

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES

NO

☐

☐

Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐

☐

Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

☐

Employer

☐

Medicare

☐

Medicaid

☐

Marketplace (Exchange)

☐

Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐

☐

Was your previous insurance policy canceled in 2025?

☐

☐

Was coverage offered by your employer or your spouse's employer?

☐

☐

Are you a member of a federally recognized Indian tribe?

☐

☐

Are you eligible for services through an Indian healthcare provider?

☐

☐

Are you a member of a healthcare sharing ministry?

☐

☐

Did you live in the United States the entire year?

☐

☐

Are you enrolled in TRICARE?

☐

☐

Did you apply for CHIP coverage?

☐

☐

Do any of the following apply to you? Do NOT indicate which one.

Became homeless

Evicted in the past six months, or facing eviction or foreclosure

Received a shut-off notice from a utility company

Recently experienced domestic violence

Recently experienced the death of a close family member

Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property

Filed for bankruptcy in the last six months

Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt

Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family memeber