Applicable Large Employers Reporting for Calendar Year 2024

Presented by:
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TOWNE BENEFITS

Disclaimer

The information contained in this presentation is based on current IRS, HHS and DOL guidance and is subject to change and further regulatory clarification. Technical corrections and future guidance may vary the information from what is discussed in this presentation.

The information herein should not be construed as legal or tax advice in any way. This content is provided for informational purposes only. You should seek the advice of your attorney or tax consultant for additional or specific information.

2024 Forms and Instructions

- Providing Statements to Individuals 1095-C
- The due date for individual statements (1095-C) is March 3, 2025.

Filing with the IRS (1094-C and 1095-C)

- Due date for filing electronically is March 31, 2025
  - Electronic filing is required for entities issuing ten or more tax returns

ACA Affordability Percentages for 2024

Plan Years on/after January 1, 2024

Affordability

Applicable Large Employers subject to the Pay or Play rules may determine affordability using the full-time employee's income under 1 of 3 safe harbors:

1. 8.39% of Box 1 W-2 income*

   * *This safe harbor must be used for all months the employee offered coverage or not at all*
2. 8.39% of employee's rate of pay times 30 hours per week (130 hours per month)
3. 8.39% of the federal poverty level for the year ($14,580 or $101.94 in 2024)

Employer Shared Responsibility Payments 4980 (H)(a) and 4980(H)(b) aka…

Pay or Play Penalties

4980H(a) Penalty

- Often called the *Nuclear Penalty*
  - Failure to offer minimum essential coverage to 95% of employees and dependents
  - Triggered if one full-time employee receives a Marketplace subsidy
- Annual Penalty for 2024 is $2,970 x number of full-time employees minus first 30
  - Penalty is assessed monthly ($247.50/month)
- Assessment is entity by entity within a controlled group, but the minus 30 full-time employees must be shared within the controlled group

4980H(b) Penalty

- Often called the *Unaffordable Penalty*
  - Triggered if a full-time employee receives a Marketplace subsidy because the offer was either not affordable (defined) or not minimum value
- Annual penalty for 2024 is $4,460 per full-time employee that receives a subsidy
  - Penalty is assessed monthly ($371.67/month)
- Assessment is entity by entity within a controlled group

1094 and 1095 C Forms

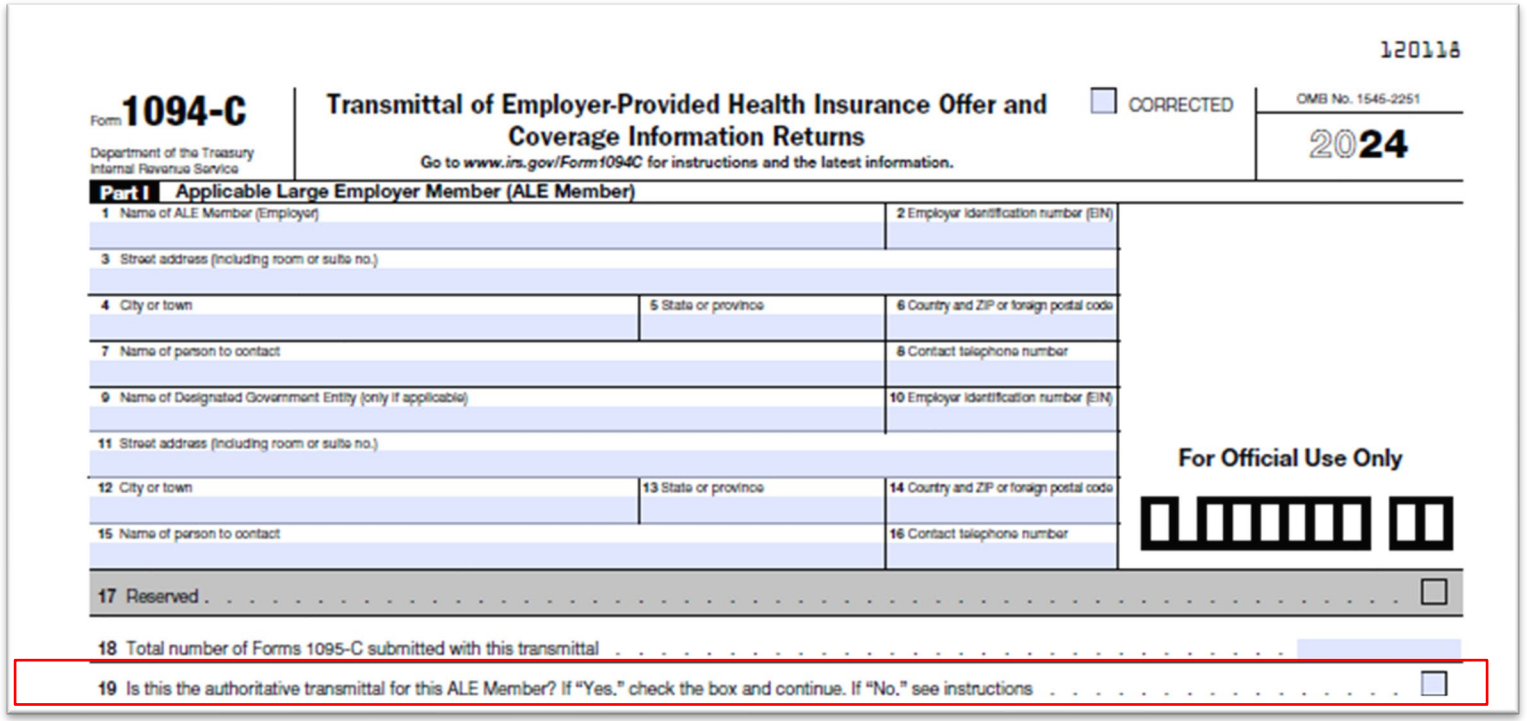
Purpose

What is the 1094-C?

- The 1094-C is the transmittal form (think cover sheet) to transmit the 1095-Cs to the IRS
- The 1094-C is used for the calculation of the nuclear or (a) penalty because it reports if minimum essential coverage was offered to 95% of full-time employees and dependents for every month of the calendar year

1094-C | Part I

- ✓ Complete lines 1 through 16.
- ✓ On line 18, indicate the number of 1095-Cs submitting.
- ✓ On line 19, each entity must have an authoritative transmittal.



120118

Form **1094-C**

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

Go to *www.irs.gov/Form1094C* for instructions and the latest information.

