

2015

1040

US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

Form for Covered Individual #1 with fields for name, ID number, and monthly coverage for 2014.

COVERED INDIVIDUAL (#2)

Form for Covered Individual #2 with fields for name, ID number, and monthly coverage for 2014.

COVERED INDIVIDUAL (#3)

Form for Covered Individual #3 with fields for name, ID number, and monthly coverage for 2014.

COVERED INDIVIDUAL (#4)

Form for Covered Individual #4 with fields for name, ID number, and monthly coverage for 2014.