

Name

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State of Rhode Island Division of Taxation Form IND-HEALTH



Individual Health Insurance Mandate Form

Social security number

	Coverage E	xem	ption	Rea	sons	and	Code	es					
Income Below Filing Threshold			N		Aggregate Self Only Coverage Considered Unaffordable							G1	
Coverage Considered Unaffordable			A		Member of Tax Household Born or Adopted During the Year							H1	
Short Coverage Gap			В	;	Member of Tax Household Died During the Year							ar	H2
Citizens Living Abroad & Certain Noncitizens			С	;	Nonresident of Rhode Island								Ν
Members of Healthcare Sharing Ministry			D)	Had Minimum Essential Health Coverage								
Members of Indian Tribes			E		HealthSource RI Exemption								
Incarceration			F		Medicaid								Μ
an exemption code for each co	ch the h	ber of your tax household. For each household member, use the chart above to enter h the household member had minimum essential health coverage or an exemption. If urce RI, enter the exemption number(s) in the space provided.											
Refer to the Individual Mandate	Instructions for details ar	nd instru	ictions o	on eac	h of the	covera	ge exei	nption	types lis	sted ab	ove.		
If there are more than five (5) n	nembers in your tax house	ehold, pl	lease co	omplet	e multip	le IND-	HEALT	H Form	ıs.				
Name:		Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:		Number of months for which an exemption did not apply:											
Name:		Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:		Number of months for which an exemption did not apply:											
Name:		Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Exemption Number:		Number of months for which an exemption did not apply:											
Name:		Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Social Security Number:	Check ✓ if under 18 years of age as of 01/01/2023												
Exemption Number:		Number of months for which an exemption did not apply:											

6a) Total periods that adults did not have coverage: