Tax Year_____

Healthcare Coverage Questionnaire

Name: SSN:

Healthcare Information

Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all

YES **NO**

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year: *If coverage for the full year, STOP at the RED line*

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other _____

If you didn't have coverage part or all of the year: ***If OTHER, please explain***

Answer YES if it applies to any member of the household *If NONE or PARTIAL answer ALL of the Questions*

☐ ☐ Was your previous insurance policy cancelled in 2016?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member