

1095-C - HRS3880

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This tab allows you to manually input and track year-to-date health coverage offers and health coverage enrollment details for employees and their covered individuals.

Notes:

- You can import records by uploading a comma-delimited text (.txt) file using the Utilities > Import ACA 1095-B/1095-C Data page.
- For employees with a self-insured insurance plan, you can extract insurance data from the Maintenance > Staff Demo > Insurance tab to this page by using the Utilities > Extract Insurance Data to 1095 Data utility.
- For more information about Form 1095-C, click here to view Form 1095-C and review the Instructions for Form 1095-C.
- The page consists of two grids.

File layout

Enter 1095-C data:

Field	Description
Calendar Year	Populated with the current calendar year; however, you can enter a different year. The year must be greater than or equal to 2015.
Employee	Begin typing the employee name or number. As you type the data, a drop-down list of corresponding data is displayed. Select an employee and click **Retrieve**. Or, click **Directory** to perform a search in the Employees directory. **Note**: The employee autosuggest field includes employees whose records were created in Personnel but do not have a Pay Info or Job Info record.

In the top grid:

Offer of Coverage	Make the necessary selections: If the employee received the same offer for the entire calendar year (January-December), in the **All** field, click ⌄ to select the received offer of coverage. *1A - Qualifying Offer* *1B - Offer to employee only* *1C - Offer to employee and dependents* *1D - Offer to employee and spouse* *1E - Offer to employee, spouse, and dependents* *1F - Offer of coverage not providing the minimum value* *1G - Employee not full-time and enrolled in self-insured coverage* *1H - No offers* *1I - Qualifying offer transition relief - This option is no longer available, it was only applicable for the 2016 tax year.* *1J - Offer to employee, spouse conditional, not to dependents* *1K - Offer to employee and dependents, spouse conditional* If the employee received various offers during the calendar year, click ⌄ for the individual month(s) and select the received offer of coverage. **1095-C Forms report notes**: If the **Offer of Coverage** (line 14) is 1A, 1F, 1G or 1H, the **Employee Share** (line 15) field is blank. If the **Offer of Coverage** (line 14) is 1B-1E or 1J-1K, the **Employee Share** (line 15) field is printed. If the **Offer of Coverage** (line 14) code in all individual month (**Jan**-**Dec**) fields matches the code in the **All** field, then that code is printed in the **All** field, and the individual month fields are blank. If all individual month (**Jan**-**Dec**) fields are blank but the **All** field is populated, then that **Offer of Coverage** code is printed in the **All** field and the individual month (**Jan**-**Dec**) fields remain blank. If the **Offer of Coverage** code varies in the individual month (**Jan**-**Dec**) fields, then the **All** field is blank and the codes in the individual month (**Jan**-**Dec**) fields are printed.
Employee Share	Type the employee share amount of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered to the employee. **1095-C Forms report notes**: If the value in all of the individual month (**Jan**-**Dec**) fields match the value in the **All** field, then that value is printed in the **All** field and the individual month fields are blank. If the value is zero in all individual month (**Jan**-**Dec**) fields but the **All** field is populated, then that value is printed in the **All** field and the individual month fields are blank. If the value varies in the individual month (**Jan**-**Dec**) fields, then the **All** field is blank and the values in the individual month (**Jan**-**Dec**) fields are printed.

Safe Harbor	Click ⌄ to select the Section 4980H safe harbor employer relief code that applied to the employee. If the same safe harbor code applied to the employee for all 12 calendar months, select the applicable code in the **All** drop-down field. If different safe harbor codes applied to the employee throughout the 12 calendar months, select the applicable codes in the respective month (**Jan**-**Dec**) fields. *2A - Employee not employed on any day of the month* *2B - Employee not a full-time employee for the month and did not enroll in coverage* *2C - Employee enrolled in coverage offered* *2D - Employee was in a Limited Non-Assessment Period* *2E - Multiemployer interim rule relief* *2F - W-2 safe harbor* *2G - Federal poverty line save harbor* *2H - Rate of pay safe harbor* *2I - Non-calendar year transition relief* - This option is no longer available, it was only applicable for the 2016 tax year. **Note**: It is possible that more than one circumstance applied to the same employee in the same month; however, only one code can be selected per month. **1095-C Forms report notes**: If the **Safe Harbor** (line 16) code in all individual month (**Jan**-**Dec**) fields matches the code in the **All** field, then that code is printed in the **All** field and the individual month fields are blank. If all individual month (**Jan**-**Dec**) fields are blank but the **All** field is populated, then that **Safe Harbor** code is printed in the **All** field and the individual month (**Jan**-**Dec**) fields remain blank. If the **Safe Harbor** code varies in the individual month (Jan-Dec) fields, then the **All** field is blank and the codes in the individual month (**Jan**-**Dec**) fields are printed.

❑ Click **Save** to save the changes.

In the bottom grid:

Under **Covered Individuals**, complete the following fields for each covered individual:

Self-Insured	Select if the employer-provided self-insured coverage, and then enter the necessary information for each covered individual. If selected, at least one covered individual record must exist.
Plan Start Month	Type the two-digit number (01 through 12) indicating the calendar month during which the plan year begins for the health plan in which the employee is offered coverage (or would be offered coverage if the employee were eligible to participate in the plan). If more than one plan year could apply (for instance, if the ALE Member changes the plan year during the year), enter the earliest applicable month.
Employee	Select to indicate that the covered individual is an employee. This field can only be selected for one covered individual.
First Name	Type the covered individual's first name. The field is 17 characters.
Middle Name	Type the covered individual's middle name. The field is 14 characters.
Last Name	Type the covered individual's last name. The field is 25 characters.

Generation	Click ⌄ to select the covered individual's generation code.
SSN	Type the covered individual's nine-digit social security number. Form revision per 2016 IRS guidelines, effective for the 2016 tax year: In the **SSN** or **Other TIN** field, type the covered individual's nine-digit social security number or other taxpayer identification number.
DOB	Type the covered individual's date of birth in the MMDDYYYY format. Or, select a date from the calendar. Form revision per 2016 IRS guidelines, effective for the 2016 tax year: In the **DOB** (If SSN or other TIN is not available) field, type the covered individual's date of birth in the MMDDYYYY format only if the **SSN** or other **TIN** field is blank.
All	Select 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, select the applicable month (**Jan**-**Dec**) fields in which the individual was covered for at least one day during the month.

❑ Click **Save**.

Other functions and features:

🗑	Click to delete a row. The row is shaded red to indicate that it will be deleted when the record is saved. Click **Save**.
Delete	Click to delete the entire record.


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