

Understanding Tax Form 1095-C

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage**

Department of the Treasury
Internal Revenue Service

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

OMB No. 1545-2251 **2015**

☐ VOID ☐ CORRECTED

Part I Employee

1 Name of employee 2 Social security number (SSN) 7 Name of employer 8 Employer identification number (EIN)

3 Street address (including apartment 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 and Coverage

Plan Start Month (Enter 2-digit number):

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			<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** (2015)

- Includes colleague and employer demographic information

- Includes information about
 - Coverage offered
 - Cost of coverage
 - Reason why coverage was offered
- This section does not address actual enrollment details
- Please see page 2 for more details on lines 14-16

- Includes information about colleague and dependents covered under the plan.
- While Part 2 will tell the IRS if you were offered coverage, Part 3 shows who accepted the offer and was actually covered

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1095-C Part II:

- Line 14 is used to report whether an offer of coverage was made to a colleague and any qualifying dependents
 - 1E-Your employer made a qualifying offer of healthcare coverage to you, your spouse, and your dependent(s)
 - Used for full-time colleagues (whether or not you enrolled in coverage during the tax year)
 - 1G-You were not a full-time employee for the entire year but were enrolled in healthcare coverage
 - Used for benefit eligible part-time colleagues or other situations (leave of absence, COBRA, etc) who enrolled in coverage during the tax year
 - Benefit eligible part-time colleagues who did not elect coverage will not receive tax form 1095-C
 - 1H- Your employer did not make an offer of coverage (actively employee coverage only; excludes Cobra offers)
- Line 15 is used to report the cost of the coverage offered
 - Reflects the monthly rate of the lowest cost plan available at the colleague-only coverage level
 - This section of the form does not reflect actual enrollment information
 - This line may be left blank as it is not required to be reported unless Line 14 is 1E
- Line 16 gives additional information about Trinity Health's coverage offerings and colleague's election decisions
 - This section provides the IRS information needed to determine whether Trinity Health satisfied the employer mandate.
 - Line 16 may be left blank; codes will vary by colleague
 - Code Descriptors
 - 2A- You did not work any day in the month
 - 2B- You were not full-time for the entire month, were part-time, or other situations (leave of absence, COBRA, retiree, etc)
 - 2C- You were enrolled in coverage for the entire month
 - 2D- You were in a waiting period and not required to be reported per the ACA regulations
 - Some newly hired colleagues will show this code in for the first three month of eligibility
 - 2G- Trinity Health offered you coverage, but you did not enroll