☐ CORRECTED

OMB No. 1545-2251

2024

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)
2 Employer identification number (EIN)
3 Street address (including room or suite no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code
7 Name of person to contact
8 Contact telephone number
9 Name of Designated Government Entity (only if applicable)
10 Employer identification number (EIN)
11 Street address (including room or suite no.)
12 City or town
13 State or province
14 Country and ZIP or foreign postal code
15 Name of person to contact
16 Contact telephone number

For Official Use Only

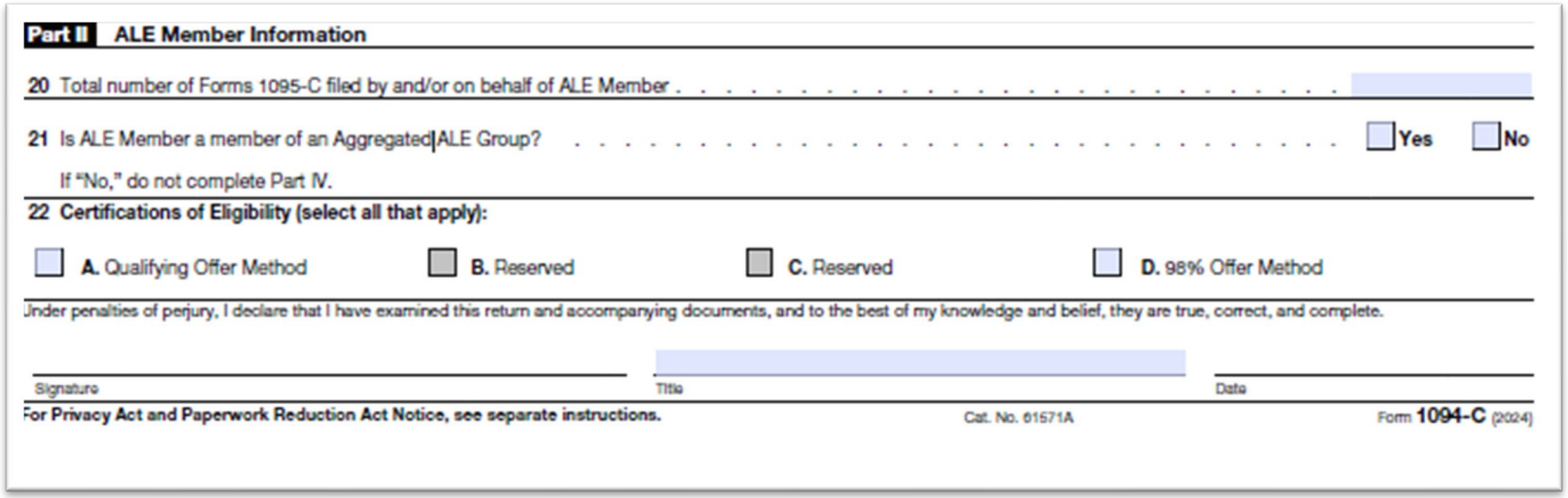
17 Reserved . . . . . ☐

18 Total number of Forms 1095-C submitted with this transmittal . . . . .

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions . . . . . ☐

1094-C | Part II

I. Line 20 - Complete the number of Forms 1095-C that accompany the transmittal
II. Line 21- Indicate if member of an Aggregated ALE Group
III. Line 22 represents optional ways to file the 1094- C
    I. If neither A nor D applies, it may be left blank
    II. Signature of Responsible Individual for filing- will e-file for 2024



Part II **ALE Member Information**

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member . . . . . .

21 Is ALE Member a member of an Aggregated ALE Group? . . . . . ☐ Yes ☐ No

If "No," do not complete Part IV.

22 **Certifications of Eligibility (select all that apply):**

☐ **A.** Qualifying Offer Method ☐ **B.** Reserved ☐ **C.** Reserved ☐ **D.** 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

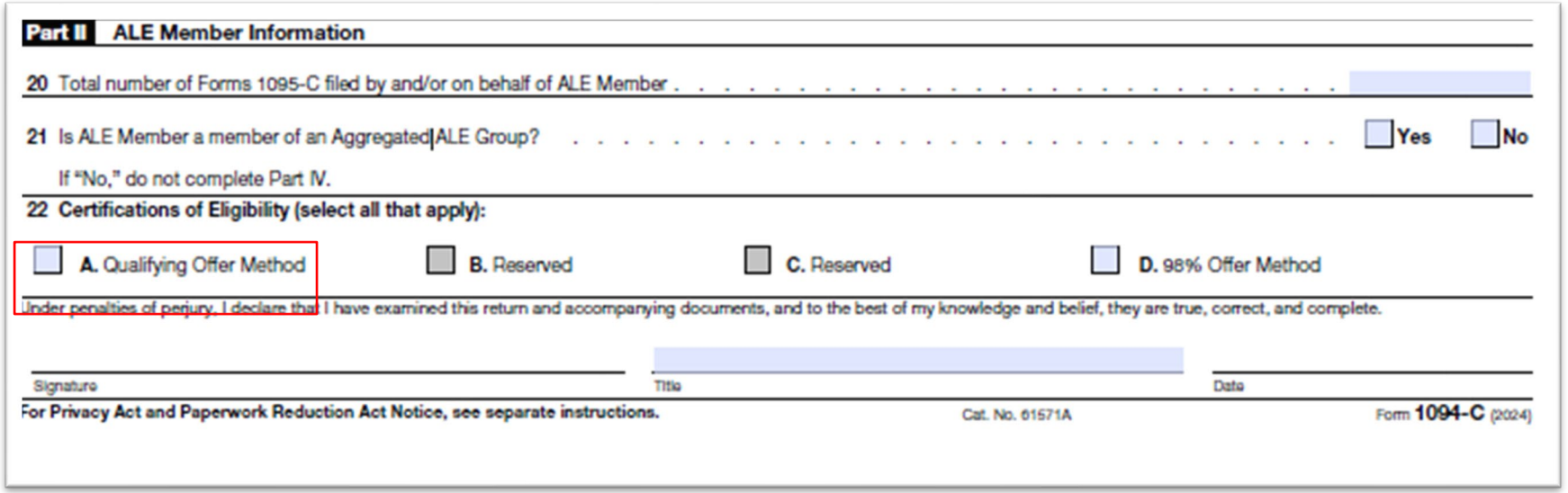
Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form **1094-C** (2024)

Qualifying Offer Method

The Qualifying Offer Method means an employer is

1. Using the federal poverty level safe harbor for all months an employee is full-time and offered minimum value coverage ($101.94 for 2024) and
2. There is an offer of at least minimum essential coverage to the spouse and dependents



