

**Employer
Provided
Health
Insurance
Offer and
Coverage**

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Part II Employee Offer of Coverage		Employee's Age on January 1			
	Plan Start Mo. (enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP code	
		All 12 Months		\$		
		Jan		\$		
		Feb		\$		
		Mar		\$		
		Apr		\$		
		May		\$		
		June		\$		
		July		\$		
		Aug		\$		
		Sept		\$		
		Oct		\$		
Nov		\$				
Dec		\$				
Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.						
EMPLOYEE'S First name, middle name, last name, street address (including apartment no.), city or town, state or province, country, ZIP or foreign postal code						
APPLICABLE LARGE EMPLOYER'S identification number (EIN)	EMPLOYEE'S social security number (SSN)					

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury -- IRS

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 mos.	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
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