

**Employer-Provided Health Insurance Offer and Coverage**  
Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](https://www.irs.gov/Form1095C) for instructions and the latest information.

☐ VOID  
☐ CORRECTED

OMB No. 1545-2251  
**2023**

| Part I Employee  |                     |  |  | Applicable Large Employer Member (Employer)    |                      |   |  |
|--|---------------------|--|--|--|----------------------|---|--|
| 1 Name of employee (first name, middle initial, last name) |                     | 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 of Coverage  | Employee's Age on January 1 |     |     |     |     |     |      | 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)                                |                             |     |     |     |     |     |      |  |     |      |     |     |     |  |
| 15 Employee Required Contribution (see instructions)                      | \$                          | \$  | \$  | \$  | \$  | \$  | \$   | \$                                       | \$  | \$   | \$  | \$  | \$  |  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |                             |     |     |     |     |     |      |  |     |      |     |     |     |  |
| 17 ZIP Code   |                             |     |     |     |     |     |      |  |     |      |     |     |     |  |