HealthCare Coverage Questionnaire

Name: SSN:

HealthCare Information

Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all

YES ☐ NO ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

YES ☐ NO ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if it applies to any member of the household

YES ☐ NO ☐ Was your previous insurance policy cancelled in 2015?

YES ☐ NO ☐ Was coverage offered by your employer or your spouse's employer?

YES ☐ NO ☐ Are you a member of a federally recognized Indian tribe?

YES ☐ NO ☐ Are you eligible for services through an Indian healthcare provider?

YES ☐ NO ☐ Are you a member of a healthcare sharing ministry?

YES ☐ NO ☐ Did you live in the United States the entire year?

YES ☐ NO ☐ Are you enrolled in TRICARE?

YES ☐ NO ☐ Did you apply for CHIP coverage?

YES ☐ NO ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

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