Health Coverage Exemptions

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I**  Marketplace-Granted Coverage Exemptions for Individuals: If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

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<tr>
<th></th>
<th>Name of Individual</th>
<th>SSN</th>
<th>Exemption Certificate Number</th>
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**Part II**  Coverage Exemptions for Your Household Claimed on Your Return:

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<tr>
<th></th>
<th>Are you claiming an exemption because your household income is below the filing threshold?</th>
<th>Yes</th>
<th>No</th>
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<th>Are you claiming a hardship exemption because your gross income is below the filing threshold?</th>
<th>Yes</th>
<th>No</th>
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**Part III**  Coverage Exemptions for Individuals Claimed on Your Return: If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

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<th>Name of Individual</th>
<th>SSN</th>
<th>Exemption Type</th>
<th>Full Year</th>
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