

2018 HEALTH VERIFICATION

SELECT **ONE** OF THE CATEGORIES BELOW

- Bring Form **1095-A** if you had coverage from Exchange (Bronze, Silver, Gold type plans), NOT if you had MNCare or Medical Assistance.
- Bring **1095-B** and/or **1095-C** if you received from insurance company, employer or MNCare/Medical Assistance provider.

MARK ONE

EVERYONE IN MY HOUSEHOLD WAS COVERED BY INSURANCE ALL YEAR

Insurance Company Name	Policy #
Insurance Company Name	Policy #

I WAS COVERED FOR ONLY PART OF THE YEAR

Insurance Company Name	Policy #
Insurance Company Name	Policy #

ENTER THE NUMBER OF HOUSEHOLD MEMBERS INSURED EACH MONTH

JAN	MAY	SEP
FEB	JUN	OCT
MAR	JUL	NOV
APR	AUG	DEC

I DID NOT HAVE HEALTH INSURANCE ALL YEAR

SIGNATURE

	Date
Name	

MN RESIDENTS ONLY

STUDENT LOAN INTEREST CREDIT

LOAN 1

LOAN 2

LOAN 3

Total Amount of Loan Payments			
Total Interest Paid (See 1098E)			
Original Loan Balance *			

LONG TERM CARE INSURANCE CREDIT

Insurance Co. Name	Policy #	Ins Prems Paid
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529 CONTRIBUTIONS

Broker Name	Account #	Total Contributions
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* Contact your loan provider for this information before your appointment