

For all other exemptions, indicate the individual, the type of exemption (and Marketplace-issued certificate number, if applicable) and the months of eligibility:

Health Insurance/Exemption

Name of Individual * Sample Return

Do you have a marketplace-issued certificate for this exemption? *
 Yes
 No

Exemption Type

Indicate full year or specify months for which you qualify to take the exemption

Full Year

<input type="checkbox"/> January	<input type="checkbox"/> February
<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> September	<input type="checkbox"/> October

-- Please Select --

- Coverage is unaffordable
- Short gap in coverage
- Citizens living abroad and certain noncitizens
- Member of health care sharing ministry
- Member of Federally-recognized Indian tribe
- Incarceration
- Aggregate self-only coverage considered unaffordable
- Gap in coverage at the beginning of 2016
- Gap in CHIP coverage
- Resident of a state that did not expand Medicaid
- Limited benefit Medicaid and TRICARE programs that are not minimum essential coverage
- Employer coverage with non-calendar plan year beginning in 2015

Enter "Pending" if the Marketplace has not processed the application for exemption before the return is filed:

Health Insurance/Exemption

Name of Individual * Sample Return

Do you have a marketplace-issued certificate for this exemption? *
 Yes
 No

Exemption Certificate Number Pending

Indicate full year or specify months for which you qualify to take the exemption.

Full Year

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December