Healthcare Coverage Questionnaire Name: SSN: Healthcare Information					
					
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YES	NO —				
		Did anyone other than you or your spouse pay for healthcare coverage for	anyone listed above?		
[]	- Ead.	Did you pay for healthcare coverage for anyone not listed above? coverage for any part of the year:			
١	Where	was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other t have coverage part or all of the year:			
		S if the following applies to any member of the household			
		Was your previous insurance policy canceled in 2018?			
		Was coverage offered by your employer or your spouse's employer?			
		Are you a member of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provider?			
		Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
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**					
	SIGNATURE		DATE		
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