

# 2024 Health Care Coverage Questionnaire (2024 tax filing season)

<b>Form Completed By:</b>	<b>Client Ref #:</b>
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Name:	Had health care coverage for:		
	Full year	Part of the year	None of the year
	Yes___ No___	Yes___ No___	Yes___ No___
	Yes___ No___	Yes___ No___	Yes___ No___
	Yes___ No___	Yes___ No___	Yes___ No___
	Yes___ No___	Yes___ No___	Yes___ No___
	Yes___ No___	Yes___ No___	Yes___ No___
	Yes___ No___	Yes___ No___	Yes___ No___

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 have coverage part or none of the year:** Answer "YES" if it applies to any member of the household.

Yes\_\_\_ No\_\_\_ Was your previous insurance policy cancelled in 2023?

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                    |
|  | 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 |