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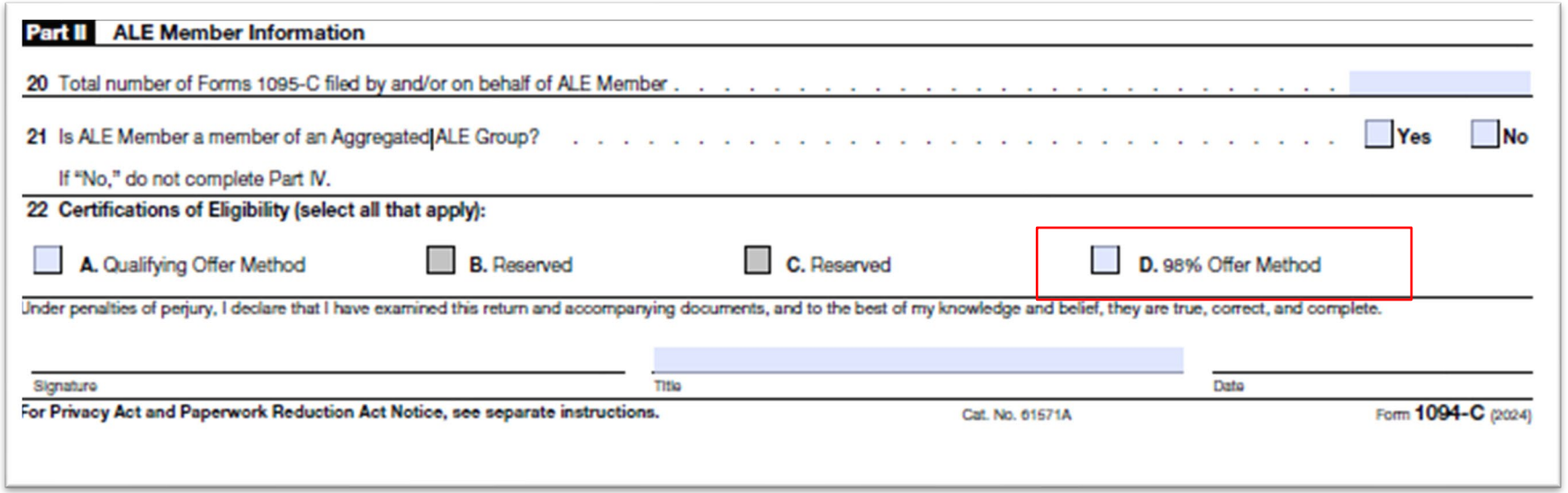
98% Offer Method

- Applies if an employer offered affordable minimum value coverage to at least 98% of its employees for whom it is filing a 1095-C.
- The employer must have offered at least minimum essential coverage to employees' dependents.
- An employer eligible for this method is not required to complete column(b) on the 1094-C. Meaning it does not have to list full-time employees each month (still must list total employees).



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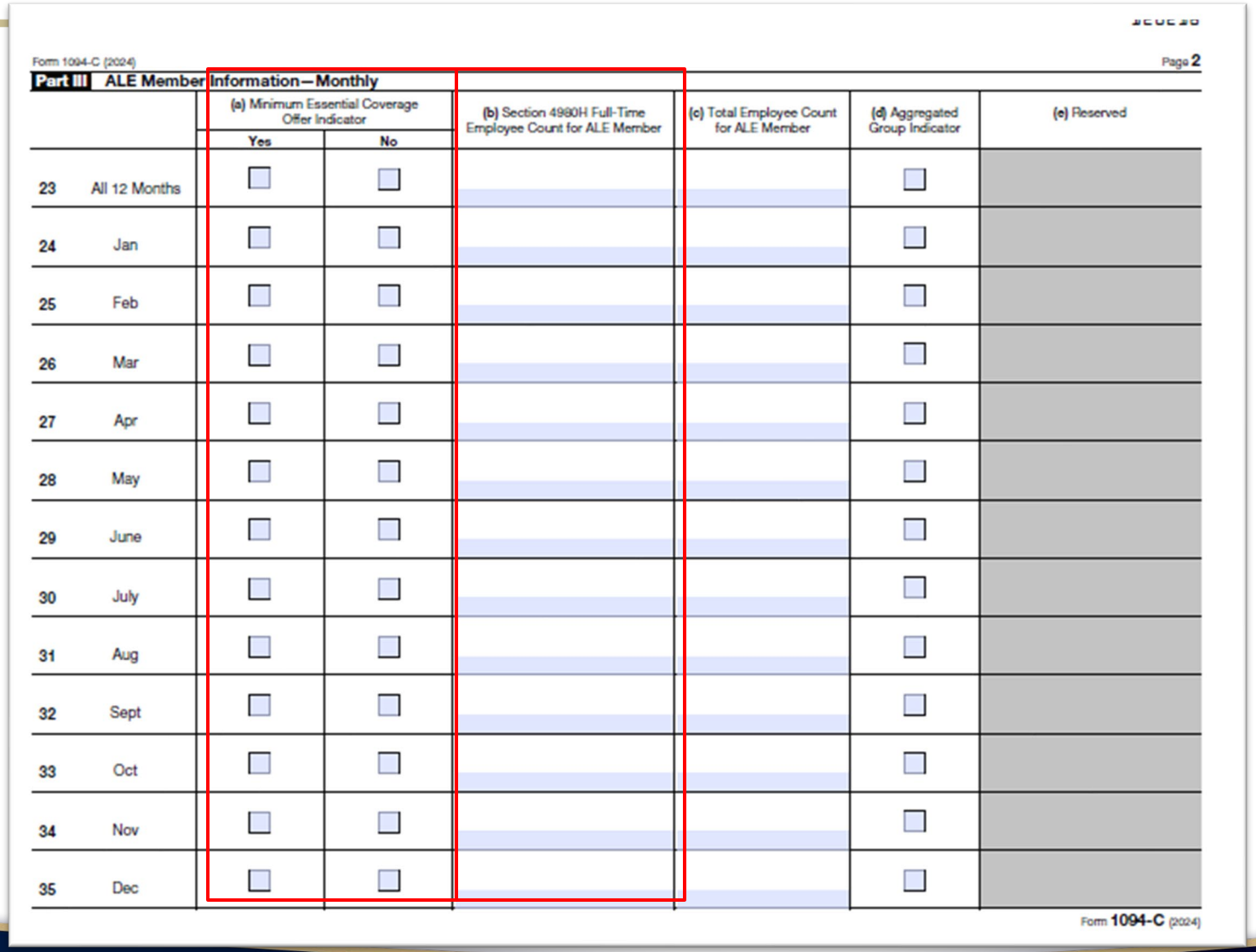
1094-C | Part III

(a) Minimum Essential Coverage Offer Indicator

An Applicable Large Employer must report "Yes" for all months the employer offered Minimum Essential Coverage to 95% of full-time employees and dependents or "No" for any month the employer did not offer coverage.

(b) Section 4980H Full-time Employee Count for ALE Member

If not using the 98% offer method must list all full-time assessable employees for that month using either the monthly measurement method or look-back method.



