

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.

**GENERAL INFORMATION**

1=entire household covered for all months, 2=no months

**COVERED INDIVIDUAL (#1)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>

**COVERED INDIVIDUAL (#2)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>

**COVERED INDIVIDUAL (#3)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>

**COVERED INDIVIDUAL (#4)**

(a) First name ..

(a) Last name ..

(b) ID number (SSN or TIN) . . . . .

(c) Date of birth (m/d/y) . . . . .

(d) 1=covered all 12 months . . . . .

(e) Months of coverage:

1=January . . . . .	<input type="text"/>
1=February . . . . .	<input type="text"/>
1=March . . . . .	<input type="text"/>
1=April . . . . .	<input type="text"/>
1=May . . . . .	<input type="text"/>
1=June . . . . .	<input type="text"/>
1=July . . . . .	<input type="text"/>
1=August . . . . .	<input type="text"/>
1=September . . . . .	<input type="text"/>
1=October . . . . .	<input type="text"/>
1=November . . . . .	<input type="text"/>
1=December . . . . .	<input type="text"/>