

**2016 Affordable Care Act Questionnaire**

A provision of the Affordable Care Act requires that, beginning in 2014, all Americans have “Qualified Health Insurance” or face a "Shared Responsibility Payment", more commonly known as the health care penalty. Taxpayers are required to report coverage for themselves and each dependent on their Individual Tax Return, Form 1040. If you or any member of your household, did not have coverage for any part of the year, the health care penalty is calculated, reported and paid on Form 1040.

**Qualified Health Insurance**

Medicare Medicaid TRICARE

Bronze level or higher individual plans Veterans Health Peace Corps Plan

Employer sponsored plans starting in 2014 CHIP

or refer to ***HealthCare.gov*** for additional information

Please initial the following statement that applies and sign the bottom of this form.

\_\_\_\_\_ 1. We have provided ENJ Financial with all copies of Forms 1095-A, 1095-B and 1095-C we received including those for dependents covered under someone else’s insurance policy. We have reviewed the forms for accuracy

\_\_\_\_\_ 2. We did not receive Forms 1095-A because we have alternate government provided qualified health care insurance Medicare, Medicaid, or Tri-Care that covers all members of our household.

 3. We are members of an exempt group and have enclosed exemption documentation.

\_\_\_\_\_ 4. We did not have qualified health insurance at any time during the year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Client Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Client Printed Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Spouses Signature (if applicable) Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Spouses Printed Name (if applicable)*