

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:

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2251 2015		
Part I Employee		2 Applicable Large Employer Member (Employer)					
1 Name of employee Kristopher Rowser		2 Social security number (SSN) 325-55-6324		3 Name of employer ABC, Inc.			
3 Street address (including apartment no.) 1310 Main Street		4 City or town Anytown		5 State or province IL			
6 Country and ZIP or foreign postal code 45235		7 City or town Anytown		8 State or province ID			
9 Country and ZIP or foreign postal code 60011		10 Contact telephone number 312-558-4587		11 Country and ZIP or foreign postal code 60011			
Part II Employee Offer and Coverage		Plan Start Month (Enter 2-digit number):					
14 Offer of Coverage (enter required code) 1E		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 \$ 150.00		150.00 150.00 150.00 150.00 150.00 150.00 160.00 160.00 160.00 160.00 160.00 160.00					
16 Applicable Section 4980H Safe Harbor (enter code, if applicable) 2C		2C					
Part III Covered Individuals		Plan Start Month (Enter 2-digit number):					
6 (a) Name of covered individual(s) 17 Kristopher Rowser		(b) SSN 325-55-6324		(c) DOB (if SSN is not available)			
(d) Covered all 12 months <input checked="" type="checkbox"/>		(e) Months of Coverage Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec					
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"/>			
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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"/>			
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 60705M		Form 1095-C (2015)			

Section	Description
1	EMPLOYEEs name, address, and telephone Identifies your employer.
2	EMPLOYER's name and address Identifies you. Tell your employer right away if this information is incorrect.
3	Offer of Coverage Identifies <u>who</u> your employer is offering coverage to in 2015 (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 2015.
5	Applicable Section 4980H Safe Harbor Code Identifies whether you enrolled in health coverage or had a health coverage exemption in 2015
6	Covered Individuals Identifies who is covered under your employer's health plan in 2015, 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	Qualified Offer Transition Relief 2015: Employee/spouse/dependents received no offer of coverage, or received an offer of coverage that is not a Qualified Offer, or received a Qualifying Offer for less than all 12 Months

**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	Non-calendar year transition relief applies to this employee