2018 AFFORDABLE CARE ACT QUESTIONNAIRE

PERSONAL INFORMATION

Name _____ Spouse's Name _____

1. Did you have health insurance for all 12 months of 2018 Yes____ No____
   A. If you answered NO: How many months did you have health insurance in 2018? ____

2. Did your spouse (if applicable) have health insurance for all 12 months of 2018 Yes____ No____
   A. If you answered NO: How many months did your spouse have health insurance in 2018? ____

3. Did ALL of your dependents (that you are entitled to claim on your 2018 tax return) have health insurance for all 12 months of 2018 Yes____ No____
   A. If you answered NO: How many months did each of your dependents have health insurance in 2018? 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 1/31/19 showing minimum essential coverage
      ____ Form 1095-C Large employer (> 50 employees) provides this form to employees by 1/31/19

   C. If you, your spouse, or dependents did not have health insurance in 2018 (or had more than a 3 month gap of coverage in 2018), 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 _____