Form 1094-C (2024) Page 2

Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	☐	☐			☐	
24	Jan	☐	☐			☐	
25	Feb	☐	☐			☐	
26	Mar	☐	☐			☐	
27	Apr	☐	☐			☐	
28	May	☐	☐			☐	
29	June	☐	☐			☐	
30	July	☐	☐			☐	
31	Aug	☐	☐			☐	
32	Sept	☐	☐			☐	
33	Oct	☐	☐			☐	
34	Nov	☐	☐			☐	
35	Dec	☐	☐			☐	

Form 1094-C (2024)

1094-C Part 111

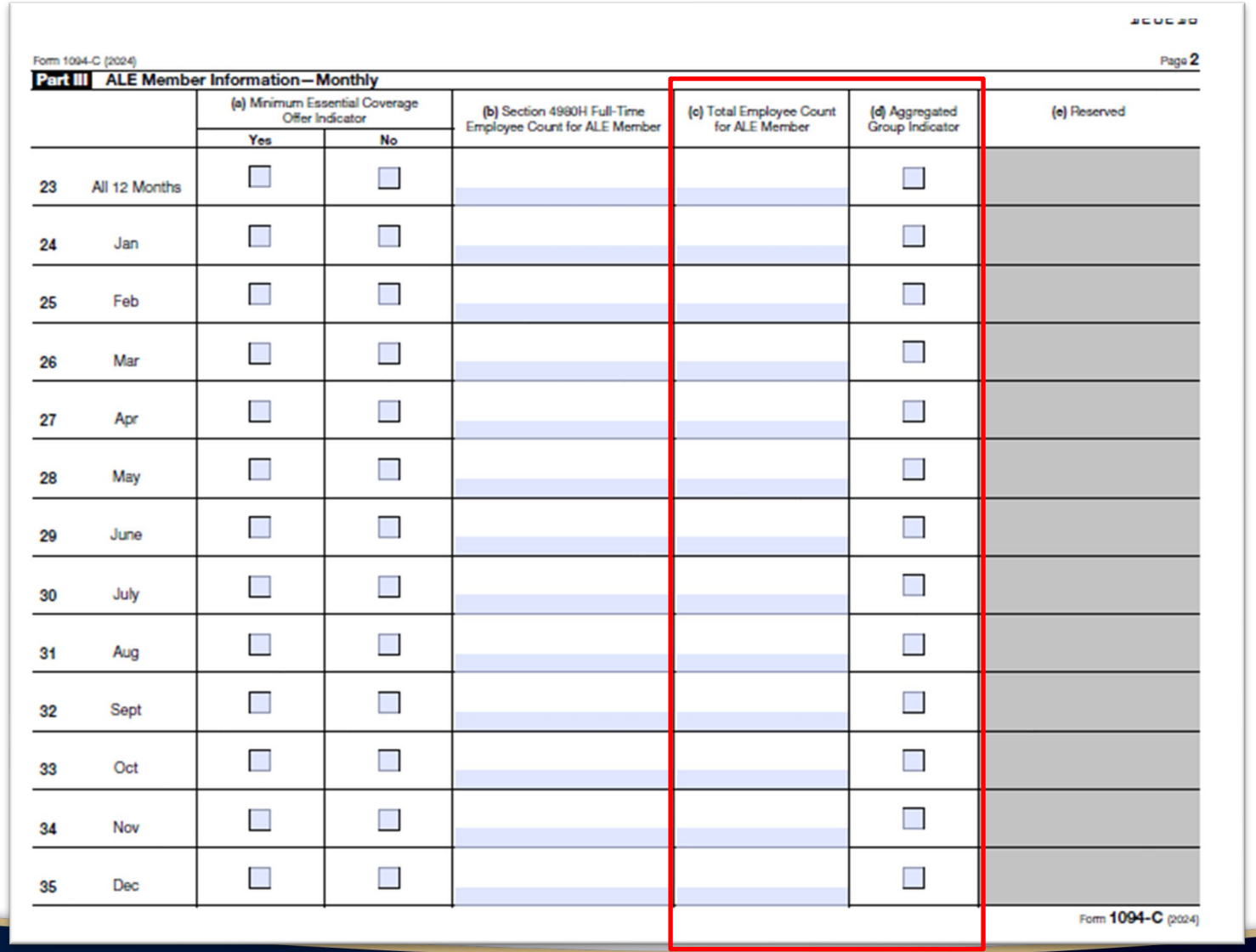
(c) Total Employee Count

Reports total number of employees employed in the month using the first day, last day, 12th day of each month, or the first day of the first payroll period in the month or the last day of the first payroll period (if that falls in the calendar month when the payroll period starts).

(d) Aggregated Group Indicator

Completed if the Applicable Large Employer is a member of an Aggregated ALE Group in any or all months of the calendar year.

(e) Reserved.



Form 1094-C (2024) Page 2

Part III ALE Member Information—Monthly

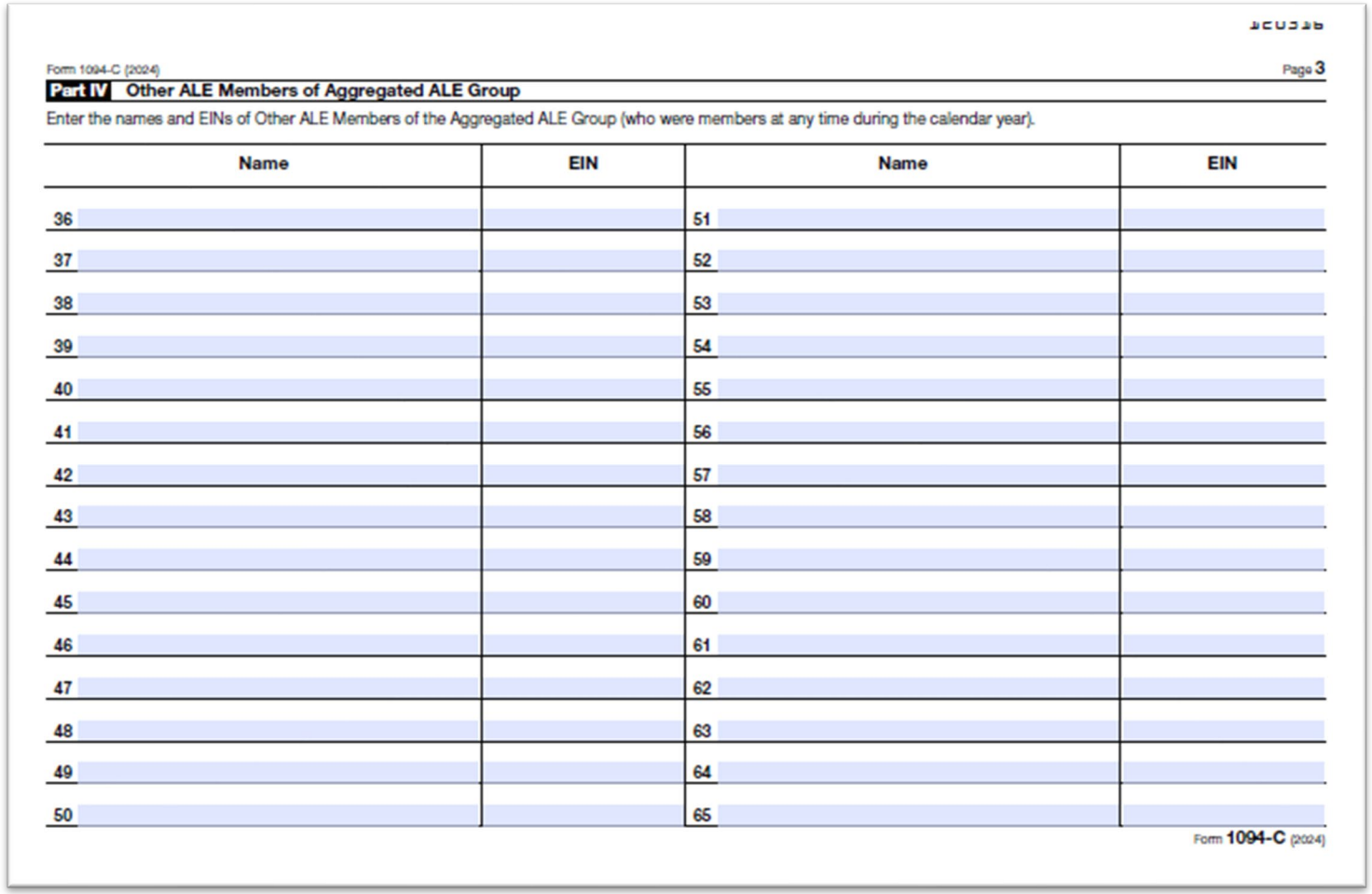
		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	☐	☐			☐	
24	Jan	☐	☐			☐	
25	Feb	☐	☐			☐	
26	Mar	☐	☐			☐	
27	Apr	☐	☐			☐	
28	May	☐	☐			☐	
29	June	☐	☐			☐	
30	July	☐	☐			☐	
31	Aug	☐	☐			☐	
32	Sept	☐	☐			☐	
33	Oct	☐	☐			☐	
34	Nov	☐	☐			☐	
35	Dec	☐	☐			☐	

