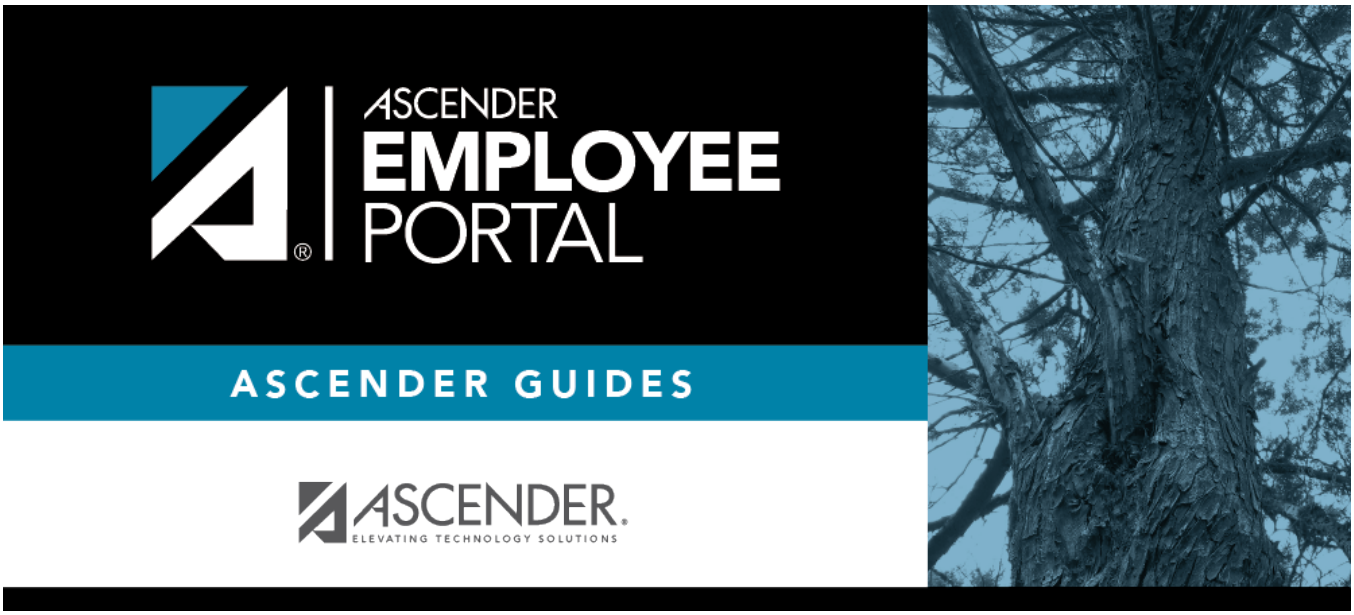


1095 Information (Información del 1095)

Table of Contents

1095 Information 1

1095 Information

EmployeePortal > Inquiry > 1095 Information

This page is used to view your 1095 information. Additionally, you can indicate how you would like to receive and access your 1095 form; electronically or printed, by mail. Official 1095 forms can be printed and viewed from calendar year 2015 and greater.

If this page is not enabled, check with your EmployeePortal administrator as the LEA may have opted to not allow access.

If a message is available from your LEA, it is displayed in red at the top of the page.

Note: If your LEA allows for 1095 electronic consent and you have not previously indicated your electronic consent preference, the 1095 Electronic Consent window is displayed upon accessing this page. You can indicate your preference or click **Cancel** to close the window without indicating a preference. Further information is available at the bottom of this page under **Other Functions & Features**.

Note: If your LEA allows for 1095 electronic consent and you have not previously indicated your electronic consent preference, the 1095 Electronic Consent window is displayed upon accessing this page. You can indicate your preference or click **Cancel** to close the window without indicating a preference. Further information is available at the bottom of this page under **Other Functions & Features**.

View 1095 data:

Please select a calendar year	Click ˅ to select the year for which you want to view 1095 data.

Select **1095-B** to display your 1095-B data for the selected calendar year.

