

What if you did not have health insurance in 2018?

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. The penalty is still in effect for 2018. Changes to the law do not take effect until 2019.

- For 2018, the penalty is 2.5% of your income or \$695 per adult, whichever is greater.
- The flat fee is adjusted for inflation each year.

Learn about your health insurance options for 2019.

- NY State of Health:
Online at 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.

More information can be found at:

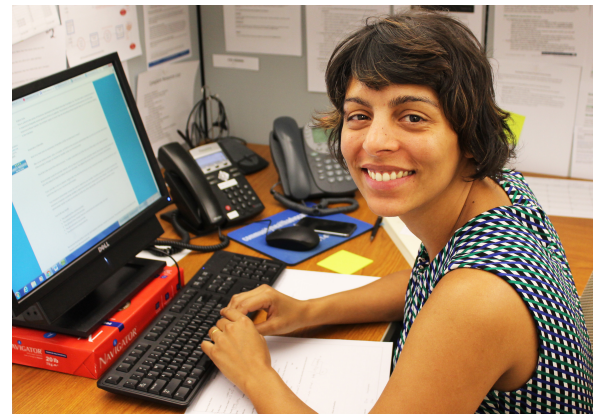
- <http://info.nystateofhealth.ny.gov/TaxCredits>
- IRS at www.irs.gov
- Tax Preparers

NY State of Health complies with applicable Federal civil rights laws and state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, disability, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

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

Do You Have Questions About Your 1095-A Form ?

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 2018.*

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

Use this form to complete your taxes.

Form **1095-A** Health Insurance Marketplace Statement ☐ VOID ☐ CORRECTED **2018**

Department of the Treasury
Internal Revenue Service
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

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

Part II Covered Individuals

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.

Part III Coverage Information

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

For Privacy Act and Paperwork Reduction Act Notices, see separate instructions. Call No. 800-785-2222 Form **1095-A** (2018)

*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>

Get general information about the Form 1095-A or Premium Tax Credit by calling **Community Health Advocates at 1-888-614-5400.**

Get a corrected form or a replacement form by calling **NY State of Health at 1-855-766-7860.**