Understanding Your 1095-C

New for the 2015 tax year, you will receive the tax document Form 1095-C. Under the Affordable Care Act (ACA), most employers are required to provide health insurance to their full-time employees. The 1095-C contains information about whether or not your employer offered you and your dependents coverage, your share of the lowest-cost premium, and other information related to employer responsibility provisions.

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Part I of the form details information about you and your employer. Be sure that your name, Social Security Number, and Address are correct. The mailed 1095-C you received may show an abbreviated Social Security Number (last 4 digits) for security purposes.
Part II Employee Offer and Coverage

Part II of the form illustrates when coverage was offered to you and your family, how much it cost, and whether or not you enrolled in the plan. The following detailed information explains the various codes that may appear on a 1095-C.

**Line 14** – Used to report whether an offer of coverage was made to an employee for each month of the calendar year. See the Line 14 Code Details section below for more details.

**Line 15** – Used to report your share of the lowest-cost monthly premium for self-only qualifying coverage. Please note that the amount displayed is not necessarily the amount that you paid for coverage if, for example, you chose to enroll in a more expensive plan or coverage such as family coverage. This line is only completed when codes 1B, 1C, 1D, or 1E is used on line 14.

**Line 16** – Used to report why your employer did or did not offer you coverage and if offered, whether you enrolled or waived. This line provides the IRS information needed to determine whether your employer satisfied the employer mandate and if the coverage was affordable. Other than code 2C, which reflects your enrollment in the employer’s coverage, none of this information affects your eligibility for premium tax credits. See the Line 16 Code Details section below for more details.

Part III Covered Individuals

Part III of the form is only completed if you were enrolled in a benefit plan that is self-insured by your employer. This part of the form will list any member of your family (including yourself) that was covered by the plan, by month for at least one day. For example, if you enrolled in coverage on September 30, the box for the month of September will be checked. Be sure that the months illustrated matches your expectations and your dependents are listed as well. If a dependent’s Social Security Number was not available, the dependent’s Date of Birth will be listed instead.

**Line 14 Code Details**

1A Your employer made a qualifying offer of healthcare coverage that is affordable based on the Federal Poverty line to you, your spouse and your dependent(s), if any

1B Your employer made a qualifying offer of healthcare coverage to you only

1C Your employer made a qualifying offer of healthcare coverage to you and your dependent(s) only

1D Your employer made a qualifying offer of healthcare coverage to you and your spouse only
1E Your employer made an offer of healthcare coverage to you, your spouse, and your dependent(s)

1F Your employer made an offer of healthcare coverage to you, your spouse, and your dependent(s), if any, that does not qualify as providing “minimum value”

1G You were not a full-time employee for any month of the year but enrolled in healthcare coverage

1H Your employer did not make an offer of coverage or the offer was not a qualified offer

1I Your employer did not make an offer of coverage to you, your spouse, or your dependent(s), the offer was not a qualified offer, or the offer was qualified but was for less than 12 months

Line 16 Codes

2A You were not employed for any day in the month

2B You were not full-time during the month OR your coverage was terminated upon the date of your termination before the end of the month

2C You were enrolled in coverage for the entire month

2D You were in a waiting period or were not yet eligible for coverage per the regulations of the Affordable Care Act

2E You were offered coverage by a Union plan

2F You did not enroll in coverage offered, but the coverage was considered affordable based on your W-2 wages

2G You did not enroll in coverage offered, but the coverage was considered affordable based on the Federal Poverty Line

2H You did not enroll in coverage offered, but the coverage was considered affordable based on your rate of pay

2I Your employer was eligible for transition relief under the Affordable Care Act and was not obligated to offer coverage or affordable coverage

blank You were not enrolled in coverage and your employer has elected not to use the optional safe harbor codes

For additional information please see www.irs.gov or ask your tax professional.