Form 1094-C (2024)

1094-C | Part IV

Other Members of Aggregated ALE Group

List the other ALE member(s) with the EIN number who were ALE members at any time during the calendar year.



Form 1094-C (2024) Page 3

Part IV Other ALE Members of Aggregated ALE Group

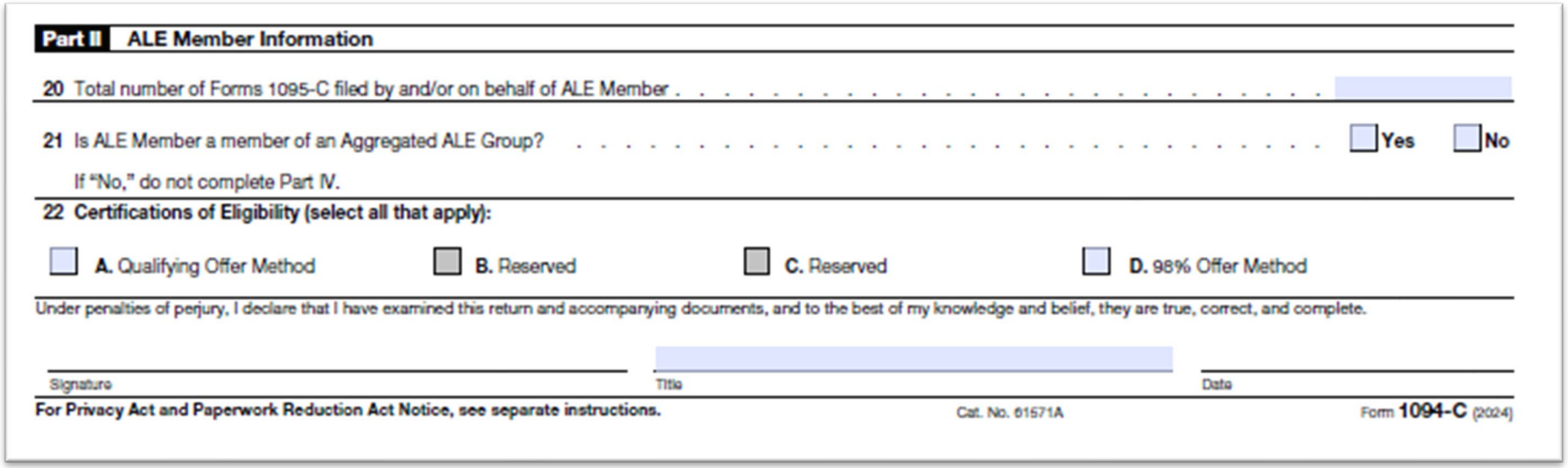
Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

	Name	EIN		Name	EIN
36			51		
37			52		
38			53		
39			54		
40			55		
41			56		
42			57		
43			58		
44			59		
45			60		
46			61		
47			62		
48			63		
49			64		
50			65		

Form 1094-C (2024)

1094-C Form

After completing pages 1-3, include the 1095-C forms, have the responsible individual sign, date and transmit to the IRS *electronically.*



Part II **ALE Member Information**

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21 Is ALE Member a member of an Aggregated ALE Group? . . . . . ☐ Yes ☐ No

If "No," do not complete Part IV.

22 **Certifications of Eligibility (select all that apply):**

☐ **A.** Qualifying Offer Method ☐ **B.** Reserved ☐ **C.** Reserved ☐ **D.** 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form **1094-C** (2024)

What is the 1095-C?

The form 1095-C is used by Applicable Large Employers (ALEs) to report

1. OFFERS of coverage to every employee that qualified as full-time for one or more months in the calendar year *and*
2. if self-insured, to show enrollment in coverage of employees and non-employees.

Plan that are fully insured plan for the entire calendar year complete Parts I and II

Plans that are self-insured for any months in the calendar year must also complete Part 111 for individuals (including spouse and dependents) that are enrolled in any month of the year.

1095-C Part I and II

1095-C Part 1 and Part 11

600120

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to *www.irs.gov/Form1095C* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
2024

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
3 Street address (including apartment no.)	
4 City or town / 5 State or province / 6 Country and ZIP or foreign postal code	

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
9 Street address (including room or suite no.)	10 Contact telephone number
11 City or town / 12 State or province / 13 Country and ZIP or foreign postal code	

Part II Employee Offer of Coverage — **Employee's Age on January 1** — **Plan Start Month** (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2024)

1095-C Fields, Part II

Employee's Age on January 1

- Complete If the individual was offered an **Individual Coverage HRA (ICHRA)**

Plan Start Month

- Enter the number (01-12) for the calendar month when the plan year begins of the health plan for which the employee is eligible for coverage or would be offered coverage if the employee were eligible.
- If more than 1 plan year can apply (the plan year is changed, for ex.), then list the earliest month.
- If there is *no health plan* under which coverage could be offered, use "00."

Line 17 Zip Code

- If an Individual HRA (ICHRA) was offered, list the zip code for calculating the Employee Required Contribution on Line 15. It will be the zip code of the employee's residence or the zip code of the primary site of employment using the work location safe harbor. New 1 series codes have been created for Individual HRA offer reporting.

