

ACA Engagement Letter Addendum

ACA Requirement to Have Health Insurance

In March, 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. In order to remind you of the rules and protect us both from future IRS liability in the event of an audit, we require all individual taxpayers for 2015 and later to positively affirm the following items related to Health Care. A copy of your insurance card will be required as evidence of coverage.

Please check or mark as N/A each item and sign the bottom of the affirmation.

- ___ 1. We have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.
- ___ 2. We did not receive all Forms 1095-A because we have alternate government provided qualified health care insurance from Medicare, 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.
- ___ 5. We **did not** have health insurance at any time during this past tax year.

In the event you **do not have qualified health insurance** for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-4 above or item 5 blow, and the absence of your providing us with 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 (Company)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature 1

Signature 2

By: (Print Name)

By: (Print Name)

Date _____

Date _____