

AFFORDABLE CARE ACT EXEMPTION APPLICATION FOR AMERICAN INDIAN & ALASKA NATIVE

Patient Benefits Program
Tucson Area Office
San Xavier Health Center





OVERVIEW

- **AFFORDABLE CARE ACT**
 - ACA IMPLEMENTATION FOR 2014
 - ACA IMPLEMENTATION FOR 2015

2014 ACA IMPLEMENTATION

- You are considered covered if you have job based coverage, Medicare, Medicaid, TRICARE/VA , a Marketplace Plan or an individual policy outside of the Marketplace
- ACA provides ways to help people get health insurance
 - Individuals and families with incomes at or below 400% FPL are eligible to get tax credits for subsidies to help pay for premiums
- Plus, there's no cost-sharing for AI/AN's at or below 300% FPL for any Health Insurance Marketplace plan at any level (bronze, silver, gold or platinum)

2015 ACA IMPLEMENTATION

- For the general population, open enrollment in the Marketplace began on November 15, 2014 and ends on February 15, 2015
- American Indians/Alaska Natives have special monthly enrollment periods **anytime** of the year in Marketplace plans
- The ACA does not change your eligibility to get health care services at an Indian Health care provider. AI/AN's who enroll in a Marketplace health plan or Medicaid may continue to receive these services

2015 ACA IMPLEMENTATION

IRS Reporting – Individual Shared Responsibility Payment

- If you can afford health insurance, but choose not to buy it, you must pay a fee known as the *individual shared responsibility payment* when you file your federal income tax return in 2015

The ACA requires you and each member of your family members to either:

- ✓ Have minimum essential coverage, or
- ✓ **Have an exemption from the responsibility to have minimum essential coverage, or**
- ✓ Make a shared responsibility payment when you file your 2014 federal income tax return in April 2015

2015 ACA IMPLEMENTATION

IRS Reporting – Individual Shared Responsibility Payment

Payment Calculations

- Fee in 2014 is 1% of your yearly income or \$95 per person for the first year, whichever is higher
- Fee increase every year
- Payment for an uninsured child is $\frac{1}{2}$ of the adult rate

(The individual who claims the dependent will be responsible for the payment)

2015 ACA IMPLEMENTATION

IRS Reporting – Individual Shared Responsibility Payment – Statutory Exemptions

- You're uninsured for less than 3 consecutive months of the year
- The lowest-priced coverage available to you would cost more than 8% of your household income
- You don't have to file a tax return because your income is too low
- **You're a member of a federally recognized tribe**
- You're a member of a recognized health care sharing ministry
- You're a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
- You're incarcerated (either detained or jailed), and not being held pending disposition of charges
- You're not lawfully present in the U.S.



**EXEMPTION
APPLICATION FOR
AMERICAN
INDIANS/ALASKA
NATIVES**

OVERVIEW

- WHO SHOULD APPLY
- EXEMPTION APPLICATION
 - FAMILY OF 3 EXAMPLE
 - SHARED RESPONSIBILITY PAYMENT
 - WHO SHOULD APPLY
 - HARDSHIP WAIVER LETTER
 - DOCUMENTS TO SUBMIT
 - WHAT YOU WILL RECEIVE
- IRS FORM 8965
- SHARED RESPONSIBILITY PAYMENT



WHO SHOULD APPLY

- Native Americans enrolled in a federally recognized Tribe
- Eligible to receive services from an Indian Health Service (IHS) facility/Tribal health care provider

APPLICATION FOR EXEMPTION



Form Approved
OMB No. 0938-1190

Application for Exemption for American Indians and Alaska Natives and Other Individuals who are Eligible to Receive Services from an Indian Health Care Provider

THINGS TO KNOW



Use this application to apply for an exemption from the shared responsibility payment

- Starting in 2014, every person needs to have health coverage or make a payment on their federal income tax return called the “shared responsibility payment.”
- Some people are exempt from making this payment. This application includes 2 categories of exemptions. There are other applications for other categories of exemptions. You may apply for certain other categories of exemptions when you file your federal income tax return. If you’re a member of an Indian tribe, you can ask the Internal Revenue Service (IRS) for this exemption when you file your federal income tax return.
- You don’t need to ask for an exemption if you’re not going to file a federal income tax return because your income is below the filing threshold. If you’re not sure, you may want to ask for an exemption.



