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**.

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

Torm 1095-C Department of the Treasury Information about Form 1095-C and its separate instru								ctions is at www.irs.gov/form1095c						☐ CORRECTED				2015		
Part I Em											Emplo	ver Me	ember	· (Emp	lover)					
1 Name of employee 2 Social security number (SSN)						2 7	Applicable Large Employer Mo 7 Name of employer							8 Employer identification number (El						
3 Street address (including apartment no.)							9 Street address (including room or suite no.)						10 Co				ntact telephone number			
4 City or town 5 State or province			ince	e 6 Country and ZIP or foreign post			e 11 City or town 12 State or				ate or pro	province 13 C			Country and ZIP or foreign postal cod					
Part II Em	plovee Off	er and Cov	erage			F	Plan Sta	rt Mo	nth (Ent	er 2-di	ait num	ber):								
All 12 Months			Feb	Mar	Apr	May	Plan Start Month (Enter 2-digit number): June July Aug Sept						ot	Oct		Nov		Dec		
14 Offer of Coverage (enter required code)	3	Odii	100	- With	Api	Way	dunc		outy	<u> </u>	ug	00,				1400		DCC		
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	e \$	\$	\$	\$	\$ \$		\$	\$		\$		\$	5	\$	\$		\$			
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)	e ,																			
	vered Indiv							_			. \Box				·					
If Er	nployer prov	ided self-ins	ured coverag	e, check the	e box and enter the composition (c) DOB (If SSN is			ach co	vered in	dividua		Months	of Cover	200						
(a) Name of covered individual(s)		(b)	SSN	not available)	(d) Covered all 12 month		Feb	Mar	Apr May		June July		Aug	Sept	Sept Oct		Nov De			
17																				
18																				
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Note: Minimum value = at least 60% of the costs of benefits

- 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.
- 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).



Visit SageCanHelp.com for more handy resources.

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.

11 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.