FOX TAX PLANNING AND PREPARATION

1400 12TH AVE NE
MINNEAPOLIS, MN 55413
INFO@FOXTAXSERVICE.COM

PHONE 612.824.2829
FAX 612.331.3670
FOXTAXSERVICE.COM

2018 HEALTHCARE 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	