

Employer-Provided Health Insurance Offer and Coverage

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

VOID

600116

OMB No. 1545-2251

CORRECTED

2015

Part I Employee						Applicable Large Employer Member (Employer)					
1 Name of employee 1.First Name, 1.Middle Name, 1.Last Name, 1.Suffix			2 Social security number (SSN) 2.SSN			7 Name of employer Will be populated from Form 1094-C			8 Employer identification number (EIN) (same as Line 7)		
3 Street address (including apartment no.) 3.Address Line 1, 3.Address Line 2						9 Street address (including room or suite no.) (same as Line 7)			10 Contact telephone number (same as Line 7)		
4 City or town 4.City		5 State or province 5.State		6 Country and ZIP or foreign postal code 6.ZIP Code, 6.Country		11 City or town (same as Line 7)		12 State or province (same as Line 7)		13 Country and ZIP or foreign postal code (same as Line 7)	

Part II Employee Offer and Coverage							Plan Start Month (Enter 2-digit number):							
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		14. Offer of coverage (enter required code) - All 12 Months	14. Jan	14. Feb	14. Mar	14. Apr	14. May	14. Jun	14. Jul	14. Aug	14. Sep	14. Oct	14. Nov	14. Dec
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage		15. Employee share of lowest cost monthly premium - All 12 Months	15. Jan	15. Feb	15. Mar	15. Apr	15. May	15. Jun	15. Jul	15. Aug	15. Sep	15. Oct	15. Nov	15. Dec
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		16. Applicable section 4980H safe harbor (enter code if applicable) - All 12 Months	16. Jan	16. Feb	16. Mar	16. Apr	16. May	16. Jun	16. Jul	16. Aug	16. Sep	16. Oct	16. Nov	16. Dec

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. ← Employer Self Coverage

	(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	a.Covered Individual First Name, a.Covered Individual Middle Name, a.Covered Individual Last Name, a.Covered Individual Suffix	b.Covered Individual SSN	c.Covered Individual DOB	<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				Covered Individual All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
19																
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"/>
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"/>
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"/>