1095-B Data

Under **1095-B Information**:

Note: The line numbers or sections are displayed in parentheses where the data is displayed on the actual 1095 form.

Coverage Type	The coverage type (i.e., the origin of policy) in which you are enrolled is displayed.

Under **Covered Individuals**, the following data is displayed for each covered individual: (Part IV a, b, c, d, e)

First Name	The covered individual's first name is displayed. The field is 17 characters.
Middle Name	The covered individual's middle name is displayed. The field is 14 characters.
Last Name	The covered individual's last name is displayed. The field is 25 characters.
Generation	The covered individual's generation code is displayed.
SSN	The covered individual's nine-digit social security number is displayed. *Form revision per 2016 IRS guidelines, effective for the 2016 tax year: The **SSN or Other TIN** field displays the covered individual's nine-digit social security number or other taxpayer identification number.
DOB	The covered individual's date of birth in the MMDDYYYY format is displayed. *Form revision per 2016 IRS guidelines, effective for the 2016 tax year: The **DOB** (If **SSN or other TIN** is not available) field displays the covered individual's date of birth in the MMDDYYYY format only if the **SSN or other TIN** field is blank.
All	Selected to indicate that the individual was covered for at least one day per month for all 12 months of the calendar year. Or, if the individual was not covered for all months, the applicable month (**Jan**-**Dec**) fields in which the individual was covered for at least one day during the month are selected.

OR

Select **1095-C** to display your 1095-C data for the selected calendar year.

1095-C Data

Under **1095-C Information**:

> **Note:** The line numbers or sections are displayed in parentheses where the data is displayed on the actual 1095 form.

Field	Description
Offer of Coverage	Your offer of coverage code is displayed in the **All** field if it was the same for the entire calendar year (January-December). Or, if you received various offers during the calendar year, the codes are displayed in the applicable month (**Jan**-**Dec**) fields. (line 14)
Employee Share	Your contribution amount (i.e., share) of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered to you is displayed. The amount is displayed in the **All** field if the amount was the same for the entire calendar year (January-December). Or, if the amount varied for all 12 calendar months, that amount is displayed in the respective month (**Jan**-**Dec**) fields. (line 15)
Safe Harbor	The Section 4980H safe harbor employer relief code that applied to you during the calendar year is displayed. The safe harbor code is displayed in the **All** field if the same safe harbor code applied to you for the entire calendar year (January-December). Or, if different safe harbor codes applied to you throughout the 12 calendar months, the applicable codes are displayed in the respective month (**Jan**-**Dec**) fields. (line 16)

Under **Covered Individuals**:

Note: The records are sorted by employee records (i.e., records with the **Employee** field selected on the Personnel > Maintenance > ACA 1095 YTD Data > 1095-C tab), then by nonemployee records. The nonemployee records are sorted by the first name.

Self-Insured is selected if the employer-provided self-insured coverage. If **Self-Insured** is selected, a record is displayed for each covered individual. (Part III a, b, c, d, e) Under **Covered Individuals**, the following data is displayed for each covered individual: (Part IV a, b, c, d, e) The **Plan Start Month** from the Personnel > Maintenance > ACA 1095 YTD Data > 1095-C is displayed.

First Name	The covered individual's first name is displayed. The field is 17 characters.
Middle Name	The covered individual's middle name is displayed. The field is 14 characters.
Last Name	The covered individual's last name is displayed. The field is 25 characters.
Generation	The covered individual's generation code is displayed.
SSN	The covered individual's nine-digit social security number is displayed. *Form revision per 2016 IRS guidelines, effective for the 2016 tax year: The **SSN or Other TIN** field displays the covered individual's nine-digit social security number or other taxpayer identification number.
DOB	The covered individual's date of birth in the MMDDYYYY format is displayed. *Form revision per 2016 IRS guidelines, effective for the 2016 tax year: The **DOB** (If **SSN or other TIN** is not available) field displays the covered individual's date of birth in the MMDDYYYY format only if the **SSN or other TIN** field is blank.
All	Selected to indicate that the individual was covered for at least one day per month for all 12 months of the calendar year. Or, if the individual was not covered for all months, the applicable month (**Jan**-**Dec**) fields in which the individual was covered for at least one day during the month are selected.

