

2021 Health Care Coverage Questionnaire

2020 tax season

Name of Person filling out this questionnaire: _____

Client Ref #: _____

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

YES NO Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

YES NO Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year:
Where was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year: Answer "YES" if it applies to any member of the household.

YES NO Was your previous insurance policy cancelled in 2014?

YES NO Do you have an Exemption from the Marketplace (also called the Exchange)?

YES NO Was coverage offered by taxpayers or spouse's employer?

YES NO Are you a member of a federally-recognized Indian tribe?

YES NO Were you eligible for services through an Indian health care provider?

YES NO Are you a member of a health care sharing ministry?

YES NO Did you live in the United States the entire year?

YES NO Were you enrolled in TRICARE?

YES NO Did you apply for CHIP coverage?

YES NO 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