

Health Care Coverage Statement

Beginning in 2014, unless you are covered by an exemption, you are required to maintain basic health insurance coverage (known as minimum essential coverage) for yourself and any of your dependents, or pay a shared responsibility payment (a penalty). The requirement to maintain coverage or pay a penalty is generally called the "individual mandate."

The penalty is the lesser of: (i) the greater of a flat dollar amount or a percentage of your household income, or (ii) the national average premium for the lowest-level plan providing minimum essential coverage. You must make the shared responsibility payment when you file your federal income tax return. Married individuals who file a joint return for a tax year are jointly liable for any shared responsibility payment.

You can satisfy the minimum essential coverage standard (and not be subject to a penalty) if you and your dependent are enrolled in a qualified health plan offered by an exchange, a qualified employer-sponsored plan (including a government plan), a government plan, such as Medicare, Medicaid or CHIP (Children's Health Insurance Program), or any other health coverage plan recognized as affording minimum essential coverage. Note that minimum essential coverage does not include workers compensation insurance, disability insurance, dental or vision benefits, long-term care benefits, and Medigap or MedSupp insurance.

If you are an exempt individual, such as a non-U.S. citizen, incarcerated individual, member of certain religious sects or health care sharing ministries or a member of an Indian tribe you will not be subject to the individual mandate. In addition, low income taxpayers, taxpayers for whom basic coverage is unaffordable and taxpayers who qualify under a hardship exemption are not required to maintain minimum essential coverage. Moreover, under the short coverage gap exception, any individual who doesn't maintain minimum essential coverage for less than three consecutive months will not be subject to the penalty for failure to maintain coverage. To determine whether you qualify for an exchange exemption, visit <http://marketplace.cms.gov> to learn more and to get an application for exemption. For a complete list of exemptions, including hardship exemptions, go to www.healthcare.gov/fees-exemptions

By your signature below, you certify that you have minimum essential health care coverage as defined by the law or satisfy an exemption. You understand that it is your responsibility to research and determine whether you meet the requirements for an exemption. You also certify that as your tax advisor, we are not responsible for auditing or verifying you have met the minimum essential coverage as defined by the law or for satisfying an exemption. Unless you have provided our firm with a 1095-A, 1095-B, or 1095-C, we are unable to endorse or verify any other documentation you provide as meeting the requirements of minimum essential coverage.

Check one:

I certify that I have minimum essential coverage for myself, spouse and all eligible dependents. I/we have the following health insurance:

- Employer/self- provided. Name of insurer _____
- Obtained through the Marketplace
- Medicare
- Other. Please explain _____

I certify that I have met an exemption.

I do not or did not have minimum essential health care coverage for the entire year and do not meet any exemptions. I understand I will pay a penalty on my 2014 federal tax return.

Taxpayer Signature

Date