

Understanding Form 1095

There are a lot of numbers and letters thrown around at tax time. You have probably come to know some of the most common, like W-2 and 1098. This year, one form and its number-letter combinations - will be talked about frequently. That is because nearly everyone will be required to have a version of Form 1095. Here are the basics.

What is it?

Form 1095-A Health Insurance Marketplace Statement OMB No. 1545-2232
 Department of the Treasury Internal Revenue Service
 Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a. CORRECTED **2014**

Part I Recipient Information

| | | |
|-----------------------------|--------------------------------------|---|
| 1 Marketplace Identifier | 2 Marketplace-assigned policy number | 3 Policy issuer's name |
| 4 Recipient's name | 5 Recipient's SSN | 6 Recipient's date of birth |
| 7 Recipient's spouse's name | 8 Recipient's spouse's SSN | 9 Recipient's spouse's date of birth |
| 10 Policy start date | 11 Policy termination date | 12 Street address (including apartment no.) |
| 13 City or town | 14 State or province | 15 Country and ZIP or foreign postal code |

Part II Coverage Household

| A. Covered Individual Name | B. Covered Individual SSN | C. Covered Individual Date of Birth | D. Covered Individual Start Date | E. Covered Individual Termination Date |
|----------------------------|---------------------------|-------------------------------------|----------------------------------|--|
| 16 | | | | |

1095-A is for individuals who had health insurance provided from a Marketplace plan.

Form 1095-B Health Coverage OMB No. 1545-2032
 Department of the Treasury Internal Revenue Service
 Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b. VOID CORRECTED **2014**

Part I Responsible Individual (Policy Holder)

| | | |
|--|--------------------------------|--|
| 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 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable |

Part II Employer Sponsored Coverage (if Line 8 is A or B, complete this part)

| | | |
|--|------------------|---|
| 9 Enter letter identifying Origin of the Policy (see instructions for codes) | 10 Coverage area | 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 | | 16 |

Part III Issuer or Other Coverage Provider

| | | |
|---|---|-----------------------------|
| 17 Name | 17 Employer identification number (EIN) | 18 Contact telephone number |
| 19 Street address (including room or suite no.) | 20 City or town | 21 State or province |
| 22 Country and ZIP or foreign postal code | | 23 |

Part IV Covered Individuals (Enter the information for each covered individual(s))

| (a) Name of covered individual(s) | (b) SSN | (c) Code (if code is not available) | (d) Covered (if 12 months) | (e) Months of coverage | | | | | | | | | | | | |
|-----------------------------------|---------|-------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
| 24 | | | <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"/> |
| 25 | | | <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"/> |
| 26 | | | <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"/> |

1095-B is for individuals who receive coverage through an employer with fewer than 50 employees; for those employed by the government; or those who have health insurance provided through government run plans like Medicare and VA benefits.

Form 1095-C Employer-Provided Health Insurance Offer and Coverage OMB No. 1545-2047
 Department of the Treasury Internal Revenue Service
 Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c. VOID CORRECTED **2014**

Part I Employee

| | |
|--|--------------------------|
| 1 Name of employee | 2 Social security number |
| 3 Street address (including apartment no.) | |
| 4 City or town | 5 State or province |
| 6 Country and ZIP or foreign postal code | |

Part II Employee Offer and Coverage

| 14 Offer of Coverage (enter required code) | All 12 Months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Applicable Section 408(a) Safe Harbour (enter month) | | | | | | | | | | | | | |

1095-C is for individuals who receive coverage through an employer with 50 or more employees

NOTE: YOU WILL GET A 1095 FOR EVERY HEALTH CARE PLAN YOU HAD OVER THE COURSE OF A YEAR.

If you had a Marketplace plan for part of the year and an employer-provided plan for part of the year, you will receive a 1095-A and a 1095-B or 1095-C depending on the size of your employer.

What Does It Mean?

No matter which 1095 form you receive, it will contain the following information

Why am I getting this?

Under the Affordable Care Act, everyone must either:

1. Have Health Insurance Coverage

Or
2. Qualify for an exemption

Or
3. Pay a penalty

| Can I self-attest? | What if I missed a month or 2? | What if I have no health insurance? |
|--|--|---|
| <p>More than 100 million taxpayers were able to self-attest their health insurance coverage on the 2014 tax return.</p> <p>This year, you will likely receive a 1095 form which will be used to complete your 2015 tax return.</p> | <p>About 12 million tax filers claimed an exemption on their 2014 tax return.</p> <p>You will not have coverage reported on a 1095 for any months where you did not have health insurance, but you may qualify for an exemption to the health insurance requirement.</p> | <p>More than 7.5 million filers paid a penalty on their 2014 tax return.</p> <p>If you are supposed to have health insurance, but do not, you may be assessed a penalty on your tax return.</p> |

When will it Arrive?

Form 1095-A should be mailed by February 1st. If you have not received it contact the Marketplace.

Form 1095-B or 1095-C should be mailed by March 31st. If you have not received it contact your employer or other health insurance provider.