

Health Care Reform: Form 1095-C: Information for Employees

INFORMATION FOR EMPLOYEES

Q1. What is Form 1095-C?

A. Under health care reform, employers with more than 50 full-time employees (called applicable large employers, or ALEs) are required to report to the IRS what, if any, health insurance they offered to full-time employees (FTEs) and their dependents during the previous year. The law also requires that these employers send copies of that information to their FTEs and, in some instances, non-FTEs that are covered under the employer's plan.

Q2. Why did I receive a Form 1095-C?

A. You will receive a Form 1095-C if, in the previous calendar year (2017), you are or were an FTE of your organization. If you were an FTE of more than one ALE (e.g., left employment with one ALE and began employment with another) you'll receive multiple Forms 1095-C. If you are not or were not an FTE of an ALE, you'll receive a Form 1095-C if you received coverage through a self-insured employer-sponsored health plan.

Q3. What am I required to do with the Form?

A. If you purchased health insurance coverage through a state or federal exchange and want to claim the premium tax credit, the Form 1095-C will help determine if you're eligible.

If you received coverage through a self-insured employer-sponsored health plan, the employer will complete Part III of Form 1095-C. This information proves that you and any dependents/family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. While you don't have to file the form with your individual tax return, you should keep the form with your other important tax documents in case the IRS later asks for substantiation.

Note: If you received coverage through a government program, you should receive a Form 1095-A, and if you received coverage through a fully insured employer-sponsored health plan, you should receive a Form 1095-B from the insurer.

Q4. When should I receive a Form 1095-C?

A. Employers are required to distribute Forms 1095-C by March 2, 2018. The form provides information relating to the 2017 calendar year.



Q5. What does Form 1095-C look like?

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
 ▶ Do not attach to your tax return. Keep for your records.
 ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251
2017

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 (EIN)				
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 of Coverage													Plan Start Month (Enter 2-digit number):											
14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	All 12 Months																					
			Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec										
	\$																							

Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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			<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"/>
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. 60705M **Form 1095-C** (2017)

Q6. What information is included on the three different parts of the form?

PART I

- Lines 1 – 6 report information about you, the employee.
- Line 2 is your Social Security number (SSN). For your protection, the form you receive may only show the last four digits of your SSN. Your employer is required, however, to report your entire SSN to the IRS.
- Lines 7 – 13 report information about your employer.
- Line 10 includes the telephone number to call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

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 (EIN)	
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

- This part of the form describes the health coverage and cost offered to you and your dependents, if applicable.
- If you have questions about the health coverage you were offered, call the number listed on Line 10 of Part I of the form. The cost is based on the cost of self-only coverage under the least expensive option offered to you. This may not be the same cost you actually paid if you elected a more expensive plan option or family coverage.

Part II Employee Offer of Coverage	Plan Start Month (Enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

Part III

- This part of the form lists information about individuals covered under your employer’s health plan, and will be completed only if your employer sponsors a self-insured plan. If your employer sponsors a fully insured plan, the insurance company will send you a separate form (Form 1095-B) with this information.
- Lines 17 – 22 in Part III report the name, SSN/DOB and coverage information for each individual, including the employee and his or her dependents, covered under the employer’s health plan.
- Column (d) will be checked if the individual was covered for at least one day in every month of the year.
- For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>															
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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			<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"/>
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"/>
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"/>
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"/>
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"/>

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Q7. What should I do if I don't receive my Form 1095-C?

A. First, contact your employer’s HR department to find out if and when the form was distributed. If forms were mailed, yours may have been returned to your employer due to an incorrect or incomplete address

Q8. The information on my Form 1095-C is incorrect. What should I do??

A. Contact your HR department to request that the form be corrected. Examples of incorrect information include incorrect names, SSNs or coverage information.

ADDITIONAL RESOURCE

IRS Notice 2016-70: <https://www.irs.gov/pub/irs-drop/n-16-70.pdf>

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