Who can use this application?

- **Use this application if you and/or anyone in your tax household is:**
 - **A member of an Indian tribe.**
 - **Another individual who’s eligible for health services through the Indian Health Service, tribes and tribal organizations, or urban Indian organizations.**
- If you get this exemption, you can keep it for future years without submitting another application if your membership or eligibility for services from an Indian health care provider remains unchanged.
- You can use one application to apply for this exemption for more than one person in your tax household.



What you need to apply

- Documents showing tribal membership or eligibility for services from the Indian Health Service, a tribal health care provider, or an urban Indian health care provider (see page 4).
- Social Security numbers (SSNs), if you have them.
- Information about people in your tax household.



Why do we ask for this information?

We ask for Social Security numbers and other information to make sure your exemption is counted when you file your federal income tax return. **We’ll keep all the information you give private and secure, as required by law.** To view the Privacy Act Statement, go to HealthCare.gov or see instructions.



What happens next?

Send your complete, signed application with documents to the address on page 3. We’ll follow-up with you within 1–2 weeks and let you know if we need additional information. If you get this exemption, we’ll give you an Exemption Certificate Number that you’ll put on your federal income tax return. If you don’t hear from us, visit HealthCare.gov, or call the Health Insurance Marketplace Help Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**.



Get help with this application

- **Online:** HealthCare.gov.
- **Phone:** Call our Health Insurance Marketplace Call Center at **1-800-318-2596**.
- **In person:** There may be counselors in your area who can help. Visit HealthCare.gov or call **1-800-318-2596** for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al **1-800-318-2596**.

NEED HELP WITH YOUR APPLICATION? Visit HealthCare.gov or call us at **1-800-318-2596**. Para obtener una copia de este formulario en Español, llame **1-800-318-2596**. If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We’ll get you help at no cost to you. TTY users should call **1-855-889-4325**.

MEMBER OF TRIBE/IHCP

APPLICATION FOR EXEMPTION

STEP I



Please print in capital letters using black or dark blue ink only.
Fill in the circles (○) like this → ●.

STEP 1: Tell us about yourself.

(The person who files a federal income tax return in your household should be the contact person for this application. If you're applying for an exemption for a child, we need an adult who claims the child on his or her federal income tax return to fill out this information even if the adult doesn't need the exemption.)

Give your legal name

1. First name	Middle name	Last name	Suffix
NATIVE	AMERICAN	LISTON	
2. Home address (Leave blank if you don't have one.)			3. Apartment or suite number
7900 SOUTH "J" STOCK ROAD			
4. City	5. State	6. ZIP code	7. County, parish, or township
TUCSON	AZ	85746	PIMA
8. Mailing address (if different from home address)			9. Apartment or suite number
10. City	11. State	12. ZIP code	13. County, parish, or township
14. Daytime phone number		15. Evening phone number	
(520) 123-9876		() -	
Please give us a phone number so the Marketplace can contact you if we need more information to process your application. We won't use your phone number for any other purpose.			
16. Do you want to get information by email from the Marketplace? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Email address:			
17. What's your preferred spoken language? What's your preferred written language?			
ENGLISH, ENGLISH			

APPLICATION FOR EXEMPTION

STEP 2 - PERSON 1



STEP 2: PERSON 1

Person 1 must be the person who files a federal income tax return, even if the person doesn't need this exemption.

