

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2016

Form 1095-C

Employer  
Provided  
Health  
Insurance  
Offer and  
Coverage

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telep hone no.		Employee Offer of Coverage			
		Plan Start Mo. (Enter 2-digit no.):	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)
		All 12 Months		\$	
		Jan		\$	
		Feb		\$	
		Mar		\$	
		Apr		\$	
		May		\$	
		Jun		\$	
		Jul		\$	
Do not attach to your tax return. Keep for your records. Information about Form 1095-C and its separate instructions is at <a href="http://www.irs.gov/form1095c">www.irs.gov/form1095c</a>		Aug		\$	
		Sep		\$	
		Oct		\$	
		Nov		\$	
EMPLOYEE'S name, address, ZIP/postal code & country		Dec		\$	
APPLICABLE LARGE EMPLOYER'S identification number (EIN)	EMPLOYEE'S social security number (SSN)				

For Privacy  
Act and  
Paperwork  
Reduction  
Act Notice,  
see separate  
instructions.

Department of the  
Treasury -- IRS  
38-2099803

**Covered Individuals** If Employer provided self-insured coverage, check the box and enter information for each individual enrolled in coverage, including the employee. ☐

(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 mos.	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
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