name: _____ Number of Month with Health Insurance: ____
Name: _____ Number of Month with Health Insurance: ____
B. Did you receive any of the following forms? If so, mark which one, and provide the form to BBD:
____ Form 1095-A You will receive this form if you bought from the Ins. exchange, **whether premium credit received or not**
____ Form 1095-B Ins. Co. provides this form by 3/2/18 showing minimum essential coverage
____ Form 1095-C Large employer (> 50 employees) provides this form to employees by 3/2/18

- C. If you, your spouse, or dependents did not have health insurance in 2017 (or had more than a 3 month gap of coverage in 2017), are you claiming an exemption for having health insurance? Yes____ No____ N/A____
If **YES**: Please check why you qualify for an exemption from the list below (check one only):
A. ____ Part of a recognized religious sect
B. ____ Part of a health care sharing ministry
C. ____ An illegal alien
D. ____ Incarcerated
E. ____ A member of an Indian Tribe
F. ____ Could not afford coverage
G. ____ Qualifies for a hardship exemption. Need an exemption certificate number given to you.

I certify that this information is true and correct to the best of my knowledge.

Signature _____ Date _____