Line 14 Offer of Coverage Code

- Do not leave blank, even if the employer did not employ the employee in that month.
- Enter the code that applies for the month, or if the same code applies for all 12 months, you may use the “all 12 months” box
- An offer of health coverage must be valid for the entire month.
- If the offer of coverage or coverage terminates before the last day of the month (ex, the employee terminates during the month), the employee does not have an offer of coverage for that month. (Code 1H would apply)

Line 14 Codes (I H No Offer)

1A	Qualifying Offer
1B	Employee Only
1C	Employee plus Dependents
1D	Employee plus Spouse
1E	Family (Employee Spouse and Dependents)
1F	MEC offer
1G	Offer for at least 1 month to individual not an employee any month of the calendar year or an employee who is not full-time any month who enrolled in self-ensured plan
1H	No Offer
1I	Reserved
1J	Employee and conditional offer to spouse (but not dependents)
1K	Employee and dependents with conditional offer to spouse

- The Offer codes reflect the highest tier of coverage offered to the employee.
  Exception: 1A is an offer to the entire family using the FPL monthly cost ($103.28 for 2023).

- 1H should be paired with the appropriate 2 series code:
  - 2D for employees in a limited non-assessment (waiting period) or first month of employment if no offer of coverage
  - 2B for part-time or month of termination if the employee terminated before the end of the month and was not enrolled until the end of the month or if the offer stopped before the end of the month
  - 2A if the employee was not employed any day in the month

Line 14 Codes (Offer 1A through 1K)

1A	Qualifying Offer
1B	Employee Only
1C	Employee plus Dependents
1D	Employee plus Spouse
1E	Family (Employee Spouse and Dependents)
1F	MEC offer
1G	Offer for at least 1 month to individual not an employee any month of the calendar year or an employee who is not full-time any month who enrolled in self-ensured plan
1H	No Offer
1I	Reserved
1J	Employee and conditional offer to spouse (but not dependents)
1K	Employee and dependents with conditional offer to spouse

- The Offer codes *reflect the highest tier of coverage offered to the employee*.

1H No Offer (combined with Line 16 2A, 2B, 2D Codes)
1A is an offer to the entire family using the FPL monthly cost ($103.28 for 2023) Line 16 Blank

1E Family Coverage (combined with line 16 2C or 2F, 2G,or 2H)

Line 14 Individual Coverage HRA (ICHRA) Codes

1L	HRA offered to employee with affordability determined by employee's primary residence zip code
1M	HRA offered to employee and dependents only with affordability determined by employee's primary residence zip code
1N	HRA offered to employee, spouse and dependents with affordability determined by employee's primary residence zip code
1O	HRA offered to employees only using the employee's primary employment site zip code affordability safe harbor
1P	HRA offered to employee and dependents only using the employee's primary employment site zip code affordability safe harbor
1Q	HRA offered to employee, spouse and dependents using employee's primary employment site zip code affordability safe harbor

Line 14 Individual Coverage ICHRA Codes

1R	HRA that is NOT AFFORDABLE offered to employee; employee and spouse, or dependents: or employee, spouse and dependents
1S	HRA offered to an individual who was not a full-time employee
1T	Individual coverage HRA offered to employee and spouse (not dependents) with affordability determined using employee's primary residence zip code
1U	Individual coverage HRA offered to employee and spouse (not dependents) using employee's primary employment zip code affordability safe harbor

1V through **1Z** Reserved

Line 14 Code: Highest Tier Offered- ALL 12 Months

I. Employee offered a plan for all of calendar year 2023 that will cover his entire family (1E)

600120

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
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☐ VOID
☐ CORRECTED

OMB No. 1545-2251
2024

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
3 Street address (including apartment no.)	
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Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
9 Street address (including room or suite no.)	10 Contact telephone number
11 City or town	12 State or province / 13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage — Employee's Age on January 1 — Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2024)

1A	Qualifying Offer
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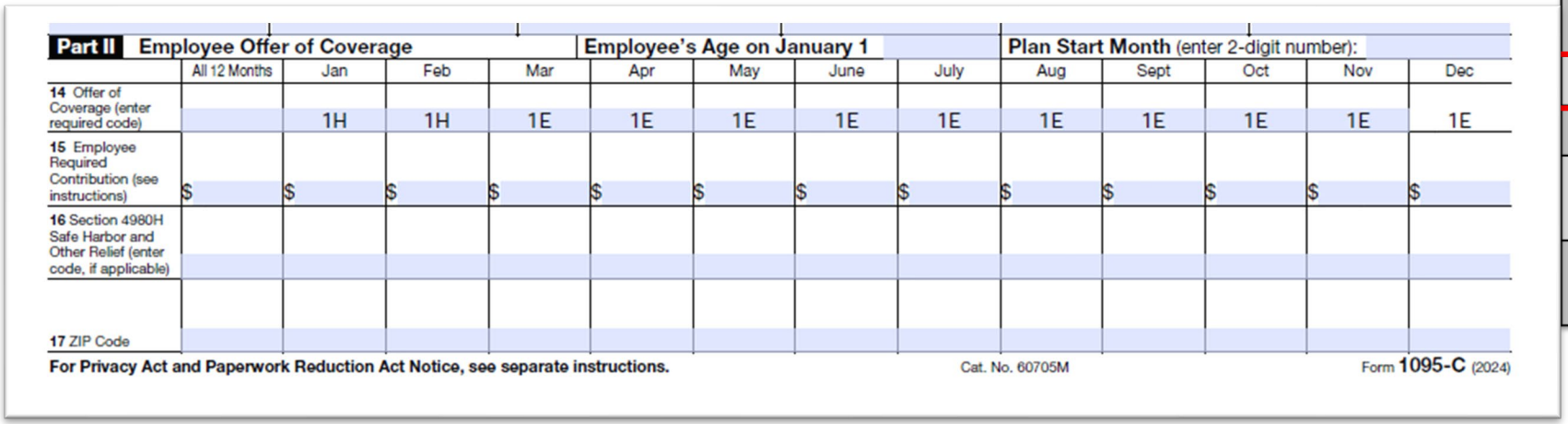
1C	Employee plus Dependents
1D	Employee plus Spouse
1E	Family (Employee Spouse and Dependents)
1F	MEC offer
1G	Offer for at least 1 month to individual not an employee any month of the calendar year or an employee who is not full-time any month who enrolled in self-ensured plan
1H	No Offer
1I	Reserved
1J	Employee and conditional offer to spouse (but not dependents)
1K	Employee and dependents with conditional offer to spouse

Line 14: Offer Not for All 12 Months

I. Tom is not an employee in January of 2024. (1H)
II. Tom was hired by Levon Helm Company on February 10, 2024
III. Tom is eligible for an offer of coverage on the first day of the month following the date of hire (March 1, 2024)
IV. The offer of coverage is to Tom's family (1E)



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	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
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1K	Employee and dependents with conditional offer to spouse

Line 15- Lowest Self-Only Cost

- Line 15 shows the monthly premium contribution for the self-only cost of the lowest plan offered.
- Levon Helm Company offers Tom an HMO for $200.00/month self-only and a PPO for $275.00/month self-only from March through December of 2024.
- *The HMO self-only cost is reported on Line 15 as that is the lowest cost minimum value plan*

Part II Employee Offer of Coverage | Employee's Age on January 1 | Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$	$	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2024)

2. If the employee contribution was the same for all 12 months the employee offered coverage, use the "all 12 months" box.
   1. Enter the amount, including cents. If the employee contribution is zero, indicate "0.00" and do not leave blank less employer uses 1A code and line 15 must be blank
3. If the plan is a non-calendar year plan and the employee contribution changed during the year, enter the amount for every month the employee offered minimum value coverage.

