

Individual Health Insurance Mandate for Rhode Island Residents

Individual Health Insurance Form and Shared Responsibility Worksheet

Types of Coverage Exemptions

This chart shows all of the coverage exemptions available for tax year 2021, including information about each exemption and the code that is to be used on Form IND-HEALTH when you claim the exemption. If your coverage exemption was granted by HealthSource RI, you will need to enter the Exemption Certificate Number (ECN) provided by HealthSource RI on Form IND-HEALTH.

These Coverage Exemption Reasons and Codes are also listed on the top of Form IND-HEALTH for easy reference.

Coverage Exemption Reasons	Exemption Code
Income Below Filing Threshold: Your gross income or your household income was less than your applicable minimum threshold for filing a tax return.	NC
Coverage Considered Unaffordable: The required contribution is more than 8.27% of your household income.	A
Short Coverage Gap: You went without coverage for less than 3 consecutive months during this year.	B
Citizens Living Abroad and Certain Noncitizens: You were: - A U.S. citizen or a resident alien who was physically present in a foreign country or countries for at least 330 full days during any period of 12 consecutive months. - A U.S. citizen who was a bona fide resident of a foreign country or countries for an uninterrupted period that includes the entire tax year. - A bona fide resident of a U.S. territory. - A resident alien who was a citizen or national of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for an uninterrupted period that includes the entire tax year; - Not lawfully present in the U.S. and not a U.S. citizen or U.S. national. - A nonresident alien including (1) a dual-status alien in the first year of U.S. residency and (2) a nonresident alien or dual-status alien who elects to file a joint return with a U.S. spouse.	C
Members of a Health Care Sharing Ministry: You were a member of a health care sharing ministry.	D
Members of Federally Recognized Indian Tribes: You were either a member of a federally recognized Indian tribe or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.	E
Incarceration: You were in jail, prison, or similar penal institution or correctional facility after the disposition of charges.	F
Aggregate Self Only Coverage Considered Unaffordable: Two or more family members' aggregate cost of self-only employer-sponsored coverage was more than 8.27% of household income, as was the cost of any available employer-sponsored coverage for the entire family.	G1
Member of Tax Household Born or Adopted During the Year: The months before and including the month that the individual was added to your tax household by birth or adoption. Claim this exemption only if you are also claiming another exemption or period of no coverage on Form IND-HEALTH.	H1
Member of Tax Household Died During the Year: The months after the month that a member of your tax household died during the year. You should claim this exemption only if you are also claiming another exemption period of no coverage on Form IND-HEALTH.	H2
Nonresident of Rhode Island: The months during which the individual was a resident of another state as well as the month in which the individual either became or ceased to be a Rhode Island Resident. Claim this exemption only if you are claiming another exemption on Form IND-HEALTH or have a period of no coverage during your time as a Rhode Island resident.	N
Minimum Essential Health Coverage: You had minimum essential health coverage for part of 2021. If you had minimum essential health coverage for the entire year, see Form RI-1040 or RI-1040NR instructions.	X
Healthsource RI Exemption: An exemption you received through HealthSource RI for which you were provided a valid Exemption Certificate Number.	RI