How to complete Form 1095-C

In order to stay compliant with the **Affordable Care Act** in 2016, companies with a full-time staff of 50 or more will need to file a **Form 1095-C** for each employee. We'll help you figure out how it works.

First things first: Do you need to file Form 1095-C? **Find out**.

1 **Who? (Part I Employee):** Complete a form 1095-C for each person you employed full-time for at least a month during the past year—and for any non-full-time employees who enrolled in health insurance through your company.

2 **Boxes 7-13:** Make sure your **employer name**, **EIN**, and **address** match lines 1-6 on Form 1094-C.

3 **All 12 Months:** You can use this column if any information was the same for each month during the year.

4 **Line 14:** Use **Code Series 1** to identify the type of coverage you offered to the employee.

Code Series 1

1A Qualifying offer: You offered minimum essential coverage providing minimum value to the employee, with the employee's contribution (for self-only coverage) equal to or less than 9.5% of the mainland single federal poverty line. You also offered minimum essential coverage (at least) to the employee's spouse and dependents.

1B You offered minimum essential coverage providing minimum value to the employee only.

1C You offered minimum essential coverage providing minimum value to the employee and minimum essential coverage (at least) to the dependents (but not spouse).

1D You offered minimum essential coverage providing minimum value to the employee and minimum essential coverage (at least) to the spouse (but not dependents).

1E You offered minimum essential coverage providing minimum value to the employee and minimum essential coverage (at least) to the dependents and spouse.

1F You offered minimum essential coverage NOT providing minimum value to 1) the employee, 2) the employee and spouse (but not dependents), 3) the employee and dependents (but not the spouse), or 4) the employee, spouse, and dependents.

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***

☐ VOID
☐ CORRECTED

600116
OMB No. 1545-2251
2015

Part I Employee

1 Name of employee	2 Social security number (SSN)
3 Street address (including apartment no.)	
4 City or town	5 State or province / 6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
9 Street address (including room or suite no.)	10 Contact telephone number
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):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
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. ☐

(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	Dec
17			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2015)

Note: Minimum value = at least 60% of the costs of benefits

5 **Line 15:** What was the amount of the employee share of the lowest-cost monthly premium (for self-only minimum essential coverage providing minimum value) that you offered to the employee? (This amount may be lower than what the employee actually paid, if the employee elected a more expensive plan or enrolled family members.)

6 **Line 16:** Use this line to indicate any applicable safe harbor or other employer relief exceptions, using Code Series 2. If none of the situations in **Code Series 2** apply, you can leave line 16 blank.

Code Series 2

2A The employee was not employed during the month.

2B The employee was not a full-time employee for the month and did not enroll in minimum essential coverage, if offered, for the month.

2C The employee was enrolled in the coverage offered.

2D The employee was in a section-4980H(b) Limited Non-Assessment Period.

2E You received relief for the employee under the multiemployer interim rule.

2F You used the section-4980H Form W-2 safe harbor for the employee.

2G You used the section-4980H federal poverty line safe harbor for the employee.

2H You used the section-4980H rate of pay safe harbor for the employee.

2I Non-calendar-year transition relief applies to this employee.

7 **Part III:** If the employee enrolled in self-insured coverage through your company, mark with an "X" and complete Part III. (Otherwise, you're good to go.)

8 **Line 17:** Enter the employee's information in this row.

9 **Line 18:** In the following rows, enter information for the covered spouse (if applicable), followed by each covered dependent. If you need more rows, attach the continuation sheet (p. 3 of your form).

→ **1G** You offered coverage to the employee, who was not a full-time employee for any month of the calendar year, and the employee was enrolled in self-insured coverage for one or more months of the calendar year.

→ **1H** "No offer:" Either you did not offer any health coverage to the employee, or you offered the employee coverage that was not minimum essential coverage.

→ **1I** Qualifying Offer Transition Relief 2015: Either you did not offer coverage to the employee (and spouse or dependents), or your offer was not a qualifying offer, or it was a qualifying offer for less than 12 months.

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