1) Did you have health insurance for you, your spouse (if filing jointly), and everyone that you can claim as a dependent for the entire year?
If **Yes**, go to line 2. If **No**, go to line 3. ❑ Yes ❑ No
2) Was your insurance coverage provided through the Marketplace?
If Yes, go to line 3. If **No** (and line 1 above is yes), STOP here. Do not answer any more questions. ❑ Yes ❑ No
3) For each member of your tax family, enter the applicable code for each month that describes the type of insurance (if any) each member had for that month:

Note: You are considered to have health insurance for any month in which you had health insurance for at least one day during that month.

- **CODE A.** Employer-sponsored coverage.
- **CODE B.** Government plan such as Medicare or Medicaid
- **CODE C.** Individual policy including grandfathered plans, but not including plans purchased through the Marketplace.
- **CODE D.** Individual policy purchased through the Marketplace.
- **CODE E.** No health insurance coverage (or coverage does not qualify as minimum essential coverage).

Name		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

For each member of your tax family where **CODE E** was entered above, enter the applicable code for each month that describes why that tax family member did not have any insurance for that month:

- **CODE F.** Cost of insurance was too expensive. (A list of premiums will be required)
- **CODE G**. Tax family member was either (1) outside the U.S. for at least 330 full days during the year, or (2) was a bona fide resident of a foreign country or U.S. territory during the year, or (3) was not a U.S. citizen or U.S. national, and was not lawfully present in the U.S during the year.
- **CODE H**. Your income was below the filing requirement for the year. In this case, enter this code for all members of your tax family.
- **CODE I.** Member of a health care sharing ministry, member of an Indian tribe, incarceration, or member of a religious sect opposed to accepting any insurance benefits. You **must provide the Exemption Certificate Number** (ECN) that you received from the Marketplace. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
- **CODE J**. There was a hardship such as an eviction, facing foreclosure,death of a close family member, fire, flood, bankruptcy, high medical expenses, or other circumstance that made it difficult to purchase health insurance (describe details on separate sheet). You must provide the **Exemption Certificate Number** (ECN) that you received from the Marketplace for this hardship. If you do not have an ECN, you need to obtain one from the Marketplace before you can file your tax return.
- **CODE K**. Other allowed circumstance that qualifies for a coverage exemption (describe details on separate sheet). You may need an **Exemption Certificate Number** (ECN) from the Marketplace to claim this coverage exemption.
- **CODE L**. Family member does not have a qualified excuse for not having health insurance.

Name		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec