

This is not intended as tax or legal advice or to replace form instructions. Employers should review the form instructions available here: <https://www.irs.gov/pub/irs-pdf/i109495c.pdf> and speak with tax or legal advisors as appropriate.

General Form Information:

- Form must be completed by all applicable large employers (ALEs). There is no transition relief to avoid form completion.
- IRS uses form information to determine whether ALE is subject to penalty and whether individual tax payer is eligible for a premium tax credit (subsidy) for an Exchange policy.
- Form must be provided: 1) To every employee who was full time for at least one month of the calendar year, and 2) To any individuals, regardless of full time status, who enrolled for at least one day of the year in the ALE’s self insured minimum essential coverage plan. (Note: Most employers do not have self-insured medical plans.)
- Provide form to employees by March 2, 2017. Electronic delivery requires express permission from recipient.
- Gather key information before starting. See our *2016 Reporting Requirements for Applicable Large Employers* on Comply, for data points needed.

<p>Form 1095-C Department of the Treasury Internal Revenue Service</p>	<p>Employer-Provided Health Insurance Offer and Coverage</p> <p>▶ Do not attach to your tax return. Keep for your records.</p> <p>▶ Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c</p>	<p><input type="checkbox"/> VOID</p> <p><input type="checkbox"/> CORRECTED</p>	<p>OMB No. 1545-2251</p> <p>2016</p>
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- Forms change from year to year, make sure you are using the 2016 form.
- Recipients may use information in the form to complete their tax return but should not include this form with their taxes. They should keep it with other tax records.

- A** Void box is only for the IRS
- B** “Corrected” box should only be used when correcting forms which were already sent to recipient AND the IRS.

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

- Provides identifying information about the employee and the ALE. Gather needed information before you start.
 1. Use the employee’s legal name
 2. You may truncate the Social Security Number and just use the last four digits (XXX-XX-1234 or ***-**-1234) on the employee’s form. Truncation is not permitted on the form filed with the IRS.
 3. Employee’s mailing address (continued on lines 4-6)
 7. Use the employer’s legal name. Check with your tax advisor to see what name is normally used for tax purposes.
 8. You may not truncate the employer ID number (EIN). For controlled group members, make sure the EIN corresponds to the EIN that employs this particular employee (i.e., the EIN on the employee’s W-2).
 9. Employer’s mailing address (continued on lines 11-13)
 10. Enter a contact number for an individual (or department) who can answer questions about this form from the employee/ IRS.

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14 Offer of Coverage (enter required code)	C Plan Start Month (Enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

- This line provides information on the type of coverage offered and to whom.
- C Plan Start Month information is not required for 2016 filing cycle; leave this box blank.
- Line 14 must be completed for all employees receiving Form 1095-C; you may not leave it blank.
- Alphanumeric 1-series codes (available in form instructions on pages 11 & 12) are used to tell the IRS whether coverage was minimum essential, minimum value, affordable coverage and whether it was offered to the employee only or also to spouses and children. Also see our *Form 1095-C Code Cheat Sheet* available on Comply.
- Use code corresponding to the best coverage offer made to this employee; it might not be what the employee actually enrolled in. If an employee was offered family coverage but enrolled in employee-only coverage, the family coverage offer would still be reported.
- Use either the *All 12 Months* box or enter a code in the box for every single month. This is true even if an employee wasn't employed for every single month of the year. There are codes which will tell the IRS someone was not employed, on line 16.
- Using a code indicating an offer of coverage means that the offer applied for every day of the calendar month. If coverage doesn't reflect every day of the month there is no offer of coverage. There is a corresponding code available for scenarios where coverage wasn't offered every day of the month because the employee terminated; this code will appear on line 16.
- Self-insured employers using the form to report coverage enrollment to non-employees can use Code 1G but it must apply for all months of the year in order to be used.

15 Employee Required Contribution (see instructions)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- Tells the IRS what the employee would pay for the lowest cost, employee-only, minimum essential coverage option providing minimum value. E.g., the required payroll deduction without regard to the plan's copays or deductibles.
- May not reflect what the employee actually paid if the employee elected an option other than the lowest cost, employee-only, minimum essential coverage option providing minimum value.
- If you offer different coverage options to different groups of employees make sure what you are entering here is the lowest cost, employee-only, minimum essential coverage option providing minimum value available to this employee.
- The IRS will use this amount to determine whether coverage was affordable.
- Use the *All 12 Months* box or the individual month boxes.
- You should only fill in boxes where the corresponding box on line 14 contains codes 1B, 1C, 1D, 1E, 1J, or 1K
- If you are not filling in a box, leave it blank.
- If the cost of coverage to the employee is zero, enter \$0. Leaving it blank is not the same as entering \$0.

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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

- Enter codes if applicable to tell the IRS whether you are eligible for transition relief, what safe harbors you are using, and can provide information about whether an employee enrolled in coverage or was even employed for a month.
- Providing information here may help to avoid a penalty; if no code applies however, line 16 may be left blank.
- Alphanumeric 2-series codes (available in form instructions on pages 12 & 13) are used to tell the IRS various things.
- The instructions indicate that the 2-series codes have a hierarchy (i.e., there are some codes which are ‘better’ than others in certain scenarios). Review pages 12 & 13 of the form instructions to learn more and see our *Form 1095-C Code Cheat Sheet* available on Comply.
- There is no code available which indicates an employee waived (declined) coverage. Review the list of codes to see if other options fit or leave the line blank in that scenario.
- You will need to know, for each employee for whom you are completing this line, whether the person was employed, whether he or she was full time, whether he or she was enrolled in coverage, whether coverage was affordable (and if so, under what safe harbor), and whether any limited non-assessment periods apply to this employee for any month of the year.
- The instructions contain definitions of limited non-assessment periods (page 16) and transition relief options; also see our guide available on Comply titled: *Book 5: Applying Transition Relief and Limited Non-Assessment Periods*.

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"/> D															
(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"/>	
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"/>	

- D** Only complete this section if you offered self-insured coverage that the individual named on line 1 was enrolled in for at least one day during the year.
- If applicable, check the box indicating that you offered self-insured minimum essential coverage. Do not check the box if the self-insured coverage was a Health Reimbursement Arrangement (HRA) that was integrated with your group medical plan. In that case, the carrier will file a Form 1095-B for the insurance coverage and you don’t need to report the HRA component.
- This section may also be used if you are completing the form for non-employees enrolled in your self-insured coverage (i.e. non-employee directors, a former employee who terminated before 2016 but is still enrolled in COBRA, etc.)
- The covered employee’s information should be entered on line 17 and the other lines should contain information about enrolled family members of the employee.
- Check the *Covered All 12 Months* box or check the individual month boxes for each month an individual was enrolled.
- If you have requested dependent Social Security Numbers (SSNs) or Taxpayer Identification Numbers (TINs) from the employee and been unable to obtain them, you may use the date of birth for the dependents. However, the IRS has very specific guidance on how often you must request the SSNs or TINs. See the IRS proposed rule on SSN/TIN solicitation at: <https://www.gpo.gov/fdsys/pkg/FR-2016-08-02/pdf/2016-18100.pdf>