

1095-C Forms

Who gets a 1095-C form?

- **For employees enrolled in a fully-insured plan** - If you were a full-time employee as defined by the ACA (averaging 30 hours or more per week), you will receive a 1095-C form regardless of your enrollment status.
- **For employees in a self-insured plan** – If you were a full-time employee as defined by the ACA (averaging 30 hours or more per week), you will receive a 1095-C form regardless of your enrollment status, or if you were not full time as defined by ACA, but you were enrolled in the insurance plan you will receive a 1095-C form. Dependent information will also be populated on 1095-C forms for self-insured plans.

Who doesn't get a 1095-C form?

- **For employees enrolled in a fully-insured plan** - If you were not a full-time employee as defined by the ACA (averaging less than 30 hours per week), you will not receive a 1095-C form, even if you enrolled in the insurance plan. Also, employees who terminate employment prior to the end of their "limited nonassessment period" will not get a 1095-C form.
- **For employees enrolled in a self-insured plan** – If you were not a full-time employee as defined by the ACA (averaging less than 30 hours per week), and you were not enrolled in the insurance plan you should not receive a 1095-C form. Also, employees who terminate employment prior to the end of their "limited nonassessment period" will not get a 1095-C form.

Part II, Line 14

Indicator Code Series 1 for "Offer of Coverage"

INDICATOR CODE	DESCRIPTION
1A	Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).
1B	Minimum essential coverage providing minimum value offered to employee only .
1C	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).
1D	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)). Do not use code 1D if the coverage for the spouse was offered conditionally. Instead use code 1J.
1E	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse . Do not use code 1E if the coverage for the spouse was offered conditionally. Instead use code 1K.
1F	Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse and dependents .
1G	Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year .
1H	No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).
1I	Reserved.
1J	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse ; minimum essential coverage not offered to dependent(s).
1K	Minimum essential coverage providing minimum value offered to employee ; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse .

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Part II, Line 15

Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

Complete line 15 only if code 1B, 1C, 1D, 1E, 1J, or 1K is entered on line 14 either in the "All 12 Months" box or in any of the monthly boxes. Enter the amount of the Employee Required Contribution, which is, generally, the employee share of the monthly cost for the lowest-cost self-only minimum essential coverage providing minimum value that is offered to the employee.

Part II, Line 16

Indicator Code Series 2 for Applicable Section 4980H Safe Harbor Codes and Other Relief for Employers.

INDICATOR CODE	DESCRIPTION
2A	Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the ALE Member on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the ALE Member.
2B	Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).
2C	Employee enrolled in health coverage offered. Enter code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE Member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter code 2C in line 16 for any month in which the multiemployer interim rule relief applies (enter code 2E). Do not enter code 2C in line 16 if code 1G is entered in line 14. Do not enter code 2C in line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter code 2A). Do not enter code 2C in line 16 for any month in which the employee enrolled in coverage that was not minimum essential coverage.
2D	Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a section 4980H(b) Limited Non-Assessment Period. If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the ALE Member is also eligible for the multiemployer interim rule relief for the month, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a section 4980H(b) Limited Non-Assessment Period).
2E	Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer arrangement interim guidance applies to that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply.
2F	Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the ALE Member used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an ALE Member uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.
2G	Section 4980H affordability federal poverty line safe harbor. Enter code 2G if the ALE Member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
2H	Section 4980H affordability rate of pay safe harbor. Enter code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
2I	Reserved.

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