

# Advisor Tax Services 2018 Health Insurance Questionnaire

This must be filled out if you did not receive forms 1095-A, B or C or did not have insurance all year.

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

ISRP – Individual Shared Responsibility Payment (aka individual mandate or tax penalty)

**Insurance coverage**

1. Y N in 2018 did you, your spouse and/or dependents have health insurance at any time during the year ?

If No, go to question #14 on page 2

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 _____	___	___	___

Check all months that you (and spouse/dependents if applicable) had insurance for at least part of the month.

T	All year	___	Jan	___	Feb	___	Mar	___	Apr	___	May	___	June	___	July	___	Aug	___	Sep	___	Oct	___	Nov	___	Dec	___		
S	N/A	___	All year	___	Jan	___	Feb	___	Mar	___	Apr	___	May	___	June	___	July	___	Aug	___	Sep	___	Oct	___	Nov	___	Dec	___
D	N/A	___	All year	___	Jan	___	Feb	___	Mar	___	Apr	___	May	___	June	___	July	___	Aug	___	Sep	___	Oct	___	Nov	___	Dec	___

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 do you (or spouse) have a Health Savings Account (HSA) ?

5. Y N did you purchase insurance through an exchange (VT Health Connect, Healthcare.gov, etc.) ?

If Yes, you will receive a form 1095-A which will be required to complete your tax return.

6. Y N if Yes to #5, did you receive an Advance Premium Tax Credit (aka subsidies) to help pay the premiums ?

**If you answered Yes to #5 or did not have insurance all year go to question #7 on the next page.**

**If you answered No to #5 and you checked All year for all family members above, STOP.**

**You should receive from your employer or insurance company a form 1095-B or 1095-C.**

**(APTC) Advanced Premium Tax Credit**

If you received APTC subsidies from the federal government they will be reported to you on form 1095-A. Be aware that since the subsidies were calculated using estimated 2018 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 2018 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 subsidies from the State of Vermont, these will not have to be paid back.

7. Y N did any other household member receive an Advance PTC ? If Yes, who ? \_\_\_\_\_
8. Y N did any Family members have insurance through an employer at any time during the year ?
9. 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 ?
10. 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.
11. Y N did any family member move to a different state during the year ?
12. Y N did you have any change in household composition (marriage, divorce, birth, death, etc.) during the year ?
13. Y N was any family member enrolled in a “shared” policy with a person who is not a family member ?

**(IRSP) Individual Shared Responsibility Payment (NOTE: this is the last year for this penalty !!)**

If you did not have insurance for the entire year of 2018, you will be required to pay a tax penalty when you file your 2018 tax return unless you qualify for one of numerous exemptions. The penalty in 2018 is \$695 per taxpayer (and spouse) and \$347.50 for uncovered dependents OR 2.5% of Household Income (HI) above the filing threshold whichever is HIGHER. For example, if you file as Single in 2018 with HI of \$30,000, your penalty will be the GREATER of \$695 or \$30,000 minus the filing threshold of \$10,350 = \$19,650 x 2.5% = \$491.25. The absolute maximum that any family might pay is \$2,085.

14. Y N were you (or spouse) offered insurance from an employer that you elected not to take ?  
If Yes, you may qualify for an exemption if the minimum required contribution to your premium is greater than 8% of your Household Income. You will need to ask your employer for this amount.

If you answer Yes to any of the following questions, you may qualify for an exemption from the penalty. All questions apply to taxpayer, spouse and tax dependents if any.

15. Y N did you have a coverage gap (no insurance) of less than 3 consecutive months ?
16. Y N are you a member of a recognized American Indian tribe ?
17. Y N were you incarcerated at any time during the year ?
18. Y N are you a member of a recognized health care sharing ministry or religious sect ?
19. Y N were you living abroad for at least 330 FULL days during 2018 ?

There are also many hardship exemptions such as being homeless, evicted or a victim of domestic violence. These are too numerous to list here. For more information on these exemptions, go to:

<https://www.healthcare.gov/fees-exemptions/hardship-exemptions>

Be aware that in order to claim a hardship exemption (and some other exemptions), you must apply for and receive an exemption certificate number from the “Marketplace”. The form to do this is here:

<https://www.healthcare.gov/exemption-form-instructions/>