**ACA Requirement to Have Health Insurance**

**In M arch, 2010 President Obama signed the Affordable Care Act. One provision of the Act required** that in 2014 all Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. A **lesser known amendment to the Act allowed i nsurance providers and large employers a one-year delay i n reporti ng the coverage i n 2014 to both the IRS and to the Taxpayer because rules had not been established by the IRS to allow timely and correct reporting. This delay effectively rendered the Health Care penalty a vol untary oral reporting item for 2014 in many cases. In order to remind you of the rules and to protect us broth from future IRS liability in the event of an audit, we require all individual taxpayers for 2014 to positively affirm the following items related to Health Care. <u>Please initial each item applicable to your specific health insurance situation and sign the bottom of the affirmation.</u>**

_____ **1. We have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.**

_____ **2. We did not receive al I Forms 1095-A because we have alternate government provided qualified health care insurance from M edi care, Medicaid, or Tri -Care that covers all members of our household. Enter N/A if not applicable.**

_____ **3. We have qualified employer-provided health insurance for the entire year for our entire household.**

_____ **4. We have qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household.**

**In the event you do not have qualified health insurance for the entire year for your entire household, please provide us with the fol lowing information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-4 above or item 5 below, and the absence of your providing us the information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include it with your return.**

| **Name** | **Period of Coverage** | **Insurer** |
| --- | --- | --- |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

<u>**Signature 1**</u>_____     <u>**Signature 2**</u>_____

_____     _____
**By: (Print Name)**                                    **By: (Print Name)**

_____     _____
**Date**                                                **Date**