

# 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](http://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](http://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 Contact telephone number             |

**Part III Issuer or Other Coverage Provider**

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

**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. 1545-2032  
 Department of the Treasury Internal Revenue Service  
 Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://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)(4) 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

The diagram features a central image of a 1095-B Health Coverage form. Four callout boxes with arrows point to specific sections of the form:

- Information on health insurance provider:** Points to the top section of the form where the provider's name and address are listed.
- Personal information for the employee/recipient/responsible individual:** Points to the section containing the individual's name, address, and date of birth.
- A listing of all individuals covered by the plan:** Points to the table at the bottom of the form that lists covered individuals and their coverage status by month.
- Monthly look at coverage:** Points to the same table, highlighting the monthly columns.

## 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 1<sup>st</sup>. If you have not received it contact the Marketplace.

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