

UNDERSTANDING YOUR 1095-C

Form **1095-C**

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED
OMB No. 1545-221
2015

Department of the Treasury
Internal Revenue Service

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

Part I Employee		Applicable Large Employer Member (Employer)					
1 Name of employee	2 Social security number (SSN)	7 Name of employer				8 Employer identification number	
3 Street address (including apartment no.)		9 Street address (including room or suite no.)			10 Contact telephone number		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code		

Part II Employee Offer and Coverage		Plan Start Month (Enter 2-digit number):												
14 Offer of Coverage (enter required code)		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Share of Lowest-Cost Monthly Premium, for Self-Only Minimum Value Coverage			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code if applicable)														

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>													
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
17			<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"/>	
18			<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"/>	

PART 1
Information about you and your employer.

PART 2
Information about the coverage offered to you by your employer, the affordability of the coverage offered, and the reason why you were or were not offered coverage by your employer.

PART 3
Information about you and the individuals covered under your self-insured plan.

★ **LINE 14**

Used to report whether an offer of coverage was made to an employee for each month of the year.

CODES:

- 1A—Your employer made a qualifying offer of healthcare coverage that is affordable to you, your spouse, and your dependents, if any.
- 1B—Your employer made a qualifying offer of healthcare coverage to you.
- 1C—Your employer made a qualifying offer of healthcare coverage to you and your dependent(s).
- 1D—Your employer made a qualifying offer of healthcare coverage to you and your spouse.
- 1E—Your employer made a qualifying offer of healthcare coverage to you, your spouse, and your dependent(s).
- 1F—Your employer made an offer of healthcare coverage to you, your spouse, and your dependent(s), if any, that does not qualify as providing "minimum value".
- 1G—You were not a full-time employee but were enrolled in healthcare coverage.
- 1H—Your employer did not make an offer of coverage or the offer was not a qualified offer.
- 1I—Your employer did not make an offer of coverage to you, your spouse, or your dependent(s), the offer was not a qualified offer, or the offer was qualified but was for less than 12 months.

★ **LINE 15**

Used to report your share of the lowest-cost monthly premium for self-only qualifying coverage. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, or 1E is entered on line 14. If you were offered coverage but not required to contribute any amount towards the premium, this line will report a "0.00" for the amount.

★ **LINE 16**

Explains why your employer did or did not offer you coverage.

CODES:

- 2A—You did not work any day in the month.
- 2B—You were not full-time during the month.
- 2C—You were enrolled in coverage for the entire month.
- 2D—You were in a waiting period and not yet eligible for coverage per the ACA regulations.
- 2E—You were covered by a Union plan.
- 2F—Your employer offered you coverage that was considered affordable based on your W-2 wages, but you did not enroll.
- 2G—Your employer offered you coverage that was considered affordable based on the federal poverty line, but you did not enroll.
- 2H—Your employer offered you coverage that was considered affordable based on your rate of pay, but you did not enroll.
- 2I—Because your coverage plan year went into effect after January of 2015, your employer was not obligated to offer coverage.