

BLIZZARD BUSINESS SERVICE, INC

ACA Requirement to Have Health Insurance

The Affordable Care Act has a provision that required all Americans in 2014 to have qualified health insurance or face a Shared Responsibility Payment+(more commonly known as the Health Care Penalty). Another amendment to the act allowed insurance providers and large employers a one-year delay in reporting the coverage in 2014 to both the IRS and to the Taxpayer because rules had not been established by the IRS to allow timely and correct reporting. This delay has effectively rendered the Health Care penalty a voluntary oral reporting item for 2014 and 2015 in many cases. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we are requiring all individual taxpayers for 2018 to complete and sign the bottom of this to affirm the following items related to Health Care. **If you have your copy of your Social Security benefits for 2018 or Form 1095A, B or C, you are not required to complete this form. Please initial each item or enter N/A if not applicable and sign the bottom.**

___ 1. We have provided you with all copies of Forms 1095-A, 1095-B and/or 1095-C we received.

___ 2. We did not receive Forms 1095-A because we have alternate government provided qualified health care insurance from Medicare, Medicaid or Tri-Care that covers all members of our household (dependents).

___ 3. We have qualified employer-provided health insurance for the entire year for our entire household (dependents).

___ 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 (dependents).

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 (dependents). In the absence of the completion of items 1-4 above or item 5 below, and the absence of your providing us with information regarding an exemption from the requirement of provide health insurance, we will calculate the penalty and include it with your return.

Name	Period of Coverage	Insurer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X _____

X _____

BY: (Print Name)

BY: (Print Name)

Date: _____

Date: _____