

Understanding Your 1095-C Employer-Provided Health Insurance Offer and Coverage Form

1095-C filing helps you and your employer comply with the Affordable Care Act. Form 1095-C confirms to the IRS that your employer has offered you and your dependents a health insurance plan that is affordable and meets certain minimum criteria. If you are enrolled in a health plan provided through your employer, this form also provides proof of coverage so you will not pay penalties at tax time. You should keep this form in a safe place- you do not need to file this form with your taxes. Below is a sample 1095-C form with an explanation of its contents.

Sample 1095-C form:

1095-C Employer-Provided Health Insurance Offer and Coverage
 Form 1095-C (OMB No. 1545-0047) 2017
 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
 1 Name of employee: Kristopher Rowser
 2 Social security number (SSN): 325-55-6324
 3 Street address (including apartment no.): 1310 Main Street
 4 City or town: Anytown, IL
 5 State or province: IL
 6 Country and ZIP or foreign postal code: 45235

Part II Applicable Large Employer Member (Employer)
 7 Name of employer: ABC, Inc.
 8 Employer identification number (EIN): 45-5000667
 9 Street address (including room or suite no.): 1234 Main St
 10 Contact telephone number: 312-558-4567
 11 City or town: Anytown, ID
 12 State or province: ID
 13 Country and ZIP or foreign postal code: 60011

Part III Employee Offer and Coverage
 14 Offer of Coverage (enter required code): 1E
 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage: \$150.00 (Jan-Dec)
 16 Applicable Section 4980H Safe Harbor Code: 2C
 Plan Start Month (Enter 2-digit number):

Part IV Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each covered individual. X

| 6 | (a) Name of covered individual | (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 | Dec | |
| 17 | Kristopher Rowser | 325-55-6324 | | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60709E Form 1095-C (2016)

| Section | Description |
|---------|---|
| 1 | EMPLOYEEs name, address, and telephone Identifies you |
| 2 | EMPLOYERs name, address, and telephone Identifies your employer. |
| 3 | Offer of Coverage Identifies <u>who</u> your employer is offering coverage to in 2017. (See explanation of codes on attached sheet). |
| 4 | Employee Share of Lowest Cost Monthly Premium Identifies the <u>lowest monthly cost</u> available to you for <u>employee only</u> coverage that was offered to you by your employer in 2017. |
| 5 | Applicable Section 4980H Safe Harbor Code Identifies whether you enrolled in health coverage or had a health coverage exemption in 2017. |
| 6 | Covered Individuals Identifies who is covered under your employer’s health plan in 2017, and what months they were covered with an “X” for month of coverage. <u>This information may be blank</u> depending on the coverage your employer is providing. |

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IRS Offer of Coverage Codes

The IRS has developed codes to describe the type of health coverage employers offered to employees, their spouses, and their dependents in 2015. This applies to your employers' obligation to provide coverage to you.

| Code | Description |
|-------------|--|
| 1A | Qualified Offer* made to full-time employee, spouse, and dependents |
| 1B | Qualified Offer made to employee only |
| 1C | Qualified Offer made to employee and dependent(s) but not spouse |
| 1D | Qualified Offer made to employee and at least minimum essential value to spouse (but not dependent(s)) |
| 1E | Qualified Offer made to employee and at least minimum value to spouse and dependents |
| 1F | Coverage offered did not provide minimum value to employee, spouse and/or dependents |
| 1G | Offer of coverage made to an employee who was not full-time for any month and who enrolled in self-insured coverage for one or more months |
| 1H | No offer of coverage |
| 1I | Reserved |

**The IRS has determined that a "Qualified Offer of Coverage is one that provides "Minimum Essential Coverage" providing "Minimum Value" to a full-time employee, their spouse and dependent(s); with an employee contribution for self-only coverage which is equal to or less than 9.5% of the mainland USA federal poverty line for a single person. (See IRS form 1095-C instructions for full details).*

Section 4980H Safe Harbor Codes

The IRS has developed codes to describe whether an employee accepted coverage, and if not, what employer relief is applicable. These codes are used to provide information to the IRS about the employers' obligation.

| Code | Description |
|-------------|--|
| 2A | Employee not employed during the month |
| 2B | Employee not a full-time employee |
| 2C | Employee enrolled in coverage offered |
| 2D | Employee in an initial measurement period |
| 2E | Multiemployer interim rule relief |
| 2F | Affordability Form W-2 safe harbor |
| 2G | Affordability federal poverty line safe harbor |
| 2H | Affordability rate of pay safe harbor |
| 2I | Reserved |
| 2J | Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s). (See Conditional offer of spousal coverage, above, for an additional description of conditional offers.) |
| 2K | Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse. (See Conditional offer of spousal coverage, above, for an additional description of conditional offers.) |