

# Affordable Care Act Toolkit:

Questionnaire for Members in Workplaces

Considering Going on the Exchange

**All of the information on this form will remain anonymous—please do not include your name or other identifying information. Local Union \_\_\_\_ is gathering information solely for the purpose of bargaining with the employer over health insurance.**

Local Union \_\_\_\_\_

Employer \_\_\_\_\_

Do you and/or your spouse and/or your children qualify for public insurance (e.g., Medicare, Medicaid, CHIP, TRICARE, etc.)? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_

What type of tax return did you file most recently? \_\_\_\_ Individual Return \_\_\_\_ Joint Return

How many dependents did you claim on your most recent tax return? (if none, please write “none”) \_\_\_\_\_

What is your adjusted gross income as reported on your most recent tax return? \_\_\_\_\_

What is the total income in your household (total family income)? \_\_\_\_\_