2018

Healthcare Coverage Questionnaire

Name: SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES	NO	
☐	☐	Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
☐	☐	Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐	☐	Was your previous insurance policy canceled in 2018?
☐	☐	Was coverage offered by your employer or your spouse's employer?
☐	☐	Are you a member of a federally recognized Indian tribe?
☐	☐	Are you eligible for services through an Indian healthcare provider?
☐	☐	Are you a member of a healthcare sharing ministry?
☐	☐	Did you live in the United States the entire year?
☐	☐	Are you enrolled in TRICARE?
☐	☐	Did you apply for CHIP coverage?
☐	☐	Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member