

AFFORDABLE CARE ACT QUESTIONNAIRE

What (if any) health insurance did you or your dependents have during the year?

- 1. _____ Medicare
- 2. _____ Medicaid (Badger care)
- 3. _____ Private employer
- 4. _____ Private insurance
- 5. _____ Government Marketplace
- 6. _____ Other (Such as Veterans Affairs) _____

List all members of the family. For each member list the months (if any) he or she did not have health insurance (if a member had health insurance for one day during the month, he or she is treated as having insurance for the entire month)

Family Member	Months Not Covered
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did you receive a Form 1095? Yes_____ No___ (If yes, attach a copy or bring it to your appointment)

If you have insurance from the Government Marketplace:

a. How many children are your dependents? _____

(Attach a copy of their tax return(s) if they filed or bring it to your appointment)

b. How many children are dependents of another taxpayer? _____

c. Did you receive subsidy from the Marketplace that reduced the monthly premium for your insurance (also called an Advance Premium Tax Credit)?

Yes___ No___ If yes, what was the monthly subsidy?_____

Client Signature:_____ Date:_____