

NJ Health Insurance Mandate Coverage Exemptions

Gap in Coverage Less Than 2 Consecutive Months Confirmation

2019

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You have selected **Health Coverage Related** Exemption: **Gap in Coverage Less Than 2 Consecutive Months**

Period for which the *Gap in Coverage Less Than 2 Consecutive Months* Exemption is to be Applied

Beginning Date:
06/01/2019

Ending Date:
07/31/2019

Individual Information

Status	Name	Social Security Number	Date Of Birth	Relationship
Taxpayer (Primary)	Newton, Nathan	881-00-9999	07/01/1980	Self
Spouse/CU Partner		_____		
Dependent 1		_____		
Dependent 2				
Dependent 3				

Contact Information

Street Address: 123 Elm

Additional Address:

City: Pluckemin

NJ County: Somerset

State: NJ

Zip Code: 07978

Telephone Number(s) - Home: 908-555-5555

Cell:

E-Mail Address: Junk@Mail.com

You indicated your first Health Coverage cap dates are: 06/01/2019 - 07/31/2019

Exemption Number: B0197935203

Keep this number for your records. We will notify you if we deny your exemption request.

Click [here](#) if required or requested to submit supporting documentation.

You acknowledge that if you had more than one gap in coverage, the exemption will only apply to the first gap in coverage. If the gap extends into the following calendar year, the exemption only applies to this current tax year. You may still be assessed a penalty.

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