Important Information for 2019

Starting in 2019, there is no Individual Mandate penalty in effect. This change was made at the federal level as part of the Tax Cuts and Jobs Act enacted in December 2017.

But, there are many financial and health reasons for enrolling in a health plan.

Failure to Reconcile Tax Credits

You must use the 1095-A to complete form 8962 when you file your taxes. You may not receive financial assistance (APTC) next year if you do not.

There are two steps you can take if you are not getting APTC even though you filed form 8962:

- (1) Submit a transcript from the IRS proving that you filed form 8962, or
- (2) Call the NY State of Health and provide this information over the phone.

Learn about your health insurance options for 2020.

- NY State of Health:
 Online at <u>nystateofhealth.ny.gov</u>
 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 Second Lowest Cost Silver Plan,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!







10198 12/19

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 2019.*

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

Use this form to complete your taxes.

Form 1095-A Health Insurance Marketplace Department of the Treasury Internal Revenue Service Do not attach to your tax return. Keep for So to www.irs.gov/Form/0954 for instructions and					or your records.		RECTED	2019	
Part I Recipient Infor		s.gov/Form	1095A for inst	ructions an	d the latest informati	on.			
			lace-assigned po	olicy number	3 Policy issuer's nar	me			
4 Recipient's name				,				ient's date of birth	
								· ·	
7 Recipient's spouse's name					8 Recipient's spous	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		14 State or province			15 Country and ZIP or foreign postal code				
Part II Covered Indivi	duals				-				
A. Covered individual name			B. Covered individual SSI		C. Covered individual date of birth	D. Coverage	start date	E. Coverage termination date	
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Part III Coverage Infor	rmation								
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Month	A. Mon	thly enrollm	ent premiums	B. Monthi	y second lowest cost s in (SLCSP) premium	silver C.	. Monthly a	advance payment of um tax credit	
	A. Mon	thly enrollm	ent premiums	B. Monthi	ly second lowest cost : in (SLCSP) premium	silver C.	. Monthly a	advance payment of um tax credit	
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21 January 22 February 23 March	A. Mon	thly enrollm	ent premiums	B. Monthl	ly second lowest cost on (SLCSP) premium	silver C.	Monthly a	advance payment of um tax credit	
21 January 22 February	A. Mon	thly enrollm	ent premiums	B. Monthli	y second lowest cost s in (SLCSP) premium	silver C.	Monthly a	advance payment of um tax credit	
21 January 22 February 23 March 24 April 25 May	A. Morr	thly enrollm	ent premiums	B. Monthi	y second lowest cost	silver C.	Monthly a	advance payment of um tax credit	
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21 January 22 February 23 March 24 April	A. Mon	enrollm	ent premiums	B. Monthly ple	y second lowest cost to the configuration (SLCSP) premium	C.	Monthly a	advance payment of um tax credit	
21 January 22 February 23 March 24 April 25 May 26 June 27 July 28 August	A. Mon	thly enrollm	ent premiums	B. Monthib	y second lowest cost to (SLCSP) premium	C.	Monthly a	advance payment of um tax credit	
21 January 22 February 23 March 24 April 25 May 26 June 27 July	A. Mon	thly enrollm	ent premiums	B. Monthi	y second lowest cost on (SLCSP) premium	C.	Monthly a	advance payment of um tax credit	
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*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 (\$49,560 for an individual, \$100,300 for a family of four) 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.**