

**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**

<b>Part I Employee</b>					<b>Applicable Large Employer Member (Employer)</b>								
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			
<b>Part II Employee Offer of Coverage</b>					<b>Employee's Age on January 1</b>				<b>Plan Start Month</b> (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													