

SCHOPPE'S Tax Service, Inc.

508 W TYSON AVE, CAMERON TX 76520

Affordable Care Act (ACA) Questionnaire

If you did not receive a Form 1095-B or 1095-C for 2016, Please complete the sections that pertains to your family.

Section A:

Do you and your family have health insurance coverage in 2016? () YES () NO
If no please sign and date the bottom of this form.

If yes please keep reading

What (if any) health insurance did you or you dependents have in 2016 (Attach a copy of your insurance card.)

1. ___ Medicare
2. ___ Medicaid (Badger Care)
3. ___ Private Employer
4. ___ Private Insurance
5. ___ Government Marketplace
6. ___ Other (Such as Veterans Affairs (VA) _

List all members of the family. For each member list the months (if any) he or she did not have health insurance. (if a member has health insurance for one day during the month, he or she is treated as having insurance for the entire month)

FAMILY MEMBER

MONTHS NOT COVERED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did you purchase your healthcare insurance for you and your family through the Marketplace (Exchange)?
() Yes or () No

If yes, please sign and date the bottom of this form and return to your preparer. **We will need your form 1095A, which you should have received from the Marketplace.**

Section B:

Does your **employer provide your health insurance coverage** for you and your family? () Yes or () No
If the coverage is for self only, please note. If the coverage is for you and your family members, please tell us who is covered.

Does your employer provided health insurance coverage meet the Minimum Essential Coverage?
() Yes or () No
When did the coverage start and stop for you in 2016?

Does your spouses' employer provide health insurance coverage for your spouse and your family?
() Yes or () No If the coverage is for your spouse only please note. If the coverage is for you and your family members please tell us who is covered.

Does your spouses' employer provided health insurance coverage meet the Minimum Essential Coverage? () Yes or () No
When did the coverage start and stop for your spouse in 2016?

If you are not sure if the Minimum Essential Coverage is being met please inquire with your employer(s).
If your health insurance coverage is provided by your employer or your spouses' employer, please sign and date the bottom of this form.

Section C:

Do you **pay for your own health insurance coverage** for you and your family? () Yes or () No
Does your health insurance coverage meet the Minimum Essential Coverage? () Yes or () No
When did the coverage start and stop in 2016? _____

If you are not sure if your health insurance meets the Minimum Essential Coverage you will need to inquire with your health insurance provider.
Please sign and date.

Taxpayer's Signature

Date

Spouse's Signature

Date