HealthSourceRI
WE WORK FOR YOU

2020 Application for Exemption from the Rhode Island Shared Responsibility Payment

According to Rhode Island state law, every Rhode Islander needs to have health coverage or make a payment on his or her Rhode Island personal income tax return called the "shared responsibility payment." Some people are exempt from making this payment. This application includes only certain categories of exemptions. You may apply for other categories of exemptions when you file your Rhode Island personal income tax return.

If you are applying for a COVID 19 exemption, please read the following:
If between April and December 2020, an individual both lost their health insurance coverage and was unable to enroll in new coverage as a result of the COVID-19 pandemic, they can claim that hardship via their RI Personal Income Tax return (form IND-Health) and **do NOT need to complete this application.**

Who should use this application?

You should apply for this exemption based on how you file taxes, with the following exception: If you're 21 or older and included as a dependent on someone else's tax return, submit your own exemption application.

You may apply for an exemption through HealthSource RI if you meet the following criteria:

- You are a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare;
- You are a member of a religious sect or division who relies solely on a religious method of healing, and for whom the acceptance of medical health services would be inconsistent with the religious beliefs of the individual;
- You've experienced a hardship that has prevented you from being able to purchase health coverage (see list of hardship reasons on page 3); or
- The lowest-priced health coverage available to you for the 2020 plan year is more than 8.24% of projected household income.

What do I need to apply?

Please include documents that support your claim (see page 3). If you can't obtain the documents, call HealthSource RI at 1-855-840-4774.

What happens next?

Send your complete, signed application to the address provided on page 7. We'll follow up with you and let you know if we need additional documentation. If the required documents are not provided, your request will be denied. Once we have a complete application from you, we will send a notice to you containing our decision. If your exemption is granted, we'll include an Exemption Certificate Number. This is the number you will use when you file your Rhode Island personal income tax return. Please maintain these documents for your records - you will need this information at tax filing time.

Did you know that you may qualify for no-cost health coverage or tax credits that can lower the cost of your health coverage? While we evaluate your exemption request, you can complete an application for coverage through HealthSource RI at www.HealthSourceRI.com or by calling our Customer Support Center at 1-855-840-4774 or 1-888-657-3173 (TTY).

Exemption Reason	Documentation Required	Application Timing
You're a member of a recognized religious sect which either: • *has religious objections to insurance, including Social Security and Medicare or,* • *relies solely on a religious method of healing, and for whom the acceptance of medical health services would be inconsistent with the religious beliefs of the individual.*	The name and address of the religious sect. If available, a copy of an approved IRS Form 4029 ("Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits").	You may apply at any time.
You have experienced a "hardship" that affects your ability to purchase health insurance coverage (see list of Hardship reasons)	See hardship reasons and documentation in table below.	You may apply before, during or after the hardship, depending on the circumstances.
The lowest-priced coverage available to you would cost more than 8.24% of projected household income for 2020[1]	Application eligibility results or information about any job-related health insurance available to family (including lowest price plan available through employer.)	You must apply for this exemption by the last day on which you can sign up for available coverage for that plan year. This day would either be the last day of Open Enrollment for that plan year or the last day of a special enrollment period, if you qualify. You can only be exempt for the months after you apply. **Note:** A similar affordability exemption can be claimed retroactively on your tax return.

[1] Indexed annually by federal regulation.