1. First name	Middle name	Last name	Suffix
NATIVE	AMERICAN	LISTON	
2. Relationship to you?	3. Date of birth (mm/dd/yyyy)		4. Sex
SELF	01 / 01 / 1967		<input checked="" type="radio"/> Male <input type="radio"/> Female

5. Social Security Number (SSN) - -

If you're requesting an exemption for yourself and you have an SSN, you must provide it. You aren't required to have an SSN to get this exemption. If you're not requesting an exemption for yourself, providing your SSN can be helpful since it can speed up the application process. We use SSNs to help make sure that if you get an exemption, it's applied correctly on your taxes. If someone wants help getting an SSN, call 1-800-772-1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov). TTY users should call 1-800-325-0778.

6. Do you plan to file a federal income tax return? Yes No

a. Will you file jointly with a spouse? Yes No

If yes, write name of spouse: NON-NATIVE Q. LISTON

b. Will you claim any dependents on your tax return? Yes No

If yes, list name(s) of dependents: NATIVE B. LISTON

7. Do you want this exemption? YES. If yes, answer all the questions below. Make sure you provide one of the required documents on page 5. NO. If no, leave the rest of this page blank.

8. Are you a member of a federally recognized tribe or Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder?

YES. If yes, provide the name of the Indian tribe or Alaska Native corporation below.

TOHONO O'ODHAM NATION OF ARIZONA

If yes, leave the rest of this page blank.

NO. If no, go to question 9.

APPLICATION FOR EXEMPTION

STEP 2 - PERSON 2



STEP 2: PERSON 2

Make a copy of this page if there are more than 2 people in your household.

Fill out this page for a spouse who files taxes jointly with you and for anyone you claim as a dependent on your federal income tax return.

1. First name	Middle name	Last name	Suffix
NON-NATIVE	QUEEN	LISTON	
2. Relationship to PERSON 1? SPOUSE		3. Date of birth (mm/dd/yyyy) 12 / 25 / 1978	4. Sex <input type="radio"/> Male <input checked="" type="radio"/> Female

5. Social Security Number (SSN) - -

If PERSON 2 is requesting an exemption and has an SSN, he or she must provide it. PERSON 2 isn't required to have an SSN to get this exemption. We use SSNs to help make sure that if you get an exemption, it's applied correctly on your taxes. If someone wants help getting an SSN, call 1-800-772-1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov). TTY users should call 1-800-325-0778.

6. Does PERSON 2 plan to file a federal income tax return? Yes No
If yes, answer 6a and 6b. If no, go to question 7.

a. Will PERSON 2 file jointly with a spouse? Yes No
If yes, write name of spouse: NATIVE A. LISTON

b. Will PERSON 2 claim any dependents on his/her tax return? Yes No
If yes, list name(s) of dependents: NATIVE B. LISTON

7. Will PERSON 2 be claimed as a dependent on PERSON 1's tax return? Yes No

If yes, please list the name of the tax filer: _____ How is PERSON 2 related to the tax filer? _____

Note: If PERSON 2 isn't listed on PERSON 1's tax return as a spouse or as a dependent, PERSON 2 must file a separate application.

8. Does PERSON 2 want this exemption? YES. If yes, answer all the questions below. Make sure you provide one of the required documents on page 5.
 NO. If no, leave the rest of this page blank.

9. Is PERSON 2 a member of a federally recognized tribe or Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder?

YES. If yes, provide the name of the Indian tribe or Alaska Native corporation below.

If yes, leave the rest of this page blank.

NO. If no, go to question 10.

APPLICATION FOR EXEMPTION

STEP 2 - PERSON 2



STEP 2: PERSON 2

Make a copy of this page if there are more than 2 people in your household.

Fill out this page for a spouse who files taxes jointly with you and for anyone you claim as a dependent on your federal income tax return.

1. First name	Middle name	Last name	Suffix
NATIVE	BABY	LISTON	
2. Relationship to PERSON 1? DAUGHTER		3. Date of birth (mm/dd/yyyy) 11 / 11 / 2014	4. Sex <input type="radio"/> Male <input checked="" type="radio"/> Female

5. Social Security Number (SSN) 333 - 55 - 9999

If PERSON 2 is requesting an exemption and has an SSN, he or she must provide it. PERSON 2 isn't required to have an SSN to get this exemption. We use SSNs to help make sure that if you get an exemption, it's applied correctly on your taxes. If someone wants help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.

