

ACA Checklist

► Your name(s) _____

Please ✓ all the questions that apply	Yes	No
Were you covered by health insurance? (Medicare & Medicaid accepted)	<input type="checkbox"/>	<input type="checkbox"/>
Was your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Were your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
Did you get health insurance through the marketplace/exchange?	<input type="checkbox"/>	<input type="checkbox"/>
Did your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Did your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide Form 1095-A	Did you receive subsidy	Y N
Did you get health insurance through employer, self-employed, Medicare, Medicaid, VA?	<input type="checkbox"/>	<input type="checkbox"/>
Did your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Did your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide Form 1095-B	1095-C	
Were you out of the United States for 330 days or more?		
Was your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Were your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a bona fide resident of a foreign country for the entire year?	<input type="checkbox"/>	<input type="checkbox"/>
Was your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Were your dependents?	<input type="checkbox"/>	<input type="checkbox"/>

Please Initial