2018 ACA ENGAGEMENT LETTER ADDENDUM

The Affordable Care Act requires that in 2018 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 to protect us both from future IRS liability in the event of an audit, we require all individual taxpayers for 2018 to positively affirm the following items related to Health Care. Please initial each applicable item, select who was covered, enter the requested information, and sign below.

_____1. We have provided you with all copies of **Forms 1095-A, 1095-B and/or 1095-C** which **confirm coverage** for all taxpayers and dependents **for the entire year**.

_____2. **(select)** ☐ **Taxpayer** ☐ **Spouse** ☐ **All Dependents** had alternate government-provided qualified health care insurance from **Medicare, Medicaid, or Tri-Care** for the entire year.

_____3. **(select)** ☐ **Taxpayer** ☐ **Spouse** ☐ **All Dependents** had qualified **employer-provided** health insurance for the entire year.

_____4. **(select)** ☐ **Taxpayer** ☐ **Spouse** ☐ **All Dependents** had qualified health insurance for the entire year that was **purchased** directly from an agent or insurance company. (**If you purchased through the Marketplace (Exchange), we must have all Forms 1095-A.)**

_____5(A). **We cannot affirm** qualified health insurance coverage for **all** taxpayers and dependents for the **entire** year on items 1-4. Below are details of ALL qualified health insurance coverage by individual for the entire year.

NOTE: We must have all Forms 1095-A for any insurance you purchased through the Marketplace (Exchange).

Individual Covered	Period of Coverage	Insurer

5(B). If you qualify for an **exemption** from the Health Care Penalty, please explain here. If you were given the **opportunity** to purchase qualified health insurance through your employer but chose not do so because of cost, please indicate who could have been covered, when the coverage was available, and the monthly cost.

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_____ (use additional pages if necessary)

I have provided information about **all qualified health insurance coverage** in place for all taxpayers and dependents named on my return, **and provided all Forms 1095-A** for insurance purchased through the Marketplace (Exchange). In the absence of coverage for all individuals for the entire year, or qualification for an exemption, I understand that a **Health Care Penalty** may be added to my return. I have provided all Forms 1095-A showing all **Marketplace (Exchange) purchases** of insurance and **advance payments** of the **premium tax credit**, and understand that the advances will be **reconciled with the actual credit** on this return, possibly requiring full or partial repayment.

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Signature Date Print Name