

# What if you did not have health insurance in 2015?

Starting January 2014, you and your family must:

- have health insurance coverage throughout the year, or
- qualify for an exemption from coverage, or
- pay a penalty when you file your taxes.

The penalty is the Individual Shared Responsibility Payment.

- For 2015, the penalty will be \$325 per adult or 2% of your income, whichever is bigger.
- For 2016, the penalty increases to \$695 per adult or 2.5% of your income, whichever is bigger.

Other factors might impact your payment.

## Learn about your health insurance options for 2016.

- NY State of Health:  
Online at [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)  
By phone 1-855-355-5777
- Community Service Society  
for free in-person assistance  
Call 1-888-614-5400

## Free Help is Available



- Get additional help picking your SLCSP, or get general information about the Form 1095-A or Premium Tax Credit by calling **Community Health Advocates: 1-888-614-5400.**
- Get a corrected form or replacement form by calling **NY State of Health: 1-855-766-7860.**
- For tax questions, please consult your tax advisor, or contact the **IRS** at [www.irs.gov](http://www.irs.gov).

**More information** can be found at:

- <http://info.nystateofhealth.ny.gov/TaxCredits>
- IRS at [www.irs.gov](http://www.irs.gov)
- Tax Preparers

**Our services are free.  
We speak different languages.**

## Did You Receive a 1095-A Form from NY State of Health?

## We can help you!



**Community  
Service  
Society** | Fighting Poverty  
Strengthening  
New York

**nystateofhealth**  
The Official Health Plan Marketplace

# Understanding How to Use the IRS Form 1095-A

This form will come in the mail and will be posted in your NY State of Health account if you enrolled in a Marketplace plan in 2015.\*

Keep this form and read the instructions that come with it.

Use this form to complete your taxes.

<b>Form 1095-A</b>		<b>Health Insurance Marketplace Statement</b>		<input type="checkbox"/> VOID	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Information about Form 1095-A and its separate instructions is at <a href="http://www.irs.gov/form1095a">www.irs.gov/form1095a</a> .		<input type="checkbox"/> CORRECTED	<b>2015</b>
<b>Part I Recipient Information</b>					
1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name			
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth			
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth			
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)			
13 City or town	14 State or province	15 Country and ZIP or foreign postal code			
<b>Part II Covered Individuals</b>					
A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date	
16					
17					
18					
19					
20					
<b>Part III Coverage Information</b>					
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit		
21 January					
22 February					
23 March					
24 April					
25 May					
26 June					
27 July					
28 August					
29 September					
30 October					
31 November					
32 December					
33 Annual Totals					

\*Note: People with catastrophic plans will not receive this form.

# How to Use Your Form 1095-A from NY State of Health

## Did you use APTC for one or more months?

If so, the amount you used was based on your estimated income. You are required to reconcile the amount of tax credits you used with the amount you are eligible for based on your actual income.

## Did you pay full cost for your plan for one or more months?

If your actual income is less than or equal to 400% FPL you may be eligible to claim the Premium Tax Credit, even if you did not apply, did not use, or were not eligible for financial help when you were enrolled.

## How to reconcile/claim Premium Tax Credits

Step 1: NY State of Health will send you the Form 1095-A.

Step 2: Use Form 1095-A to complete IRS Form 8962. If you had APTC each month you were enrolled, your Form 1095-A was fully completed for you. If you were enrolled without tax credits, you need to identify your Second Lowest Cost Silver Plan (SLCSP) premium each month you were enrolled without tax credits.

Step 3: File your federal tax return, using the appropriate form from the 1040 Series and the Form 8962.

## Need Help?

Resources are available in **several languages** at <http://www.info.nystateofhealth.ny.gov/TaxCredits>

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