

The Affordable Care Act requires organizations to provide employees with form 1095-C, which provides information about the type of health insurance offered to you as well as the health care coverage provided to you and your family members. The graphic below provides you an overview of the key sections of this new form.

Your employer's information, including the contact number to call if you have questions.

Your personal information

Reports the name, social security number or date of birth, and health care coverage information for each individual covered under your employer's health plan.

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| 600116 | | <input type="checkbox"/> VOID | <input type="checkbox"/> CORRECTED | OMB No. 1545-2251 | 2015 | Form 1095-C | Employer Provided Health Insurance Offer and Coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | Part II Employee Offer and Coverage | | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c.</p> | | <table border="1"> <tr> <td>Plan Start Mo. (Enter 2-digit no.):</td> <td></td> <td></td> <td></td> </tr> <tr> <td>All 12 Months</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Jan</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Feb</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Mar</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Apr</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>May</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>June</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>July</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Aug</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Sept</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Oct</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Nov</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Dec</td> <td></td> <td>\$</td> <td></td> </tr> </table> | | Plan Start Mo. (Enter 2-digit no.): | | | | All 12 Months | | \$ | | Jan | | \$ | | Feb | | \$ | | Mar | | \$ | | Apr | | \$ | | May | | \$ | | June | | \$ | | July | | \$ | | Aug | | \$ | | Sept | | \$ | | Oct | | \$ | | Nov | | \$ | | Dec | | \$ | | <p>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.</p> | |
| | | Plan Start Mo. (Enter 2-digit no.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All 12 Months | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sept | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE'S name, address, ZIP/postal code & country | | <table border="1"> <tr> <td>APPLICABLE LARGE EMPLOYER'S identification number (EIN)</td> <td>EMPLOYEE'S social security number (SSN)</td> </tr> </table> | | APPLICABLE LARGE EMPLOYER'S identification number (EIN) | EMPLOYEE'S social security number (SSN) | <p>Department of the Treasury -- IRS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICABLE LARGE EMPLOYER'S identification number (EIN) | EMPLOYEE'S social security number (SSN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 mos. | (e) Months of coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Provides the IRS information to administer the employer shared responsibility provision. However, this doesn't affect your eligibility for a premium tax credit.

Reports the amount of premium you paid (or would have been required to pay) for the lowest cost self-only health care coverage offered to you (i.e. coverage for only you, not your spouse or dependents). If you were offered coverage but not required to contribute to the premium, then your employer will report 0.00 on this line.

Describes the coverage your employer offered to you and your spouse and dependents, if applicable. The codes in this section provide information that helps determine whether you were eligible to receive a premium tax credit through an Exchange.