

New Health Insurance Reporting Requirements for 2016 Affordable Care Act (ACA) -- Frequently Asked Questions (FAQ)

1. What is Form 1095?

The 1095 is a new tax form that is sent to you by PayPal that includes information about your healthcare insurance coverage. It serves as a "proof of insurance" that shows the IRS that you have been properly covered by PayPal. You'll take the information from the Form 1095 to use when filing your tax return, similar to how you take information from your W-2 form and transfer it to your tax forms.

2. Why am I getting a 1095 form?

It's required that you receive this form as part of the new healthcare law, the [Affordable Care Act](#).

3. Is there more than one form?

There are three versions of the new reporting forms (1095-A, 1095-B and 1095-C). Which form applies to you is based on how you received your healthcare coverage during 2015. See [Form samples](#) on the next page.

4. If I worked for more than one employer this year, should I get a Form 1095-C from each of them?

If you had coverage under more than one employer during the 2015 calendar year, you may receive multiple Forms. For example, PayPal employees who were employees of eBay and covered under one of eBay's employer sponsored health plans, and who are now covered under a PayPal's sponsored health plan, will receive one set of 1095's from PayPal and a separate set from eBay. Only large employers with over 50 employees are required to furnish Form 1095C. We encourage you to call the employer if you are unsure about their Form status.

5. When will I receive my 1095 from PayPal?

On February 1, 2016, the PayPal 1095-C form will be mailed to your home address on file. The Kaiser, Health Net and Select Health HMO plans will also mail Form 1095-B on this date. Starting February 6, 2016, PayPal's Form 1095-C will be available on [YBR](#) in the "New Medical Tax Form" section of the homepage.

6. What do I need to do with the new form(s)?

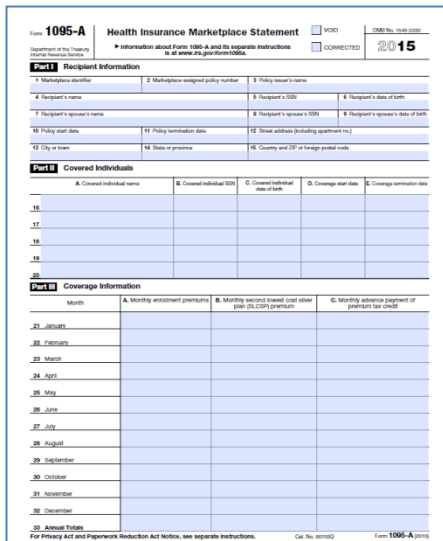
Your 1095 form(s) will contain information that you will need to transfer onto your tax form. You do not need to submit the 1095 form with your tax form. In fact, most people will only have to check a box on their 1040 stating that they (and their dependents if applicable) were covered by the company for the year and you'll need to keep the Form 1095C for your tax records.

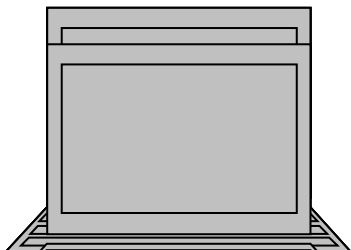
7. Should I wait for the form(s) to prepare my income tax return?

In most cases, you do not need to wait for the Form 1095C in order to file your U.S. Individual Income Tax Return. Most employees will know whether they had health coverage for a month and can simply check a box on their tax return to attest that they, their spouse (if filing jointly), and any eligible dependents had "minimum essential coverage" throughout the year. The Form 1095C confirms when coverage was in effect, and who was covered. It is also your proof of health coverage in the event you are contacted by the IRS.

8. Where can I get more information about the 1095C?
You can find more information on the [IRS website](#).
9. Who can I call if my Form 1095 hasn't arrived or if it has an error?
If you have any questions about the PayPal Form 1095C, please contact YBR:
- Online, by using the YBR "Contact Us" chat and email feature
 - Over the phone, by calling YBR Customer Service at 1-844-474-6641
- YBR representatives are available from 5 am – 6 pm PST Monday through Friday.

