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/form1095c

☐ VOID
☐ CORRECTED

600116

OMB No. 1545-2251

2015

Part I Employee

1 Name of employee BRIAN P Test	**2** Social security number (SSN) 555-13-2333
3 Street address (including apartment no.) 223 DEVONSHIRE BLVD.	
4 City or town Los Angeles	**5** State or province CA	**6** Country and ZIP or foreign postal code 90001

Applicable Large Employer Member (Employer)

7 Name of employer FIRST ENGINEERING INC.	**8** Employer identification number (EIN) 94-1231231
9 Street address (including room or suite no.) 875 First Steet RD.	**10** Contact telephone number (123)321-2312
11 City or town Los Angeles	**12** State or province CA	**13** Country and ZIP or foreign postal code 90001

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number): 02

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)			1D	1D	1D	1D	1D	1E	1D	1D	1D	1D	1D
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	$	$	$ 897.04	$ 897.04	$ 897.04	$ 897.04	$ 897.04	$ 897.04	$ 897.04	$ 897.04	$ 897.04	$ 897.04	$ 884.31
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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 Lily Test	570-12-3123		☐	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
18			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

(e) Months of Coverage

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

Cat. No. 60705M

Form **1095-C** (2015)