State of Rhode Island Division of Taxation
Form IND-HEALTH
Individual Health Insurance Mandate Form

23106299990101

Name	Social security number

Coverage Exemption Reasons and Codes

Income Below Filing Threshold	**NC**	Aggregate Self Only Coverage Considered Unaffordable	**G1**
Coverage Considered Unaffordable	**A**	Member of Tax Household Born or Adopted During the Year	**H1**
Short Coverage Gap	**B**	Member of Tax Household Died During the Year	**H2**
Citizens Living Abroad & Certain Noncitizens	**C**	Nonresident of Rhode Island	**N**
Members of Healthcare Sharing Ministry	**D**	Had Minimum Essential Health Coverage	**X**
Members of Indian Tribes	**E**	HealthSource RI Exemption	**RI**
Incarceration	**F**	Medicaid	**M**

Enter the name and social security number for each member of your tax household. For each household member, use the chart above to enter an exemption code for each corresponding month in which the household member had minimum essential health coverage or an exemption. If an individual qualified for an exemption through HealthSource RI, enter the exemption number(s) in the space provided.

Refer to the Individual Mandate Instructions for details and instructions on each of the coverage exemption types listed above.

If there are more than five (5) members in your tax household, please complete multiple IND-HEALTH Forms.

1)

Name:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:	Number of months for which an exemption did not apply:												

2)

Name:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:	Number of months for which an exemption did not apply:												

3)

Name:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:	Number of months for which an exemption did not apply:												

4)

Name:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:	Number of months for which an exemption did not apply:												

5)

Name:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:	Number of months for which an exemption did not apply:												

6a) Total periods that adults did not have coverage: ☐   6b) Total periods that children did not have coverage: ☐