



## New Forms for Your 2015 Federal Income Tax Filing

When the Affordable Care Act (also known as health reform, or the ACA for short) was passed, with it came with a host of reporting requirements for employers and health insurance companies. Beginning this year, around the time you receive your Form W-2, you may receive one or more new tax forms related to health insurance you may have had or were offered in 2015. **NOTE:** These forms might arrive later than the date you receive your 2015 W-2; your employer and/or insurer are not required to send these new forms to you before March 31, 2016. However, you may proceed without them in preparing your federal tax return. The IRS does not require you to attach these forms to your return, or wait to file your return until you have them.

Please keep in mind that while we know what form we will be sending you, you may receive others if you worked for another employer earlier in the year. Therefore, we will explain the form (or forms) you might receive, why you might receive them, and what you will do with the information they contain.

### Form 1095-B

#### Why will I receive it?

If you receive this form, it is because you were:

- An employee who received health coverage from an employer-provided, fully-insured plan, a union-based plan, or certain other plans (including Medicare or Medicaid) for at least a day in 2015.

Or

- A nonemployee (for example, a retiree, contractor, or COBRA recipient) who received health coverage under a type of employer-provided plan called a “self-insured plan” (these are plans under which claims are paid from employer funds and, typically, employee contributions) for at least a day in 2015.

Form **1095-B** Health Coverage  VOID  CORRECTED **2015**  
 Department of the Treasury Internal Revenue Service  
 Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

**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):

**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 or months) | (e) Months of coverage   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------------|---------|-----------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                   |         |                                   |                             | Jan                      | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |
| 23                                |         |                                   |                             | <input type="checkbox"/> |
| 24                                |         |                                   |                             | <input type="checkbox"/> |

#### How will I use this information?

You or your tax preparer might use the information contained on this form to complete your federal tax return for 2015. The information demonstrates that you met the ACA's obligation to have health insurance. The form might not arrive before you file your tax return for 2015, but you aren't required to attach it to your tax return anyway.

What if, when the form arrives, it reflects information about your months of health insurance coverage in 2015 that is *different* than the information you provided on your tax return? The IRS says you don't need to amend your return if, in preparing it, you relied on other information supplied by your employer or insurer about your months of insurance coverage in 2015.

The IRS will receive copies of any Forms 1095-B or 1095-C provided to you so it can verify the health insurance information you report on your tax return.



## Form 1095-C

If you receive this form, it is because you:

- Were considered “full time” for ACA purposes for at least part of 2015.
- Or
- Were covered for at least a day in 2015 under an employer-provided *self-insured* plan.

### Form 1095-C, Parts I and II

If you were considered full-time for ACA purposes for at least part of 2015, these two parts of Form 1095-C will be completed on your behalf, regardless of the type of health plan under which you were covered, or regardless of whether you had or were offered any coverage at all.

**Form 1095-C** **Employer-Provided Health Insurance Offer and Coverage**  VOID  CORRECTED **2015**  
 Department of the Treasury Internal Revenue Service OMB No. 1545-0251  
 Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

**Part I Employee** **Applicable Large Employer Member (Employer)**

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** **Plan Start Month (Enter 2-digit number):**

| 14 Offer of Coverage (enter required code)   | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--|---------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| 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"/> |
| 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"/> |

### Form 1095-C, Part III

If your health insurance was through an employer-provided, self-insured plan, Part III will be completed on your behalf. (If your employer was fully-insured, this part will be left blank, and you will receive a 1095-B.)

### How will I use this information?

**Parts I and II:** Generally, you will not need to do anything with this information other than keep it with your other tax records. Note, however, that if line 14 shows any of codes 1A through 1E for one or more months, it means the employer is reporting to the IRS that it offered you at least “bronze” level insurance coverage for those months. If for one or more of those months you were covered by individual health insurance obtained through HealthCare.gov or another public health insurance marketplace, those codes on line 14 could affect your eligibility for federal subsidies you may have received (or intend to claim) for those months, to defray the cost of that individual coverage.

**Part III:** If it is completed, you will use this information to prepare your federal tax return for 2015 to demonstrate you satisfied the ACA’s obligation to have health insurance. The form might not arrive before you file your tax return for 2015, but you aren’t required to attach it to your tax return anyway.

What if, when the form arrives, it reflects information about your months of health insurance coverage in 2015 that is *different* than the information you provided on your tax return? The IRS says you don’t need to amend your return if, in preparing it, you relied on other information supplied by your employer or insurer about your months of insurance coverage in 2015.

### Further questions?

Please contact: Denise Hornyak, Benefits Coordinator, 203-270-4569.