

**California Department of Human Resources
Memorandum**

TO: Personnel Management Liaisons (PML)

SUBJECT: Annual Health Care Coverage Statements Required Under the Affordable Care Act	REFERENCE NUMBER: 2015-037
DATE ISSUED: December 22, 2015	SUPERSEDES:

This memorandum should be forwarded to:

**Administrative Chiefs
Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff**

FROM: California Department of Human Resources
Benefits Division

CONTACT: Elaine Smith, Health Policy Analyst
(916) 445-9801
Email: elaine.smith@calhr.ca.gov

This memorandum provides information and a letter template for departmental human resources (HR) staff to distribute to employees by January 14, 2016, on two new health care coverage statements required under Internal Revenue Code (IRC) sections 6056 and 6055 of the federal Affordable Care Act's (ACA) Employer and Individual Shared Responsibility provisions.¹

The Affordable Care Act added section 6056 to the IRC, requiring the State of California, as a large employer, to file annual reports with the Internal Revenue Service (IRS) and furnish a statement, IRS Form 1095-C, to full-time employees with information about the health coverage offered, if any, to the employee and their dependents. Additionally, section 6055 was added to the IRC requiring health coverage providers to file annual reports with the IRS and furnish a statement, IRS Form 1095-B, to individuals with information about those who were enrolled in minimum essential health coverage (MEC) for at least one day during the preceding calendar year.

¹ Refer to "Certain Employers Required to Report on Health Insurance Coverage" and "Reporting of Health Insurance Coverage" sections of IRC sections 6056 and 6055 available at: <http://www.gpo.gov/fdsys/pkg/USCODE-2011-title26/pdf/USCODE-2011-title26-subtitleF-chap61-subchapA-partIII-subpartD-sec6055.pdf>.

The information reporting by large employers and health coverage providers is necessary for the IRS to administer the ACA's Employer and Individual Shared Responsibility provisions.

Employer Shared Responsibility Provision

Effective January 1, 2015, the state is subject to the ACA's Employer Shared Responsibility provision (also known as employer mandate) which requires large employers to offer health coverage to at least 95 percent of its full-time employees and their dependent children to avoid a penalty assessment.² The health coverage offered must meet the ACA's affordability and minimum value standards.

- Health coverage is deemed "affordable" if the employee's share of premium for self-only coverage, for the lowest cost plan available to the employee that provides minimum value, does not exceed 9.5 percent of the employee's monthly salary, wages, or the annual federal poverty level, divided by twelve for single-member household (for the applicable calendar year).
- Health coverage is deemed to provide "minimum value" if the plan covers 60 percent of the total allowed costs of benefits provided under the plan. The health coverage provided by the state meets the ACA's minimum value standards.

Failure to comply with the ACA's Employer Shared Responsibility provision could result in significant penalties to the state if at least one full-time employee receives a premium tax credit for purchasing individual coverage through Covered California, the state's health benefit exchange.

To demonstrate compliance with this provision, IRC 6056 was enacted requiring large employers to file annual reports with the IRS and furnish a statement, Form 1095-C, to full-time employees with information about the health coverage offered, if any, to the employee and their dependents for each month during the preceding calendar year.

Employer-Provided Health Insurance Offer and Coverage Statement—Form 1095-C

By January 31, 2016, and annually thereafter, the state will issue a Form 1095-C, via the State Controller's Office (SCO), to all federally qualified full-time employees with

² In 2015, the state is only required to offer health benefits to 70 percent of its full-time employees.

information about the health coverage offered, if any, to the employee and their dependents during the preceding calendar year. (Attachment B)

The ACA defines a full-time employee as any employee who averages 130 or more hours of service per month or during an employer's respective measurement period of between three to twelve months.³ The state is using a 6-month measurement period to average an employee's hours of service to determine their full-time status for ACA reporting purposes.

Generally, a Form 1095-C will be issued to employees who, for any month during the preceding calendar year, were appointed to a time-base of 3/4 or more; and those who were appointed to an intermittent time base who averaged 130 or more hours of service per month during one of the state's 6-month measurement periods, regardless of whether they were eligible for state-sponsored health coverage. New employees appointed to a time base of 3/4 or more will be treated as full-time for ACA reporting purposes beginning the first of the month following their appointment.

To see how the state will apply the 6-month measurement periods to determine an employee's full-time status for ACA reporting purposes, please refer to the *Standard Measurement Periods for Ongoing Employees and Initial Measurement Period for "New" Intermittent and Part-Time Employees* documents available in the HR Net section of the California Department of Human Resources (CalHR) website at:
<http://www.dpa.ca.gov/pie/main.htm>.

