

# Affordable Care Act (ACA) Proof of Health Insurance



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## If you had a qualified healthcare plan

- You should receive form 1095  
Please attach the document and Do not complete the table below.
- If you did not RECEIVE a 1095 form but had insurance  
Complete the table below and attach proof of insurance  
(you will not receive a 1095 form from Social Security/Medicare)

## If you did not have qualified healthcare plan, check this box

Sign the form below – Do not complete table

Indicate by checking the box for full year or for each covered month  
Please list everyone in your household that you claim on your taxes.

| Name | Full yr. | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
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**\*\*\*Please attach proof of health insurance\*\*\***

Signature \_\_\_\_\_ Date \_\_\_\_\_