❑ Click **Print** to display a printable PDF version of the Form 1095-B or 1095-C.

Other functions and features:

❑ Click **1095 Consent**. The 1095 Electronic Consent window opens with information about your consent.

The **1095 Consent** button is only displayed if the option is enabled by the LEA.

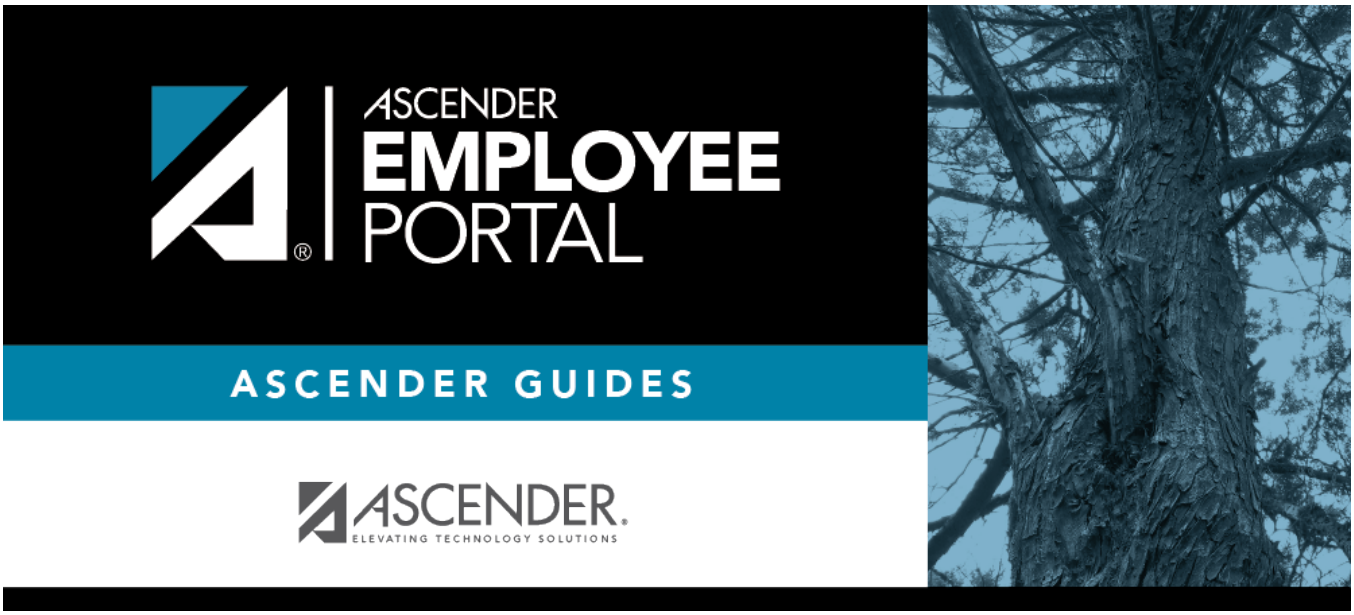
- Select **Yes** if you consent to electronic access of your 1095 form and agree to access your 1095 form electronically as described in the instructions, and print your own 1095 form. If selected, you will not receive a printed, mailed copy of your 1095 form.
- Select **No** to decline electronic consent and receive a printed, mailed copy of your 1095 form.
- Click **Save** to save your consent election. Otherwise, click **Cancel** to close the window without making a selection. If you do not make a selection, your 1095 form will be printed and mailed.

Notes:

- You can print a copy of your 1095 form regardless of your selected consent preference.

- You can change your consent preference at any time.
- You will receive an email message confirming your selected preference.
- The confirmation email is sent to the email address listed on your demographic record. The email is sent to either the work or home email address; whichever is available. If both are available, the email is sent to the work email address.

En español


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Back Cover