

# Advisor Tax Services 2019 Health Insurance Questionnaire

Name (T) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name (S) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Definitions:**

T - taxpayer S - spouse D - Tax dependent(s)  
 Family members – Taxpayer, Spouse and dependents.  
 Household member – anyone who lived in the household during the year including non-dependents  
 Household Income (HI) – income of all Family members including non-taxable social security, tax-free bond interest and foreign earned income exclusion.  
 APTC – Advanced Premium Tax Credit (aka subsidies) PTC - Premium Tax Credit

**Insurance coverage**

1. Y N in 2019 did you, your spouse and/or dependents have health insurance at any time during the year ?  
If No, STOP.

If Yes, check all that apply:

	T	S	D		T	S	D		T	S	D
Medicaid	___	___	___	State exchange	___	___	___	Agent or broker	___	___	___
Medicare	___	___	___	Dr. Dynasaur/CHIP	___	___	___	Healthcare.gov	___	___	___
Military/VA/ Tricare	___	___	___	Employer/COBRA	___	___	___	Other _____	___	___	___

2. Y N did you have any non-dependent children under age 26 on your insurance policy ?

3. Y N did you have anyone on your policy who did not live with you the whole year ?

If you answered Yes to #2 or #3, who and when ? \_\_\_\_\_

4. Y N did you receive an APTC (aka subsidies) to help pay the insurance premiums ?

If No, STOP.

APTC subsidies that you received will be reported to you on form 1095-A. Be aware that since the subsidies were determined using estimated 2019 income, there is a “reconciliation” calculation on the tax return that must be made to determine the correct amount of subsidies that you are entitled to based on your actual 2019 income. You may receive an additional subsidy in the form of a Premium Tax Credit when your return is filed. **HOWEVER**, it is also possible that you received too much subsidy during the year and may be required to pay some or all of it back to IRS.

NOTE: if you received additional subsidies from the State of Vermont (shown on your monthly bills, but not on form 1095-A) these will not have to be paid back.

5. Y N did any other household member receive an Advance PTC ? If Yes, who ? \_\_\_\_\_

6. Y N did any Family members have insurance through an employer at any time during the year ?

7. Y N was any Family member eligible for insurance through a government-sponsored plan (Medicare, Medicaid, Tricare, CHIP, etc.) at any time during the year ?

8. Y N did any tax dependents have income during the year ?

If Yes, you will need to provide their income information in order to complete your tax return.

9. Y N did any family member move to a different state during the year ?

10. Y N did you have any change in household composition (marriage, divorce, birth, death, etc.) during the year ?

11. Y N was any family member enrolled in a “shared” policy with a person who is not a family member ?

Note: if you answered Yes to Q #2, this is a likely situation which may make them eligible for PTC even though you paid for the policy premiums.