Form 1095-C will report the following information:

- Part I—Employee and Applicable Large Employer Member (Lines 1-13)—Information about the state's full-time employees and the state employer contact information will be reported in Part I of the form.
- Part II—Employee Offer and Coverage (Lines 14-16)—Information about the state employer's offer of health coverage, if any, to full-time employees and their dependents is reported for each month during the preceding calendar year in Part II of the form. This information will help the IRS determine if the state is complying with the ACA's Employer Shared Responsibility provision or subject to a penalty. Additionally, the IRS may use the information reported to determine if an individual is eligible for a premium tax credit if they purchase individual coverage through Covered California, if they were

³ An hour of service includes any hour for which an employee is paid or entitled to payment during a period in which no duties are performed (e.g., vacation, sick, holiday, jury duty).

- not offered state-sponsored health coverage or if the health coverage offered did not meet the ACA's affordability or minimum value standards.⁴
- Line 14—The codes reported on Line 14 reflect the type of health coverage offered, if any, to the employee, their spouse, and dependent children for each month during the preceding calendar year. The state will report codes 1E or 1H on Line 14 of the form.
 - 1E—Indicates that MEC providing minimum value was offered to employee, their spouse and dependent children (if applicable). This code will be used to reflect the period in which the employee was eligible for state-sponsored health or coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA), regardless of whether the employee enrolled in coverage.⁵
 - 1H—Indicates that the employee was not offered an opportunity to enroll in state-sponsored health coverage because the employee was not appointed to a position eligible for health benefits (e.g., Temporary/Intermittent) or was not eligible for COBRA coverage.

The SCO will use the health benefit status codes that departments entered in the Affordable Care Act System (ACAS) database to report whether an employee was offered/not offered health coverage.

- Line 15—The dollar amounts reported on Line 15 reflect the employee's share of the lowest cost monthly premium for self-only coverage offered by the state (health premium minus the employee's respective health/CoBen contribution for self-only coverage). This amount may not reflect the amount the employee paid for their health coverage if the employee chose to enroll in more expensive coverage, such as a different plan, 2-party or family coverage.

⁴ Employees who are offered minimum essential coverage that is affordable and provides minimum value are not eligible to receive a premium tax credit for purchasing individual coverage through Covered California.

⁵ The state will report an offer of COBRA coverage on Form 1095-C beginning with the 2016 reporting year. The SCO must first establish a health benefit status code for departments to enter the offer of COBRA coverage in the ACAS database.

Line 15 may also report the full premium for self-only COBRA coverage for the month(s) in which an active employee was offered/eligible for COBRA coverage, or the full premium for self-only coverage for the month(s) in which an employee was eligible for or enrolled in health coverage but was not receiving any employer contribution towards the cost of coverage, for example, if an employee was on Direct Pay.

The IRS will use this information to determine if the health coverage offered by the state meets the ACA's affordability standards.

- Line 16—The codes reported on Line 16, if any, provide information to the IRS to administer the ACA's Employer Shared Responsibility provision and determine if the state is in compliance with this provision or subject to a penalty. The state will report any one of the following codes on Line 16 of the form:
 - 2A—Indicates that the employee was not employed during the month.
 - 2B—Indicates that the employee was not a full-time employee and was not enrolled in state-sponsored health coverage during the month.
 - 2C—Indicates that the employee was enrolled in state-sponsored health coverage during the month.
 - 2D—Indicates that the employee was in a limited non-assessment period for the month. This code will be used to indicate when an employee was in an initial measurement period, ongoing measurement period, or administrative period.
 - 2F–2H—Indicates that the health coverage offered to the employee met one of the ACA's affordability standards.

The SCO will use the health benefit status codes that departments entered in the ACAS database to report whether an employee was enrolled in health coverage or if another code applies, for example, if the employee was offered health coverage but did not enroll.

- Part III—Covered Individuals (Lines 17-22)—Employers that provide self-insured health coverage will use Form 1095-C to report information to the IRS and employees about the individuals who are covered by MEC. This section of the form will be blank

because the state does not provide self-insured health coverage. Instead, employees will receive a Form 1095-B from their health coverage provider, if applicable, with information about the individuals who were enrolled in MEC for at least one day during the preceding calendar year.

Individual Shared Responsibility Provision

Effective January 1, 2014, most individuals are subject to the Individual Shared Responsibility provision of the ACA which requires them to maintain MEC (e.g., employer-sponsored health coverage, individual coverage, or coverage through a government program) for themselves and their dependent children, or they may be subject to a penalty assessment.

