Form 1095-B Instructions (2019)

Instructions for Recipient

This Form 1095-B provides information about the individuals in your tax family (yourself, spouse, and dependents) who had certain health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage Department of Health and Human Services designates as minimum essential coverage.

Before 2019, individuals who did not have minimum essential coverage and did not qualify for an exemption from this requirement could be liable for the individual shared responsibility payment. Beginning in 2019, individuals will not be responsible for the individual shared responsibility payment because the payment amount is reduced to $0. However, if individuals in your tax family are eligible for certain types of minimum essential coverage, you may not be required to purchase the premium tax credit. For more information on the premium tax credit, see Pub. 974, Premium Tax Credit (PTC).

Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Additional Information.

For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, and the premium tax credit, see www.irs.gov/ACA or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Part I. Responsible Individual, lines 1–9. Part I reports information about you and the coverage you were offered and enrolled in.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits of your SSN. Information provided is used to verify your identity and may be shared with other issuers of Form 1095-B.

Line 3. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

A. Small Business Health Options Program (SHOP)

B. Employer-sponsored coverage

C. Government-sponsored program

D. Individual market insurance

E. Multipart employer plan

F. Other designated minimum essential coverage

If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage generally will be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part II) rather than a Form 1095-B. For more information, see www.irs.gov/Affordable-CareAct/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals.

Line 9. Reserved.

Part II. Information About Certain Employer-Sponsored Coverage, lines 10–15. If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer’s EIN. This part may also be blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). Line 16 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.

Part IV. Covered Individuals, lines 23–28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (b) only if the SSN or other TIN is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which they were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

Form 1095-C Instructions (2019)

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer, Form 1095-C, Part II, includes information about the coverage. If any, your employer offered to you and your spouse and dependents. If you or your family members did not enroll in the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are required to provide additional information about the premium to the IRS (see Pub. 519, Premium Tax Credit (PTC)). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers. If you left employment with one Applicable Large Employer and began a new position with another Applicable Large Employer, in that situation, each Applicable Large Employer may provide information only about the coverage for the month in which you were enrolled in the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, your employer is not required to provide information about the health coverage offered to you by your employer.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (previously referred to as family members), enrolled in your employer’s health plan and that plan is a type of self-only health plan, Form 1095-C, Part III, provides information about your and your family members who had certain health coverage (referred to as “minimum essential coverage”) for some or all months during the year. If you or your family members did not enroll in a type of self-only health plan, you may not be eligible for the premium tax credit.

Additional Information.

For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, and the premium tax credit, see www.irs.gov/ACA or call the IRS Healthcare Hotline for ACA questions (800-919-0453).

Part I. Employee

Lines 1–4. Part I reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employee is required to report your complete SSN to the IRS.

Part II. Applicable Large Employer Member (Employee)

Lines 5–10. Part II reports information about your employer.

Lines 5–10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on this line. In case of errors in the information on this form and tax credits.

Part II. Employer Offer of Coverage, Lines 14–16

Lines 14 and 16. This code reports health plan choice if your coverage choice is not “minimum essential coverage” and the code reflects the employee’s assessment of the benefits offered by the plan. The employee’s code may not be shown on line 14. The information on line 14 relates to eligibility for coverage subsidized by your employer (your spouse, and dependents). For more information about the premium tax credit, see Pub. 974.