

AFFORDABLE CARE ACT (ACA) EXEMPTION CHECKLIST

PLEASE CHECK AT LEAST ONE ITEM BELOW THAT MAY BEST QUALIFY YOU FOR AN ACA EXEMPTION, SIGN THIS FORM, AND ATTACH SUPPORTING DOCUMENTATION AS APPLICABLE:

You may qualify for an EXEMPTION from the penalty of not having health insurance if:

- ☐ You were uninsured for less than 3 months of the year
- ☐ The lowest-priced health insurance coverage available to you would cost more than 8% of your household income
- ☐ You do not have to file a tax return because your income is too low
- ☐ You are a member of a federally recognized tribe or eligible for services through an Indian Health Services provider
- ☐ You are a member of a recognized health care sharing ministry
- ☐ You are a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
- ☐ You are incarcerated (either detained or jailed), and not being held pending disposition of charges
- ☐ You are not lawfully present in the U.S.

You may qualify for a HARDSHIP EXEMPTION if:

- ☐ You were homeless
- ☐ You were evicted in the past 6 months or were facing eviction or foreclosure
- ☐ You received a shut-off notice from a utility company
- ☐ You recently experienced domestic violence
- ☐ You recently experienced the death of a close family member
- ☐ You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property
- ☐ You filed for bankruptcy in the last 6 months
- ☐ You had medical expenses you could not pay in the last 24 months which resulted in substantial debt
- ☐ You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member
- ☐ You expect to claim a child as a tax dependent who has been denied coverage in Medicaid and the Children's Health Insurance Program (CHIP), and another person is required by court order to give medical support to the child. In this case, you do not have to pay the penalty for the child
- ☐ As a result of an eligibility appeals decision, you are eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on your monthly premiums, or cost-sharing reductions for a time period when you were not enrolled in a QHP through the Marketplace
- ☐ You were determined ineligible for Medicaid because your state did not expand eligibility for Medicaid under the Affordable Care Act
- ☐ Your individual insurance plan was cancelled and you believe other Marketplace plans are unaffordable
- ☐ You experienced another hardship in obtaining health insurance

If any item above is checked, I will apply for an exemption.

Client Signature

Date

CIS #

Agency Representative Signature

Date

For more information, including a list of required documents, please visit the following web links:

<https://www.healthcare.gov/health-coverage-exemptions/hardship-exemptions/>

<http://marketplace.cms.gov/applications-and-forms/exemption-application-instructions.pdf>