

Health Insurance Information Organizer

If you received a 1095 or other year-end statement from your insurance company, disregard this form and include the statement you received from your insurance company with your tax information. If you did not receive a statement, please fill out this form with the details of your health insurance coverage for your household for 2024.

Health Insurance Coverage				
List each family member, indicate coverage period, and coverage type				
Name _____	<input type="checkbox"/> None	<input type="checkbox"/> All year	<input type="checkbox"/> Part year: _____	<input type="checkbox"/> Government <small>Medicaid, Medicare, CHIP, etc.</small> <input type="checkbox"/> Marketplace <small>Healthcare.gov, state exchange, etc.</small> <input type="checkbox"/> Employer <small>Work-provided coverage</small> <input type="checkbox"/> HCSM <small>CHA, CHM, Samaritan Ministries, etc.</small>
Name _____	<input type="checkbox"/> None	<input type="checkbox"/> All year	<input type="checkbox"/> Part year: _____	<input type="checkbox"/> Government <small>Medicaid, Medicare, CHIP, etc.</small> <input type="checkbox"/> Marketplace <small>Healthcare.gov, state exchange, etc.</small> <input type="checkbox"/> Employer <small>Work-provided coverage</small> <input type="checkbox"/> HCSM <small>CHA, CHM, Samaritan Ministries, etc.</small>
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IMPORTANT!

If you purchased health insurance through the Marketplace, you should have received a Form 1095A.

Please include it with your tax information. The IRS will not process your return without this information.