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Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/f1095c](http://www.irs.gov/f1095c).

Part I Employee						Applicable Large Employer Member (Employer)						
1 Name of employee		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 and 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 Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

**Part III Covered Individuals**  
If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
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#1607 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 41-0852411 Form **1095-C** (2015)

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SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

PS1095C-P