

Andrew’s Worksheet A. Do You Have Any Reference Months?

Use this worksheet to determine whether you have any reference months.

Months in 2025	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1. Check a box for each month in which any family members not lawfully present were enrolled in coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
2. Check a box for each month in which: • Only lawfully present family members were enrolled in coverage; and • There were no other changes in members of your tax family* who are enrolled in coverage, as compared to a month for which you checked a box on line 1	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
The months for which you checked boxes on line 2 are your reference months for enrollment premiums. Use the enrollment premium reported on Form 1095-A, Part III, column A, for the reference month as your enrollment premium on Form 8962 for the month(s) you checked on line 1. Note: If you did not check any boxes on this line, see <i>No reference month</i> , earlier.												
3. Check a box for each month in which: • Only lawfully present family members were enrolled in coverage; and • There were no other changes in your coverage family,* as compared to a month for which you checked a box on line 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The months for which you checked boxes on line 3 are your reference months for the applicable SLCSP premium. Use the applicable SLCSP premium reported on Form 1095-A, Part III, column B, for the reference month as your applicable SLCSP premium on Form 8962 for the month(s) you checked on line 1. Note: If you did not check any boxes on this line, see <i>No reference month</i> , earlier.												

*See *Terms You May Need To Know*, earlier, for the definitions of tax famliy and coverage family.