State of Rhode Island Division of Taxation

# Form IND-HEALTH

## Individual Health Insurance Mandate Form

21106299990101

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 | | |

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:
Social Security Number:
Check if under 18 years of age as of 01/01/2021 ☐
Exemption Number:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Number of months for which an exemption did not apply:

2)
Name:
Social Security Number:
Check if under 18 years of age as of 01/01/2021 ☐
Exemption Number:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Number of months for which an exemption did not apply:

3)
Name:
Social Security Number:
Check if under 18 years of age as of 01/01/2021 ☐
Exemption Number:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Number of months for which an exemption did not apply:

4)
Name:
Social Security Number:
Check if under 18 years of age as of 01/01/2021 ☐
Exemption Number:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Number of months for which an exemption did not apply:

5)
Name:
Social Security Number:
Check if under 18 years of age as of 01/01/2021 ☐
Exemption Number:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
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: