

THERE HAS BEEN AN IMPORTANT CHANGE REGARDING THE 1095 FORM(S) AND YOUR TAX FILINGS

On November 29, 2018, the IRS released Notice 2018-94, which provides an automatic extension to all employers on furnishing these forms to you. The deadline for these forms to be furnished to you is now **MARCH 4, 2019.**

YOU WILL BE ABLE TO COMPLETE AND FILE YOUR TAXES WITHOUT YOUR 1095 FORM(S) OR PROOF OF MEDICAL INSURANCE COVERAGE! YOU WILL NOT NEED TO AMEND YOUR FILINGS UPON RECEIPT OF YOUR 1095 FORM(S)!

Just like last year, your 1040 Tax Form for 2018 will ask if you had medical insurance coverage for all 12 months. Although the 1095 form(s) are not needed to complete your taxes for 2018; employers and insurance providers are required to furnish these forms to their employees.

ADDITIONAL INFORMATION AND SAMPLES:

You will be receiving these forms because in 2014, the Affordable Care Act began requiring all Americans, with few exceptions, to have health insurance or pay a penalty of the greater of 2.5% of your household income or \$695.00 per person (\$347.50 per child under 18). The maximum penalty per family is \$2,085. The Affordable Care Act also requires that all employers who have more than 50 full time employees, offer coverage to their full-time employees.

In 2019, the IRS is requiring that each employer with over 50 full time employees report to the IRS the coverage they offered to their full time employees in 2018. Eligible employees will receive a form called a 1095-C. As a self-insured health insurance plan, your employer is required to disclose the offer of coverage in Parts I, II, and III of the 1095-C form. The form will look like this:

600118

VOID
 CORRECTED

OMB No. 1545-2251
2018

Form 1095-C **Employer-Provided Health Insurance Offer and Coverage**
Department of the Treasury
Internal Revenue Service
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

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		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)																
Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>														
(a) Name of covered individual(s)		(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
First name, middle initial, last name					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				<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"/>
18				<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"/>
19				<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"/>
20				<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"/>
21				<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"/>
22				<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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2018)

If you accepted the health insurance offered by your employer, Part III of the 1095-C form will disclose the coverage you took and who was covered under your plan, month by month.

Q. Does this mean I can file my taxes without my 1095 form?

A. While information on these forms may assist in preparing a return, the forms are not required to file your taxes. You can prepare and file your returns using other information about your health coverage.

Q. Will I receive a 1095 form(s)?

A. If you are supposed to receive a form but do not receive your form by March 18, 2019, please contact your Human Resources department.

Q. Do I need to keep my 1095 form(s)?

A. Please keep these forms with your other tax records as these forms are important tax documents.

Q. What do the codes on Line 14 mean?

A. The codes listed on line 14 describe the coverage that your employer offered to you and if it was offered to your spouse and dependent(s), if any. These codes were provided to your employer by the IRS, and you will receive a copy of the codes with your form.

Q. Why is the amount on Line 15 of the 1095-C form different than the amount I pay for health insurance?

A. Although you may pay more than the amount listed on Line 15, the IRS requires that the employer put the premium an individual would pay for the lowest cost plan for single coverage only. This is how the IRS determines if the plan was affordable.

Q. What do the codes on Line 16 mean?

A. The codes listed on line 16 describe your employment and health insurance enrollment status. These codes were also provided by the IRS, and you will receive a copy of the codes with your form.

Q. Will my dependents receive a 1095-B form if they were covered on my insurance?

A. No, since your employer is self-insured, Part III of the form will list each month you and your dependent(s) were enrolled in coverage for at least one day.

Q. What if I had coverage through somewhere other than my employer?

A. If you were full-time and benefit eligible then you will still receive a 1095-C form that will provide information on the offer of coverage made to you by your employer. However, if you were not covered by your employer's plan you will need to request a copy of the 1095-B or 1095-C form from the person covering you on their insurance. If you took coverage through the federal or state Healthcare Marketplace you will receive a 1095-A form.

Q. Will I get a form if I did not take any coverage?

A. If you were full-time and benefit eligible then you will still receive a 1095-C form that will provide the information on the offer of coverage made to you by your employer. You will still need this form even if you had coverage elsewhere or did not have any coverage at all. However, you will not receive a 1095-B form.

Q. What if I do not receive a 1095-C form?

A. You will only receive a 1095-C form if you are a full time employee and completed your waiting period for benefits. If you are a part time or variable hour employee, you will not receive a 1095-C form unless you had medical coverage with your employer. If you were on COBRA or Retiree continuation coverage in 2018, you will receive a form. If you should have received a 1095-C form and did not, then please contact your Human Resources department.

Q. What action do I need to take?

A. The IRS will be receiving a copy of your forms by March 31, 2019. It is imperative that you review the forms for any errors. **If a Social Security Number or Tax Identification Number is missing or incorrect, please let your HR Department know immediately. This may affect the IRS' ability to confirm you and your family had coverage.**