To demonstrate compliance with this provision, IRC 6055 was enacted requiring health coverage providers and providers of self-insured plans that provide MEC to file annual reports with the IRS and to furnish a statement, Form 1095-B, to all individuals with information about those who had MEC for at least one day during the preceding calendar year.

Health Coverage Statement—IRS Form 1095-B

By January 2016, and annually thereafter, the state's health coverage providers will issue a Form 1095-B to employees who were enrolled in MEC for at least one day during the preceding calendar year. (Attachment C)

The IRS will use the information reported by the state's health coverage providers to ensure that individuals are complying with the individual mandate and therefore not subject to a penalty assessment.

Employees will use the information reported on this form to indicate on their income tax return that he/she, their spouse and dependent children (if applicable) had MEC or determine whether they are subject to a penalty.

Form 1095-B will report the following information:

- Part I—Responsible Individual (Lines 1-9)—Includes information about the primary insured individual.
- Part II—Employer Sponsored Coverage (Lines 10-15)—Includes information about the employer (e.g., state department) sponsoring the health coverage for individuals

enrolled in the state's Health Maintenance Organization (HMO) health plans or left blank for individuals enrolled in the state's Preferred Provider Organization (PPO) health plans.

- Part III—Issuer of Other Coverage Provider (Lines 23-40)—Includes information about the health coverage provider for individuals enrolled in the state's HMO or PPO health plans.
- Part IV—Covered Individuals (Lines 23-40)—Includes information about the individuals who were enrolled in state-sponsored health or COBRA coverage for a least one day during the preceding calendar year.

Employee Notice

Attached to this PML is a memorandum with information about the new annual health coverage statements for employees (Attachment A). Departments should provide a copy of the memorandum and sample IRS forms that employees may receive from their health coverage provider (Attachment B) and the state (Attachment C) to all existing employees no later than January 14, 2016.

An editable version of the Employee Notice and sample IRS forms are available in the HR Net section of CalHR's website at: <http://www.dpa.ca.gov/pie/main.htm>.

Questions and Assistance

Frequently Asked Questions (FAQs) and a glossary of commonly used terms regarding these forms were developed for employees and departmental HR staff. The FAQs for employees and glossary are available on CalHR's website at www.calhr.ca.gov (under "Employees" tab) and FAQs for departmental HR staff can be found in the HR Net section of CalHR's website at: <http://www.dpa.ca.gov/pie/main.htm>.

Departmental HR staff may contact Elaine Smith at (916) 445-9801 or ACA.Policy@calhr.ca.gov with questions related to this memorandum or SCO at (916) 322-3770 or ACASupport@sco.ca.gov with questions about the ACAS database or annual ACA reporting.

/s/Belinda Collins

Belinda Collins, Chief
Benefits Division

Date: Current Date

To: Employee Name

From: Department Personnel Office

Subject: Annual Health Coverage Statements Required under the Affordable Care Act

Under the Affordable Care Act (ACA), the State of California is required to file annual reports with the Internal Revenue Service (IRS) and furnish a statement to full-time employees with information about the health coverage that was offered, if any, to the employee and their dependents, using IRS Form 1095-C. Additionally, the state's health coverage providers are required to file reports with the IRS and furnish a statement to individuals with information about those who were enrolled in state-sponsored health coverage for at least one day during the preceding calendar year, using IRS Form 1095-B.

Form 1095-C, issued by the state, provides necessary information to the IRS to determine if the state is in compliance with the ACA's employer mandate,¹ which requires large employers to offer affordable health coverage that provides minimum value to 70 percent of its full-time employees and their dependent children (95 percent in 2016 and beyond). Form 1095-B, issued by the state's health coverage providers, provides necessary information to the IRS to determine if an individual is in compliance with the ACA's individual mandate,² which requires individuals to maintain minimum essential health coverage.

Employer-Provided Health Insurance Offer and Coverage Statement—IRS Form 1095-C

By January 31, 2016, and annually thereafter, the state will issue a Form 1095-C to federally qualified full-time employees. This form will be issued to employees who are credited with an average of 130 or more hours of service per month³ during one of the state's six-month measurement periods, regardless of whether the employee is eligible for state-sponsored health coverage.

¹ Employer Shared Responsibility provision. Refer to "Shared Responsibility for Employers Regarding Health Coverage; Final Rule" available at: <http://www.gpo.gov/fdsys/pkg/FR-2014-02-12/pdf/2014-03082.pdf>.