6. Does PERSON 2 plan to file a federal income tax return? Yes No
If yes, answer 6a and 6b. If no, go to question 7.

a. Will PERSON 2 file jointly with a spouse? Yes No
If yes, write name of spouse: _____

b. Will PERSON 2 claim any dependents on his/her tax return? Yes No
If yes, list name(s) of dependents: _____

7. Will PERSON 2 be claimed as a dependent on PERSON 1's tax return? Yes No

If yes, please list the name of the tax filer: NATIVE A. LISTON

How is PERSON 2 related to the tax filer? DAUGHTER

Note: If PERSON 2 isn't listed on PERSON 1's tax return as a spouse or as a dependent, PERSON 2 must file a separate application.

8. Does PERSON 2 want this exemption? YES. If yes, answer all the questions below. Make sure you provide one of the required documents on page 5. NO. If no, leave the rest of this page blank.

9. Is PERSON 2 a member of a federally recognized tribe or Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder?

YES. If yes, provide the name of the Indian tribe or Alaska Native corporation below.

If yes, leave the rest of this page blank.

NO. If no, go to question 10.

APPLICATION FOR EXEMPTION HARDSHIP WAIVER LETTER



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
San Xavier Health Center
7900 S. J Stock Rd
Tucson, AZ 85746

February 06, 2015

RE: Native Baby Liston
7900 S "J" Stock Rd
Tucson, AZ 85746

Dear Federal or State Marketplace,

We have received a request to verify eligibility for Indian Health Service (IHS) coverage for Native Baby Liston.

Upon review of our local facility data, we confirm that this individual is an Indian eligible for services through an Indian health care provider as defined by 42 CFR 447.50 or is eligible for services through the Indian Health Service in accordance with 25 USC 1680c(a), (b), or (d) (3). Eligibility for such services under 42 CFR Part 136 has been verified at the Sells Hosp within the Indian Health Service Tucson Area.

If you have any questions, please contact us at: 520-383-7234.

Sincerely

A handwritten signature in black ink, appearing to read "Adam T Archuleta".

Adam T Archuleta, DIRECTOR REVENUE ENHANCEMENT
Sells Hosp
Tucson Area

UNIQUE IDENTIFIERS:
DOB: 11/11/2014
SSN: 333-55-9999
258YUIO81694ED2W5XZ83QWF198SR

APPLICATION FOR EXEMPTION

STEP 3



STEP 3: Read & sign this application

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that I must tell the Health Insurance Marketplace within 30 days if anything changes (and is different than) what I wrote on this application. I can visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** to report any changes. I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).

What should I do if I think the results of my exemption application are wrong?

If you don't agree with the results of your exemption application, you can ask for an appeal. Below is important information to consider when requesting an appeal:

- The Health Insurance Marketplace must receive your appeal request within 90 days of the date of the notice of the application results.
- You may have a relative, friend, legal counsel, or another spokesperson, including an Authorized Representative, help you make an appeal request or participate in your appeal. This is optional.
- The outcome of an appeal could change the eligibility of other members of your tax household.

To appeal your exemption application results, visit [HealthCare.gov/marketplace-appeals/](https://www.healthcare.gov/marketplace-appeals/). Or call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**.

PERSON 1 should sign this application. If you're an authorized representative, you may sign here as long as PERSON 1 signed Appendix C. The person who signs this application must be the person who files a federal income tax return and is an adult over the age of 18.

Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

SIGN AND DATE BEFORE MAILING

APPLICATION FOR EXEMPTION

STEP 4

STEP 4: Mail completed application



Mail your signed application and Include your documentation showing tribal membership or eligibility for services through the Indian Health Service, a tribal health care provider, or an urban Indian health care provider (see page 5) to:

Health Insurance Marketplace - Exemption Processing
465 Industrial Blvd.
London, KY 40741



What happens next?

