2017 ACA Engagement Letter Addendum

ACA Requirement to Have Health Insurance

In March 2010 President Obama signed the ***Affordable Care Act***. One provision of the Act required that in 2015 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 tax year 2017 to positively affirm the following items related to Health Care.

Please initial each item and sign the bottom of the affirmation.

_____ 1. We have provided you with copies of Forms 1095-A, 1095-B, and 1095-C we received.

_____ 2. We did not receive all Forms 1095 because we have alternate government provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our household. **Enter N/A if not applicable.**

_____ 3. We had qualified employer-provided health insurance for the entire year for our entire household, However, we have not yet received any Form 1095. When we receive it we will provide a copy to Burr Business Service and keep one on file at home.

_____ 4. We have qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household.

In the event you do not have qualified health insurance for the entire year for your entire household please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-4 above or item 5 below, and the absence of you providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include it with your tax return.

5. **Name**	**Period of Coverage**	**Insurer**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Signature 1 Date Signature 2 Date

_____ _____

Print Name Print Name

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