

# What if you did not have health insurance in 2014?

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. It will be \$95 per adult or 1% of your income, whichever is bigger.

Other factors might impact your payment.

## Learn about your health insurance options for 2015.

- 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).

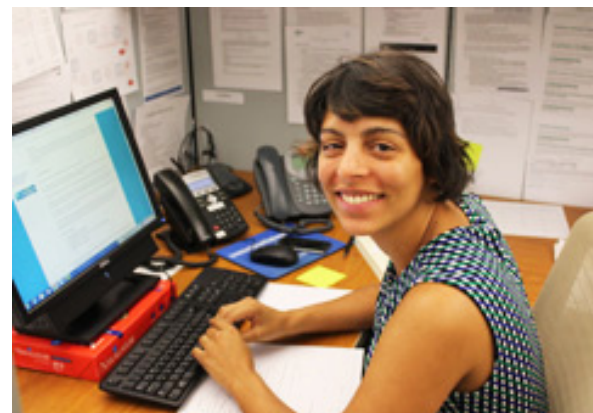
**More information** can be found at:

- <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 2014.\*

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

Use this form to complete your taxes.

Form <b>1095-A</b>		Health Insurance Marketplace Statement		OMB No. 1545-0046
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> .		2014
<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 Coverage Household</b>				
A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16				
17				
18				
19				
20				
<b>Part III Household Information</b>				
Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	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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Get a corrected form or a replacement form by calling **NY State of Health** at **1-855-766-7860**.