Hardship Reason	Minimum Documentation Required
You were homeless.	None.
You were evicted in the past 6 months or were facing eviction or foreclosure.	Copy of eviction or foreclosure notice.
You received a shut-off notice from a utility company.	Copy of shut-off notice from a utility company or proof of more than 6 months behind on payments if utility can't shut off (for reasons of medical necessity or hardship).
You recently experienced domestic violence.	None.
You recently experienced the death of a close family member.	Copy of death certificate, copy of death notice from newspaper, or copy of official notice of death.
You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.	Copy of police or fire report, insurance claim, or other document from government agency, private entity, or news source documenting event.
You filed for bankruptcy in the last 6 months.	Copy of bankruptcy filing.
You had unreimbursed medical expenses in the last 24 months that resulted in substantial debt.	Copies of medical bills.
You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.	Copies of receipts related to care.
You expect to claim as a tax dependent a child who's been denied coverage in Medicaid and the Children's Health Insurance Program (CHIP), and another person is required by court order to give medical support to the child.	Copy of medical support order AND copies of eligibility notices for Medicaid and CHIP showing that the child has been denied coverage. Exemption is only for the months the medical support order is in effect.
You experienced personal circumstances that create a hardship, such as when no affordable plans provide access to needed specialty care.	Documents may be requested on a case by case basis.
You experienced a hardship not included in this list that prevented you from getting health insurance, as determined by HealthSource RI.	Include any documentation that explains why you're requesting a hardship exemption.

Step 1: Tell us about yourself

The person who files a Rhode Island personal income tax return in your household should be the contact person for this application, and is known as "Person 1". If you're applying for an exemption for a child, an adult who claims the child on his or her Rhode Island personal income tax return should fill our and sign this application, even if the adult doesn't need the exemption.

Use your legal name.

1. First name | Middle name | Last name | Suffix

2. Home address (leave blank if you don't have one) | 3. Apartment or suite number

4. City | 5. State | 6. Zip Code

7. Mailing Address (if different than home address) | *8. Apartment or suite number*

9. City | *10. State* | *11. Zip Code*

Please provide a phone number so we can contact you if necessary. We won't share your number with any third parties.

12. Phone number (###-###-####) | 13. Alternate phone number (###-###-####)*(optional)*

14. Do you want to get email correspondence from HSRI? Yes No

Email Address:

Step two: Tell us about your tax household and your exemption request

Who to include on this application:

- The adult who files the federal income tax return for this household – list this person, who will be known as "Person 1", on the first line of the table on the next page.
- A spouse who's filing taxes jointly with you.
- Anybody Person 1 claims as a dependent on the federal income tax return.

You should apply for this exemption based on how you file taxes, with the following exception: If you're 21 or older and included as a dependent on someone else's tax return, submit your own exemption application.

Who NOT to include on your application:

- A spouse who files taxes separately from you. Spouses who file separately must fill out a separate exemption application for themselves and include every person they claim on their tax return.
- Anyone who lives with you but isn't (or won't be) listed on your tax return for the year(s) you want this exemption.

If you are not required to file taxes, you don't need to apply for an exemption.

Step two: Tell us about your tax household and your exemption request

The person in line 1 below, who will be known as "Person 1", must be the person who files a federal income tax return for the household, even if the person doesn't need an exemption.

For each person included on the federal income tax return, select their relationship to Person 1, the name, date of birth, SSN, sex, and whether they want an exemption.

You must give your Social Security number (SSN) if you have one. In the table below include the SSN for anyone requesting the exemption who has an SSN. An SSN is not necessary to qualify for the exemption. We may use SSNs to match exemptions with the right tax returns and to correctly match to your coverage application. For help getting an SSN, visit socialsecurity.gov or call 1-800-772-1213. (TTY: 1-800-325-0778)

#	Relationship to Person 1 (Spouse or Dependent)	First name	MI	Last name	Date of Birth (mm/dd/yyyy)	Social Security Number (###-##-####)	Sex	Applying for exemption?
1	**Self**							
2								
3								
4								
5								
6								
7								

Check below the type of exemption for which you are applying. You must include any documents described on page 2 for the exemption you're requesting.

A. Member of a recognized religious sect or division ☐

Name of Religious Sect

Address of Religious Sect

City State ZIP

Which household members are requesting an exemption based on membership in this religious sect or division?

If you are applying for this exemption because you are a member of a recognized religious sect or division that relies solely on a religious method of healing and the acceptance of medical health services would be inconsistent with your religious beliefs, you must sign the following attestation:

I attest under the pains and penalties of perjury that none of the applicants for this exemption have received medical health services during the preceding taxable year.

