



Form IND-HEALTH

2010629990101

Individual Health Care Mandate Form

Name Social security number

Coverage Exemption Reasons and Codes

Table with 4 columns: Reason, Code, Description, and Code. Rows include: 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), COVID - Related Hardship (19).

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.

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 01/01/2020

Exemption Number: Number of months for which an exemption did not apply:

Name: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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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: