

# IRS FORM 1095 REFERENCE SHEET FOR COVERED INDIVIDUALS AND EMPLOYEES

## A-B-C's of IRS Form 1095

Health Care Form	Sent to	Sent By/When	What should I do with this form?
<b>1095-A</b> Health Insurance Marketplace Statement	Individuals who enrolled in health coverage for themselves and/or their family members through the Public Health Insurance Exchange/ Marketplace	Sent by the Public Health Insurance Exchange/ Marketplace  <b>Deadline</b> Copy to covered individuals: January 31 <sup>st</sup>	Use Form 1095-A to complete <a href="#">IRS Form 8962</a> and to reconcile advance payments of your Premium Tax Credit (PTC) or claim the PTC on your tax return.  Utilize Form 1095-A for information on whether you and your family members had health coverage that satisfies the Individual Shared Responsibility mandate of the ACA.  For months you or your family members did not have coverage, determine whether you qualify for an exception to the mandate or whether you must make an Individual Shared Responsibility payment.
<b>1095-B</b> Health Coverage	Individuals who had health coverage for themselves and/or their family members from a health coverage provider that is not required to send Form 1095-A or Form 1095-C  See the next column for more information.	Sent by health coverage providers: <ul style="list-style-type: none"> <li>Insurance companies outside the Public Health Exchange/Marketplace</li> <li>Government agencies (Medicare or CHIP)</li> <li>Employers sponsoring a self-insured plan that are not required to send Form 1095-C</li> <li>Other coverage providers</li> </ul> <b>Deadline</b> Copy to covered individuals/employees: On or before January 31 <sup>st</sup> (For 2018 reporting, IRS extended deadline to March 4, 2019)	Utilize Form 1095-B for information on whether you and your family members had health coverage that satisfies the Individual Shared Responsibility mandate of the ACA.  For months you or your family members did not have coverage, determine whether you qualify for an exception to the mandate or whether you must make an Individual Shared Responsibility payment.
<b>1095-C</b> Employer-Provided Health Insurance Offer and Coverage	Certain employees of Applicable Large Employers (ALEs) – see next column	Sent by ALEs – generally those with 50 or more full-time employees, including full-time equivalent employees.  <b>Deadline</b> Copy to employees: On or before January 31 <sup>st</sup> (For 2018 reporting, IRS extended deadline to March 4, 2019)	If you enrolled in a health plan in the Public Health Insurance Exchange/Marketplace and received a Premium Tax Credit (PTC), use Part II of Form 1095-C to help determine your eligibility for the PTC.  If your employer is an ALE that sponsors a self-insured plan, you will not receive a Form 1095-B. Part III of Form 1095-C provides information on whether you or your family members had health coverage that satisfies the Individual Shared Responsibility mandate of the ACA.

**Note: Do not attach Forms 1095-A, 1095-B, or 1095-C to your tax return. Keep it with your tax record for three years.**