

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 t

Full Year

January

February

May

June

September

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

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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

January

February

March

April

May

June

July

August

September

October

November

December

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