Line 16 Codes

- Line 16 is your friend.
- Line 16 codes are safe harbor codes:
  - a safe harbor code is intended to explain line 14 so the IRS cannot assess a (b) penalty.
- ***Line 16 should always be completed unless there is no safe harbor code that applies***

- 2C Enrolled in coverage
- 2F W-2 Affordability safe harbor
- 2G FPL Affordability safe harbor
- 2H Rate of Pay Affordability Safe Harbor

Line 16 (9 Codes) **May leave blank in some cases**
2A Employee not employed ON ANY DAY during month
2B Employee not Full-time *Also use during month of termination if offer of coverage(or coverage if employee was enrolled) ended before the last day of the month because the employee terminated employment during the month.*
2C Employee enrolled in coverage offered **CODE 2C** trumps most 2 series codes: *Don't use 2C if 1G entered on line 14* *Don't use 2C for terminated employee enrolled in COBRA coverage* *(see instructions)*
2D Employee in limited non-assessment period (LNP)
2E Multiemployer interim rule relief
2F W-2 affordability safe harbor *Must be used for all months employee offered coverage*
2G FPL affordability safe harbor
2H Rate of pay affordability safe harbor
2I Reserved

Offer of Coverage Codes Line 16

Tom is eligible for coverage in March as a full-time employee.

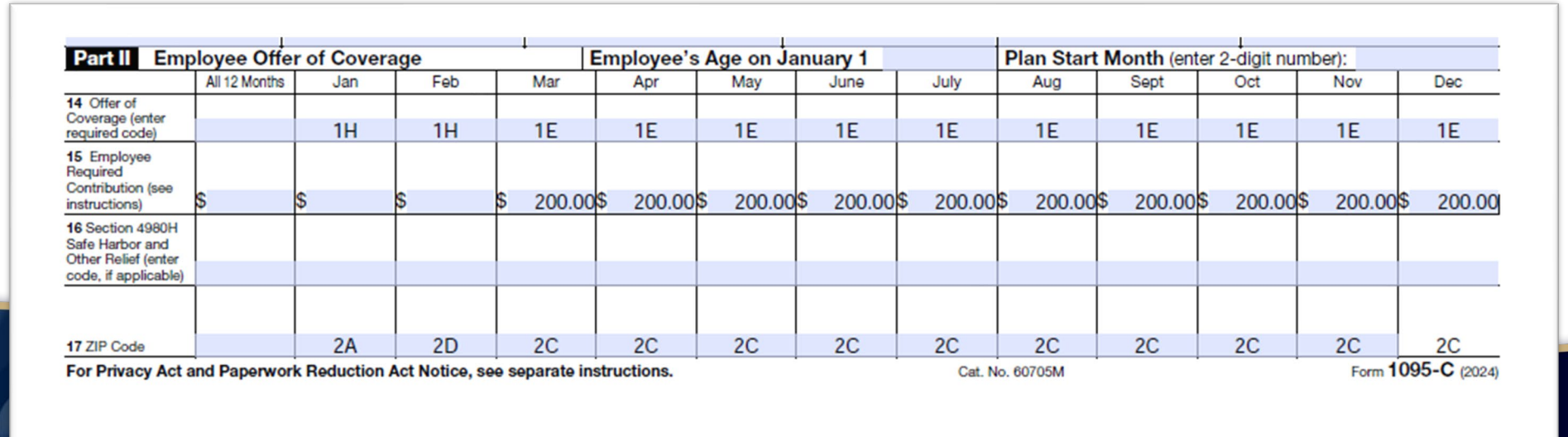
Line 16 Codes:

2A Not an employee for the month

2D Limited non-assessment period

2B Not a full-time employee or terminated before the last day of the month

- 2C Enrolled in coverage
- 2F W-2 Affordability safe harbor
- 2G FPL Affordability safe harbor
- 2H Rate of Pay Affordability Safe Harbor



Part II Employee Offer of Coverage	Employee's Age on January 1							Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$	$	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code		2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2024)

1095-C

COBRA

Break in service rules

COBRA

- For employees that have terminated, COBRA offer is reported as IH (no offer of coverage), but if plan is self-insured, will still report coverage under Part III.
- If COBRA is offered due to a reduction in hours and that employee is still full-time under ACA, it could generate the B penalty if cost of COBRA is not affordable and the employee receives a subsidy.

For example, Tom is in a stability period as full-time but reduces his hours and wants to go on COBRA. Tom is still full-time for ACA until the end of the stability period so if Tom chooses a subsidy it would generate the "B" penalty for the employer.

Break in Service Rules

Rehired employees can be treated as a new employee for ACA and apply a new waiting period if:

- There is at least a 13 consecutive week break in service (26 weeks for educational institutions) where no hours credited
- S*easonal employees usually have a greater than 13 week break in service*

The rule of parity available if applied uniformly

- A break in service of at least 4 weeks where no hours credited and the break in service exceeds the employee's prior employment period
- *Example works for 3 weeks and break in service is 4 weeks*