_____

Signature of Applicant or Parent/Guardian of Applicant

B. Hardship (Complete details on next page) ☐

Select the type of hardship(s) you're applying for on the table on page 4. Note the date the hardship started, when it will end, or if it's ongoing. Then indicate each person in your tax household that has experienced that hardship type, if everyone in your household has experienced that hardship type, type "all". Each person needs only one exemption for any given time period. You may apply for more than one hardship if the hardship events were at different times during the year.

Type of hardship (select all that apply)	Tax year for which you need this exemption	Date hardship started *(mm/dd/yyyy)*	Date hardship ended or will end *(mm/dd/yyyy*)	Check if ongoing
Homelessness				☐
Who experienced this hardship?				
Eviction/foreclosure				☐
Who experienced this hardship?				
Shut-off notice				☐
Who experienced this hardship?				
Domestic violence				☐
Who experienced this hardship?				
Death of a family member				☐
Who experienced this hardship?				
Disaster				☐
Who experienced this hardship?				
Bankruptcy				☐
Who experienced this hardship?				
Medical expenses				☐
Who experienced this hardship?				
Increase in expenses to care for family member				☐
Who experienced this hardship?				
Medical support for child				☐
Who experienced this hardship?				
Eligibility appeals decision				☐
Who experienced this hardship?				
You experienced another hardship				☐
Who experienced this hardship?				

C. Affordability based on projected income ☐

For anyone who is applying for this exemption, your ability to get this exemption is based on your projected household income for this year as calculated by HealthSource RI and the cost of the lowest-cost bronze plan that is available to you through HealthSource RI (after applying any tax credits for which you qualify). You must complete the general application for health care coverage through HealthSource RI and include your eligibility results with this exemption application. (A print out of the eligibility results screen is suggested.)

Read and Sign This Application

By signing this application, I certify and attest under penalty of perjury that my answers are correct, and complete to the best of my knowledge.

☐ I understand the questions and statements on this application. I also understand that language and translation assistance is available by phone if needed.

☐ I understand that I am providing HealthSource RI with personally identifiable information about me and my household members that are listed on this application in order for HealthSource RI to determine our eligibility for exemptions. I have the consent of all household members listed on this application, and I am therefore authorizing HealthSource RI and its agents or contractors to use and/or disclose this information: (1) for the purposes of processing this application and determining our eligibility for exemptions, including any associated appeals, legal disputes, or administrative functions;(2) to the Rhode Island Division of Taxation for the purposes set forth in 220-RICR-90-00-1.11; or (3) to the extent permitted by law.

☐ I understand the penalties for providing false information, including penalties for violation of the Rhode Island False Claims Act, RIGL 9-1-1 et. al.

☐ I know that under the state of Rhode Island General Laws, Section 40-6-15, a maximum fine of $1,000, or imprisonment of up to five (5) years, or both, may be imposed for a person who obtains or attempts to obtain, or aids or abets any person to obtain, public assistance to which he or she is not entitled or who willfully fails to report income, resources, or personal circumstances or increases therein which exceed the amount previously reported.

☐ Under penalty of perjury, I attest to the identity of the minor children identified herein and that all of the information contained in this application is true. I understand that I am breaking the law if I give wrong information and can be punished under federal law, state law or both.

_____

Signature of Applicant or Parent/Guardian of Applicant Date

_____

Print your name here if Authorized Representative Date

There are multiple ways for you to send in your application:

1) Mail or bring your completed application to:
   HealthSource RI
   ATTN: Tier 2 Exemptions
   401 Wampanoag Trail
   East Providence, RI 02915
2) Fax your completed application to HealthSource RI at 401-223-6317.

Please allow 30 days for HealthSource RI to respond. If you have not received a response after 30 days, please call HealthSource RI at 1-855-840-4774.

The information provided in this application is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.