Send your complete, signed application with required documents to the address above. We'll follow up with you within 1-2 weeks. You may receive a call from the Marketplace if we need more information. You'll get an eligibility determination letter in the mail after we process your exemption application. If you qualify for this exemption, we'll give you an Exemption Certificate Number (ECN) that you'll put on your federal income tax return. If you don't hear from us, call the Health Insurance Marketplace Help Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1190. The time required to complete this information collection is estimated to average 16 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

? **NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov), or call us at **1-800-318-2596**. Para obtener una copia de este formulario en Español, llame **1-800-318-2596**. If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-855-889-4325**.

DOCUMENTS TO SUBMIT

- Exemption Application
- Copies of:
 - Tribal Enrollment:
 - Paper form
 - Identification
 - Hardship waiver letter
 - Social Security Card



WHAT YOU WILL RECEIVE

- Letter from Health Insurance Marketplace

Dear Native American,

You have recently submitted an application to the Health Insurance marketplace for an exemption from the “shared responsibility payment” that some individuals may owe if they aren’t enrolled in health coverage starting in 2014.

What are the results of my application?

Review the table below for your results.



Family Member(s)	Exemption Type	Eligibility Results	Timeframe for Exemption	Next Steps
Native American Liston	Exemption for members of an Indian tribe.	<ul style="list-style-type: none">• Qualify for an exemption• Your exemption certificate number (ECN) is: A123XYZ	Effective beginning Jan of 2014	<ul style="list-style-type: none">• Save this notice and note your exemption certificate number (ECN). You will need to provide this on your federal income tax return.
Native Baby Liston	Exemption for eligibility for Indian Health Service coverage	<ul style="list-style-type: none">• Quality for an exemption• Your exemption certificate number (ECN) is: CBA5847	Effective Beginning Nov 2014. Expires 11/11/2032	<ul style="list-style-type: none">• Save this notice and note your exemption certificate number (ECN). You will need to provide this on your federal income tax return.

Family Names

Exemption Certificate Number

Family Names

Exemption Certificate Number

IRS FORM 8965

Form **8965**

Department of the Treasury
Internal Revenue Service

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

OMB No. 1545-0074

2014

Attachment
Sequence No. 75

Name as shown on return

Your social security number

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.

	^a Name of Individual	^b SSN	^c Exemption Certificate Number
1	NATIVE AMERICAN LISTON	123-45-6789	AI23XYZ
2	NATIVE BABY LISTON	333-55-9999	CBA5847
3			
4			
5			
6			

Part II **Coverage Exemptions for Your Household Claimed on Your Return:**

7a Are you claiming an exemption because your household income is below the filing threshold? Yes No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

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.

	^a Name of Individual	^b SSN	^c Exemption Type	^d Full Year	^e Jan	^f Feb	^g Mar	^h Apr	ⁱ May	^j June	^k July	^l Aug	^m Sept	ⁿ Oct	^o Nov	^p Dec
8	NATIVE AMERICAN LISTON	123-45-6789	E	X												
9	NATIVE BABY LISTON	333-55-9999	E												X	X
10																
11																
12																
13																

SHARED RESPONSIBILITY PAYMENT INCREASES

- INCREASES EVERY YEAR
- IRS WILL TAKE THE HIGHER AMOUNT

2014: \$95.00 for Adult/\$47.50 Child OR
1% of yearly household income

2015: \$325.00 for Adult/\$162.50 for Child OR
2% of yearly household income

2016: \$695.00 for Adult/\$347.50 for Child OR
2.5% of yearly household income

HEALTHCARE.GOV CONTACT

- Exemption Application
 - <http://marketplace.cms.gov/applications-and-forms/tribal-exemption.pdf>
- Call Center: 1-800-318-2596
- HealthCare.gov

QUESTIONS



Adam T Archuleta, MPH

Director of Revenue Enhancement Services

Tucson Area IHS

(520) 295-2549

Adam.Archuleta@ihs.gov

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Sells Indian Health Hospital
Patient Benefit Coordinator

520-383-7234

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