

# Example

## PAUL CURTIS

- » Hired March 9, 2019 as a full-time employee
- » Eligible for coverage on May 1, 2019
- » Enrolled in “bronze” level coverage that meets MEC and MVP requirements
- » Paul’s premium is \$90

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service	<b>Employer-Provided Health Insurance Offer and Coverage</b> <small>Do not attach to your tax return. Keep for your records.          Go to <a href="http://www.irs.gov/Form1095C">www.irs.gov/Form1095C</a> for instructions and the latest information.</small>	<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	<b>600118</b> <small>OMB No. 1545-2261</small> <b>2019</b>												
<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>													
1 Name of employee (first name, middle initial, last name) Paul E Curtis		2 Social security number (SSN) 000-00-0000													
3 Street address (including apartment no.) 3941 Hartman Ave		7 Name of employer River City Services Inc.													
4 City or town Omaha		5 State or province NE													
6 Country or ZIP or Foreign postal code 68111-1465		8 Employer identification number (EIN) 451234567													
9 Street address (including room or suite no.) 407 S. 27th Avenue		10 Contact telephone number													
11 City or town Omaha		12 State or province NE													
13 Country and ZIP or foreign postal code 68131		14 Plan Start Month (Enter 2-digit number): 01													
<b>Part II Employee Offer of Coverage</b>															
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C		
<b>Part III Covered Individuals</b>															
If Employer provided self-insured coverage, check the box and enter the information for each covered individual enrolled in coverage, including the employee.		<input type="checkbox"/>													
(a) Name of covered individual(s) First Name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				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.															
														Form 1095-C (2019)	