

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

► Do not attach to your tax return. Keep for your records.

► Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2018

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) James E Thompson			2 Social security number (SSN) Brad	7 Name of employer Emily		8 Employer identification number (EIN) Mary	
3 Street address (including apartment no.) Taylor				9 Street address (including room or suite no.) Jim		10 Contact telephone number Marcos	
4 City or town Mark		5 State or province Gaven	6 Country and ZIP or foreign postal code Kyle	11 City or town Cedric		12 State or province Dan	13 Country and ZIP or foreign postal code 12

Part II Employee Offer of 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)		2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00
15 Employee Required Contribution (see instructions)	\$	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00	\$ 2019-01-15T00:00:00-07:00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00	2019-01-14T00:00:00-07:00

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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"/>	<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"/>	<input type="checkbox"/>
19				<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"/>	<input type="checkbox"/>
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"/>	<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"/>	<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"/>	<input type="checkbox"/>

