

Samaritan[™]

MINISTRIES

Samaritan members who are residents of the State of New Jersey

This is a reminder regarding The New Jersey Health Insurance Market Preservation Act, a recently enacted law which requires New Jersey residents to maintain health insurance—and the special provision for members of sharing ministries, such as Samaritan Ministries.

This law requires residents of the State of New Jersey to have minimum essential health coverage (MEC) throughout 2021 or qualify for an exemption of coverage. Failure to have health coverage or qualify for an exemption will result in a Shared Responsibility Payment (SRP).

If you are filing 2021 taxes for the State of New Jersey, you will need to complete **Schedule NJ-HCC** to claim your exemption as a member of a health care sharing ministry. To do so, follow the instructions below. For your convenience, we have also included samples of the tax forms you will be required to complete.

Complete the NJ Insurance Mandate Coverage Exemption Application to obtain an exemption number.

1. Go to nj.gov/treasury/njhealthinsurancemandate/exemptions.shtml
2. In the first paragraph, select “NJ Insurance Mandate Coverage Exemption Application” link.
3. Under **Group Membership**, select the box to the right of “Health Care Sharing” then scroll down and click “Continue.”
4. Enter the dates during which time you were a member (January 1–December 31 if a member all year), then fill in the requested information for yourself, your spouse, and any dependents. Once completed, press “Continue” at the bottom of the page.
5. Enter “Samaritan Ministries International” as the name of your Health Care Sharing Ministry.
6. Check each of the boxes since all of these statements apply to Samaritan, then click “Submit”.
7. An acknowledgement box with red text will appear. Check that box and click “Continue”.
8. Certify that all the information you provided is correct by checking the box at the bottom of the page, then click “Submit.”
9. At the bottom of the page, your unique exemption number—which will be used when completing **Schedule NJ-HCC**—will be listed. **Be sure to retain this exemption number for your records**, as you will need to claim the exemption using the unique exemption number for each person who meets the criteria of that exemption.

Complete Form NJ-1040.

1. For **question 14**: Because Samaritan Ministries is not health insurance, most members will fill in the square that says “No Health Insurance”.
2. For **question 53**: If you were a Samaritan member for the entirety of 2021 and claim your exemption, you should not have a Shared Responsibility Payment. If so, enter \$0.00 here.

Complete Schedule NJ-HCC.

1. If you were a Samaritan member for any portion of 2021, answer “No” in Part I and continue to Part II.
2. In Part II, enter the exemption number you recorded earlier from the exemption application. You will need to claim exemption using the unique exemption number for each person who meets the criteria of that exemption. Mark the boxes to indicate which months you were a member of Samaritan Ministries.
3. If you have more dependents than space allows for in this section, print or make a copy of Schedule NJ-HCC. On the top of the form, remember to enter your last and first name(s) and middle initial(s) and social security number(s) as listed on Form NJ 1040, and then continue by listing your remaining dependents.

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040
Anyone, John O. and Julie A.

Social Security Number
123-45-6789 & 012-34-5678

Schedule NJ-HCC

Health Care Coverage

2021

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. **If you need more space, enclose a statement listing any additional individuals.**

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
<i>Anyone, John O.</i>	<i>123-45-6789</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
<i>Anyone, Julie A.</i>	<i>012-34-5678</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
<i>Anyone, Joey, C.</i>	<i>001-23-4567</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
<i>Anyone, Jill, L.</i>	<i>000-12-3456</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exemption number: Check box if this individual has more than one exemption number

Keep a copy of this schedule for your records