² Individual Shared Responsibility provision. Refer to "Shared Responsibility Payment for Not Maintaining Minimum Essential Coverage" available at: <http://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21157.pdf>.

³ Hours of service includes any hour in which an employee is paid or entitled to payment during which no duties are performed (e.g., vacation, holiday, illness).

Form 1095-C provides information to the IRS on the health coverage that the state offered, if any, to its full-time employees and their dependents. The IRS will use information reported on Lines 14-16 in Part II of the form to determine if the state is complying with the ACA's employer mandate or subject to a penalty.

- Line 14—Indicator codes will be reported to identify the type of health coverage the state offered to the employee and their dependents for each month during preceding calendar year.
- Line 15—The dollar amounts reported will reflect the employee's share of the lowest cost monthly premium for self-only coverage available to the employee (health premium minus the employee's respective employer health or CoBen contribution amount, if any), which may not be representative of the premium for the plan in which the employee was enrolled.
- Line 16—Indicator codes will be reported so the IRS can determine if the state is in compliance with the ACA's employer mandate or subject to a penalty.

Health Coverage Statement—IRS Form 1095-B

By January 31, 2016, and annually thereafter, each of the state's health coverage providers will issue a Form 1095-B to all individuals who were enrolled in state-sponsored health or COBRA coverage for at least one day during the preceding calendar year. The IRS will use information reported by health coverage providers to determine an individual's compliance with the ACA's individual mandate or subject to a penalty.

Employees who receive this form will need information reported on this form to complete their income tax returns and should retain the form with their income tax records.

Questions

For more information on Forms 1095-C and 1095-B, please visit the California Department of Human Resources' website at: www.calhr.ca.gov (under "Employees" tab) or www.irs.gov/aca.

You may also contact your department's Human Resources Office with questions regarding Form 1095-C or if any information is reported incorrectly; or your health coverage provider with questions regarding Form 1095-B or if any information is reported incorrectly.

Employer-Provided Health Insurance Offer and Coverage

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

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OMB No. 1545-2251

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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.)						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	

Part II Employee Offer and Coverage

		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		Codes reflect the type of health coverage offered to employee and their dependents.												
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage		Reports the employee's share of the lowest cost monthly premium available for self-only minimum essential coverage providing minimum value.												
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		Reports information to the IRS to determine if the State of California is in compliance with the Affordable Care Act's employer mandate or subject to a penalty assessment.												

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"/>
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"/>
19	The State of California does not provide self-insured health coverage so nothing will be reported in this section.														
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"/>
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"/>
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"/>

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Part I. Employee

Lines 1–6. Part I, lines 1–6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the issuer is required to report your complete SSN to the IRS.



If you do not provide your SSN and the SSNs of all covered individuals to the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN.

Part I. Applicable Large Employer Member (Employer)

Lines 7–13. Part I, lines 7–13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer and Coverage, Lines 14–16

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee contribution for self-only coverage equal to or less than 9.5% of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Your employer claimed "Qualifying Offer Transition Relief" for 2015 and for at least one month of the year you (and your spouse or dependent(s)) did not receive a Qualifying Offer. Note that your employer has also provided a contact number at which you may request further information about the health coverage, if any, you were offered (see line 10).

Line 15. This line reports the employee share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, or 1E is entered on line 14. If you were offered coverage but not required to contribute any amount towards the premium, this line will report a "0.00" for the amount.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see IRS.gov.

Part III. Covered Individuals, Lines 17–22

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).

Form **1095-B**Department of the Treasury
Internal Revenue Service**Health Coverage**► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.☐ VOID☐ CORRECTED

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OMB No. 1545-2252

2015**Part I Responsible Individual**

1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (If SSN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Policy (see instructions for codes): ► <input type="checkbox"/>		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23			<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"/>
24			<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"/>
25			<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"/>
26			<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"/>
27			<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"/>
28			<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. 60704B

Form **1095-B** (2015)**Form 1095-B will be issued by the state's health plans to employees who were enrolled in state-sponsored health coverage.**

ATTACHMENT C

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.



Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Part I. Responsible Individual, lines 1–9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A.** Small Business Health Options Program (SHOP)
- B.** Employer-sponsored coverage
- C.** Government-sponsored program
- D.** Individual market insurance
- E.** Multiemployer plan
- F.** Other designated minimum essential coverage



If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will be reported on a Form 1095-A rather than a Form 1095-B.

Line 9. This line will be blank for 2015.

Part II. Employer-Sponsored Coverage, lines 10–15. This part will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. It provides information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. If your coverage isn't insured employer coverage, this part will be blank.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.

Part IV. Covered Individuals, lines 23–28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.