If you were covered by one of the Paypal HMO health plans (Kaiser, Health Net of Select Health)
please [contact](#) the HMO directly.

Form Description	Form Image
<p><u>Form 1095-A</u></p> <p>Provides information as to any Marketplace coverage you had (if applicable), and any Premium Tax Credits you received.</p> <p>Only employees who had coverage from the State or Government exchanges will receive Form 1095-A.</p>	 <p>The image shows the front of Form 1095-A, Health Insurance Marketplace Statement, for the year 2015. The form is titled 'Form 1095-A Health Insurance Marketplace Statement' and includes a 'VOID' and 'CORRECTED' stamp. It is divided into three main parts: Part I Recipient Information, Part II Covered Individuals, and Part III Coverage Information. Part I includes fields for Marketplace identifier, policy number, policy name, recipient's name, date of birth, and address. Part II includes a table for covered individuals with columns for name, SSN, date of birth, start date, and termination date. Part III includes a table for coverage information with columns for month, monthly enrollment premium, monthly second lowest cost silver plan (SLCSP) premium, and monthly advance payment of premium tax credit.</p>



Please note if you had coverage under the eBay HMO plans, you will receive a separate 1095-B for representing eBay coverage.

Form 1095-B Health Coverage		5601135 OMB No. 1545-0042 2015																
Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095-B .																		
Part I Responsible Individual																		
1 Name of responsible individual																		
2 Social security number (SSN)																		
3 Date of birth (if SSN is not available)																		
4 Street address (including apartment no.)																		
5 City or town																		
6 State or province																		
7 Country and ZIP or foreign postal code																		
8 Other letter (identifying Origin of the Policy (see instructions for states))																		
9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable																		
Part II Employer-Sponsored Coverage (see instructions)																		
10 Employer name																		
11 Employer identification number (EIN)																		
12 Street address (including room or suite no.)																		
13 City or town																		
14 State or province																		
15 Country and ZIP or foreign postal code																		
Part III Issuer or Other Coverage Provider (see instructions)																		
16 Name																		
17 Employer identification number (EIN)																		
18 Contact telephone number																		
19 Street address (including room or suite no.)																		
20 City or town																		
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22 Country and ZIP or foreign postal code																		
Part IV Covered Individuals (Enter the information for each covered individual.)																		
(a) Name of covered individual(s)		(b) SSN	(c) 2015 (if SSN is not available)		(d) Covered as family		(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
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26																		
27																		
28																		

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

Form **1095-B** 2015

All employees will receive Form 1095-C.

1095-C Form 1095-C Instructions 2015	Employer-Provided Health Insurance Offer and Coverage Information about Form 1095-C and its separate instructions is at www.irs.gov/efile . Applicable Large Employer Member (Employee)	VOID CORRECTED 1095-C 2015
Part I Employee		
1 Name of employee	2 Social security number (SSN)	3 Name of employer
4 Street address (including apartment no.)	5 Street address (including room or suite no.)	6 Employer identification number (EIN)
7 City or town	8 State or province	9 County and ZIP or foreign postal code
Part II Employer Offer and Coverage		
Plan Start Month (Enter 2-digit number)		
10 If all of the following are required under the plan: (a) Employee (Spouse, Domestic Partner, or Child) must be covered (b) Employee (Spouse, Domestic Partner, or Child) must be covered (c) Employee (Spouse, Domestic Partner, or Child) must be covered	11 Plan start month (Enter 2-digit number)	
12 If the plan is a self-insured plan, enter the plan's name and the name of the self-insured employer. If the plan is a fully insured plan, enter the name of the insurer.	13 If the plan is a self-insured plan, enter the plan's name and the name of the self-insured employer. If the plan is a fully insured plan, enter the name of the insurer.	
Part III Covered Individuals		
If covered employee self-insured coverage, check the box and enter the information for each covered individual.		
(a) Name of covered individual(s)	(b) SSN	(c) Months of Coverage
(d) 1095-C or 1095-C-E	(e) 1095-C or 1095-C-E	(f) 1095-C or 1095-C-E
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