

Insurance Coverage Statement  
December 31, 2014

Please complete for each individual in the household

Individual	Time Period in which they were covered with Insurance												
	Entire Year	Jan	Feb	Mar	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec

If you did not have coverage for any part of the year, please provide "exemption certificate" or if no exemption applies, please sign date and return this form.

I have no exemption for health insurance coverage

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Sign Date

*For more information, visit <http://marketplace.cms.gov>*