Healthcare Coverage Questionnaire Name:						
Name: SSN: Healthcare Information						
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all	
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YES	NO		1		L	
ES	NO	Did anyone other than you or your spouse pay for healthcare coverage f	or anyone listed above	?		
		Did you pay for healthcare coverage for anyone not listed above?				
If you had coverage for any part of the year:						
Where was the policy obtained?						
☐ Employer ☐ Medicare ☐ Medicaid ☐ Marketplace (Exchange) ☐ Other If you didn't have coverage part or all of the year:						
Answer YES if the following applies to any member of the household						
		Was your previous insurance policy canceled in 2022?				
		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?				
		Did you apply for CHIP coverage?				
		Do any of the following apply to you? Do NOT indicate which one.				
		Became homeless				
		Evicted in the past six months, or facing eviction or foreclosure				
		 Received a shut-off notice from a utility company 				
		Recently experienced domestic violence				
		Recently experienced the death of a close family member				
		 Recently experienced a fire, flood, or other natural or human-caused that resulted in substantial damage to your property 	disaster			
		Filed for bankruptcy in the last six months				
 Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt 						
		 Experienced unexpected increases in essential expenses due to cari ill, disabled, or aging family member 	ng for an			