HealthSourceRI
WE WORK FOR YOU

Application for an Exemption from the Rhode Island Shared Responsibility Payment

According to Rhode Island state law, most Rhode Islanders need to have health coverage[1]. Failure to maintain continuous coverage may result in a Rhode Island personal income tax penalty. This is called the "shared responsibility payment." Some people are exempt from making this payment. This application only includes certain categories of exemptions. You may apply for other categories of exemptions when you file your Rhode Island personal income tax return.

Who should use this application?

You may apply for an exemption through HealthSource RI if you or someone in your tax household meets any of the following criteria:

- Your **coverage is not affordable for the current plan year,** which means the lowest-priced health coverage available to you for the 2026 plan year costs more than 8.05% of projected household income[2].
    - For this type of exemption, your application must be submitted by either:
        1. The last day of open enrollment (which is 1/31/2026 for the 2026 coverage year), **or**
        2. By the last day of a special enrollment period in the current plan year (2026), if you qualify for one.
    - **If your exemption application for affordability is not submitted by the application deadlines above, then this type of exemption should be claimed when you file your Rhode Island personal Income Tax Forms for that year.**
- You qualify for a **religious exemption**.
- You have **experienced a hardship** that prevented you from being able to purchase health coverage.

What do I need to apply?

Please include a written explanation and/or documents that support your claim. You can get help completing this application online at HealthSourceRI.com/mandate or by calling our Customer Support Center at 1-855-840-4774 or 1-888-657-3173 (TTY).

Please be sure to identify the tax year for which you are applying, or your application may be declined.

What happens next?

Mail or fax your completed, signed application to HealthSource RI. The mailing address and fax number are both provided on the last page of this application. We'll follow up with you and let you know if we need additional documentation. If the required documents are not provided, your request may not be approved. 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 for the applicable year. **Please maintain these documents for your records – you will need this information at tax filing time.**

[1] R.I. Gen. Laws § 44-30-101

[2] Indexed annually by federal regulation: https://www.federalregister.gov/documents/2025/06/25/2025-11606/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability

Exemption Categories and Documentation

Exemption Reason	Documentation Required	Application Timing
A. The lowest-priced coverage available to you would cost more than 8.05% of projected household income for 2026[3]	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 2026 (1/31/2026) or the last day of a special enrollment period in 2026, if you qualified for one. You can only be exempt for the months after you apply. Note: A similar affordability exemption can be claimed on your tax return.
B. 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.
C. You have experienced a "hardship" that affects your ability to purchase health insurance coverage (see list of Hardship reasons)	HSRI will contact you if additional documentation is needed to process your hardship exemption.	You may apply before, during or after the hardship, depending on the circumstances.

[3] Indexed annually by federal regulation: https://www.federalregister.gov/documents/2025/06/25/2025-11606/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability

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 out and sign this application, even if the adult doesn't need the exemption.

1. First Name | Middle Initial | 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 contact information so we can get in touch with you if necessary.

12. What is your preferred language?

13. How would you prefer to be contacted if we need additional information to complete your application? Please select all that apply and provide details for each below if selected. **AT LEAST ONE METHOD OF CONTACT IS REQUIRED.**

BY PHONE ○ TEXT MESSAGE ○ EMAIL ○

14. Phone number (###-###-####)

15. Alternate phone number (###-###-####) *(optional)*

16. Cell phone number for text messages (###-###-####)

17. E-mail Address

Step 2: Tell us about your tax household and your exemption request

Who to include on this application:

- ○ The adult who files the Rhode Island personal 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.
- ○ Anyone that Person 1 claims as a dependent on the Rhode Island personal 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.

The person in line 1 below, who will be known as "Person 1", must be the person who files a RI income tax return for the household and must be listed even if they do not need an exemption.

For each person included on the RI income tax return, please provide their relationship to Person 1, their full name, date of birth, whether or not they are requesting an exemption, and the tax year for which you need this exemption.

Person #	Relationship to Person 1 (Spouse or Dependent)	First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Does this individual need an exemption? (yes or no)	Tax year for which you need this exemption
1	Self						
2							
3							
4							
5							
6							
7							

Step 3: Check a box below to indicate which type of exemption you are requesting

Please be sure to complete the entire section.

A. Affordability Based on Projected 2026 Income ☐

For anyone who is applying for this exemption, your ability to get this affordability 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.) To obtain this information you are encouraged to complete a general application for health care coverage through HealthSource RI and include those eligibility results with this exemption application. A printed screenshot of your HSRI eligibility results is suggested. **Please note this exemption must be requested by the deadlines outlined on page 2 and can only be approved for future months within the same tax year that you are applying.**

B. 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

C. Hardship Exemption ☐

Identify the type of hardship(s) that you're applying for from the list on the next page and then indicate which person in your tax household experienced that hardship. Be sure to identify the name of the individual who experienced the hardship, the type of hardship they experienced, the date the hardship started, when the hardship will end, and which tax year the exemption is for.

Please note that failure to provide the tax year may result in automatic denial of your application.
Each person needs only one exemption for any given time period. You may apply for more than one hardship for each person if the hardship events were at different times during the year.

Continued on next page…

C. Hardship Exemption (continued)

Type of Hardship	Hardship Reason
Homelessness	You were homeless.
Eviction/Foreclosure	You were evicted in the past 6 months or were facing eviction or foreclosure.
Shut-off Notice	You received a shut-off notice from a utility company.
Domestic Violence	You recently experienced domestic violence.
Death of a Family Member	You recently experienced the death of a close family member.
Disaster	You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.
Bankruptcy	You filed for bankruptcy in the last 6 months.
Medical Expenses	You had unreimbursed medical expenses in the last 24 months that resulted in substantial debt.
Increases in Expenses to Care for a Family Member	You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.
Medical Support for a Child	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.
Eligibility Appeals Decision	An eligibility appeal was decided in your favor.
Other Hardship Not Listed	Any hardship not included in this list that prevented you from getting health insurance, such as no affordable plans available to provide access to needed specialty care, or another hardship as determined by HealthSource RI.

First and Last Name of the person who experienced the hardship	Type of Hardship(s) (*from the list of above*)	Date hardship started (mm/dd/yyyy)	Date hardship ended or will end (mm/dd/yyyy)	Tax year for which you need this exemption
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Step 4: 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.