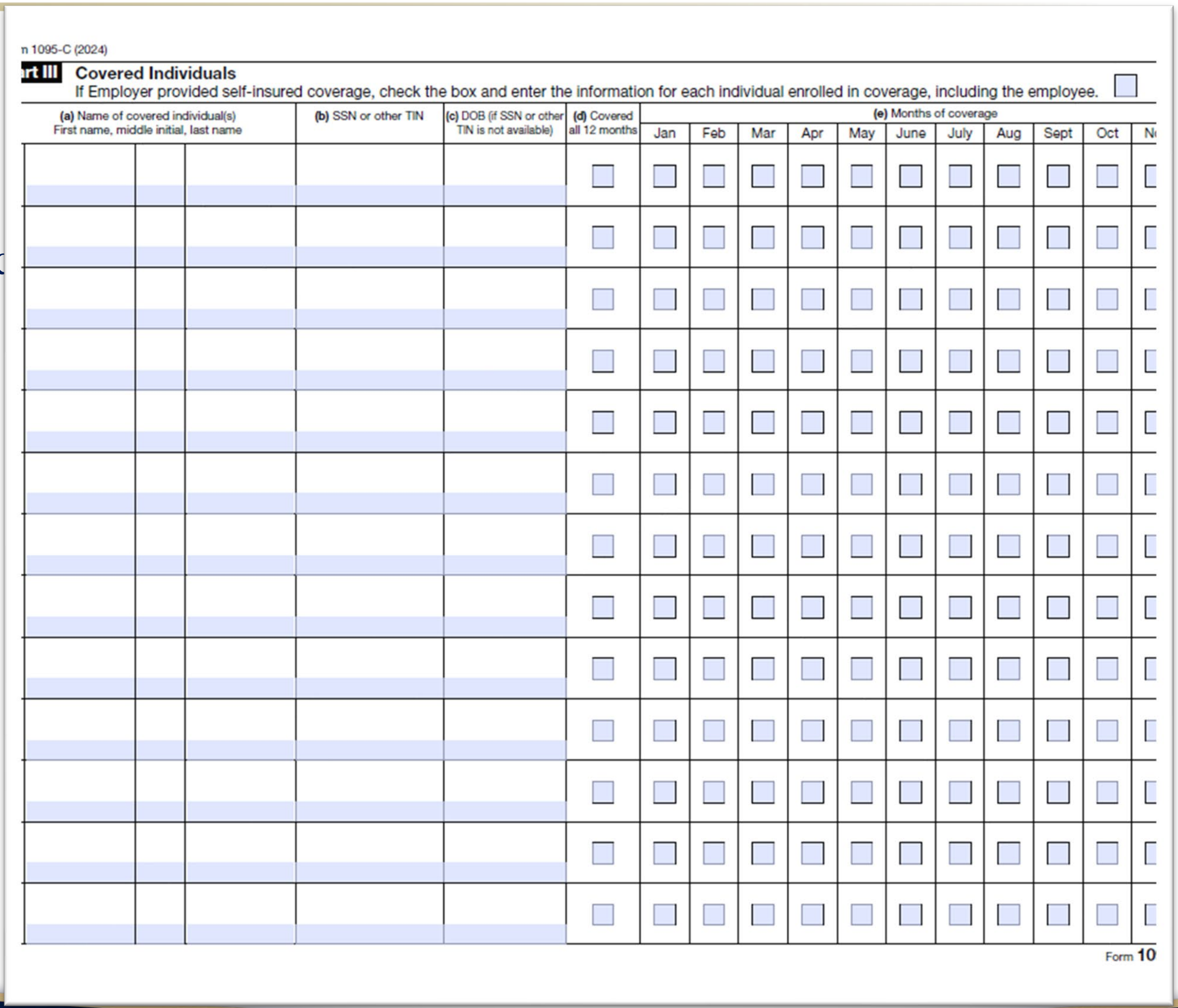
1095-C Part III
Self-Insured Only

1095-C Part 111

- The Third Page of the 1095-C Form is Part III.

- Employers with self-insured plans must list all covered individuals. This includes Individual Coverage HRAs (ICHRA)

- Employers with fully insured plans for the entire calendar year leave Part III blank.


n 1095-C (2024)

rt III **Covered Individuals**

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

(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	N

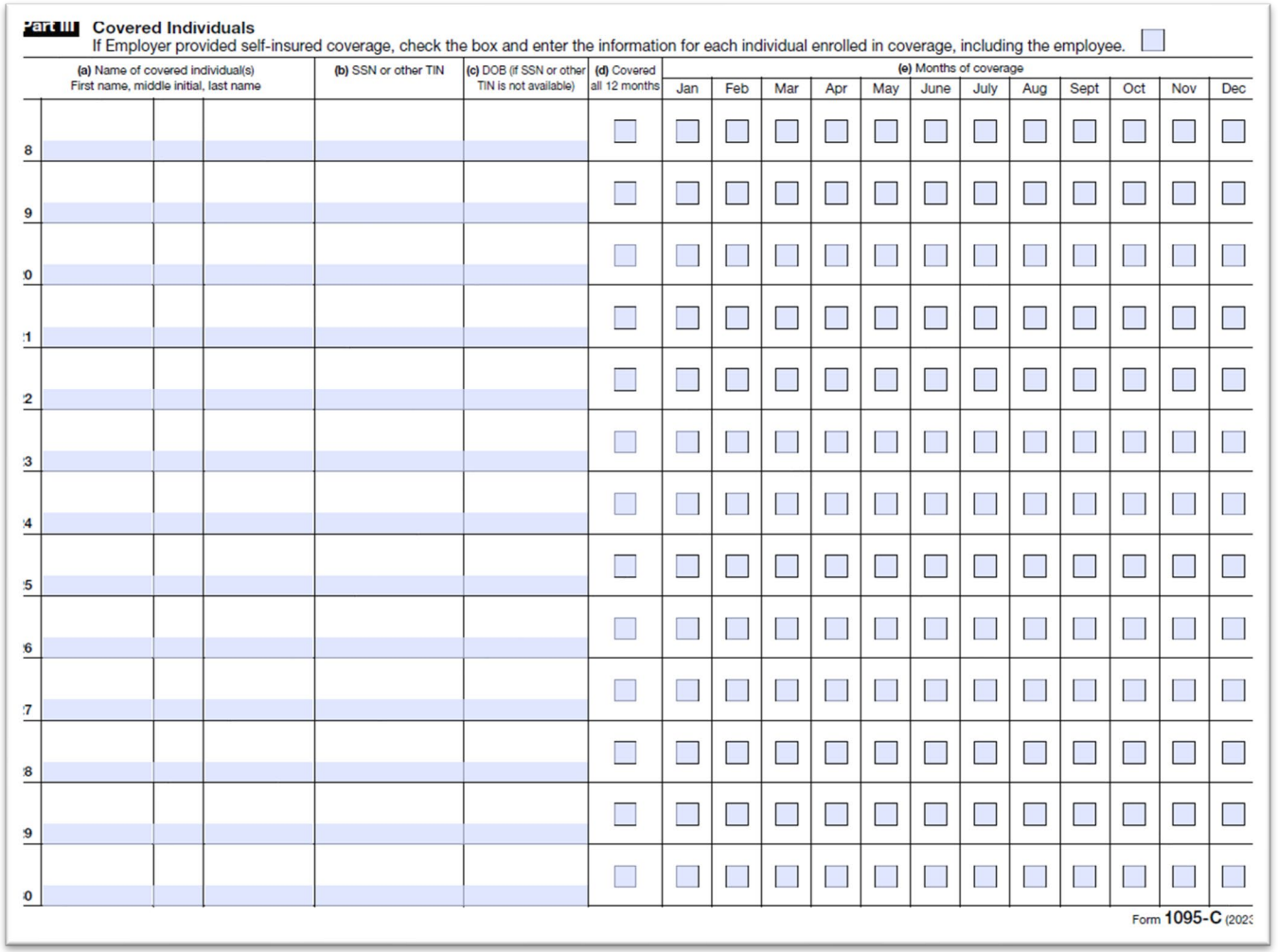
Form 10

Part III, Covered Individuals (Self-Insured)

Report all individuals covered, including COBRA.

Employees and any family members covered are included for the months enrolled in coverage on the same 1095-C.

a) Name of covered individuals - List first name, middle initial, and last name.
b) Social Security Number or Taxpayer Identification The number (TIN) May be left blank if no TIN
c) Enter a date of birth (YYYY-MM-DD) only if the TIN in column (b) is blank.
d) If the individual was not covered for all 12 months, list every month the individual was covered for at least one day in the month.



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

	(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
8				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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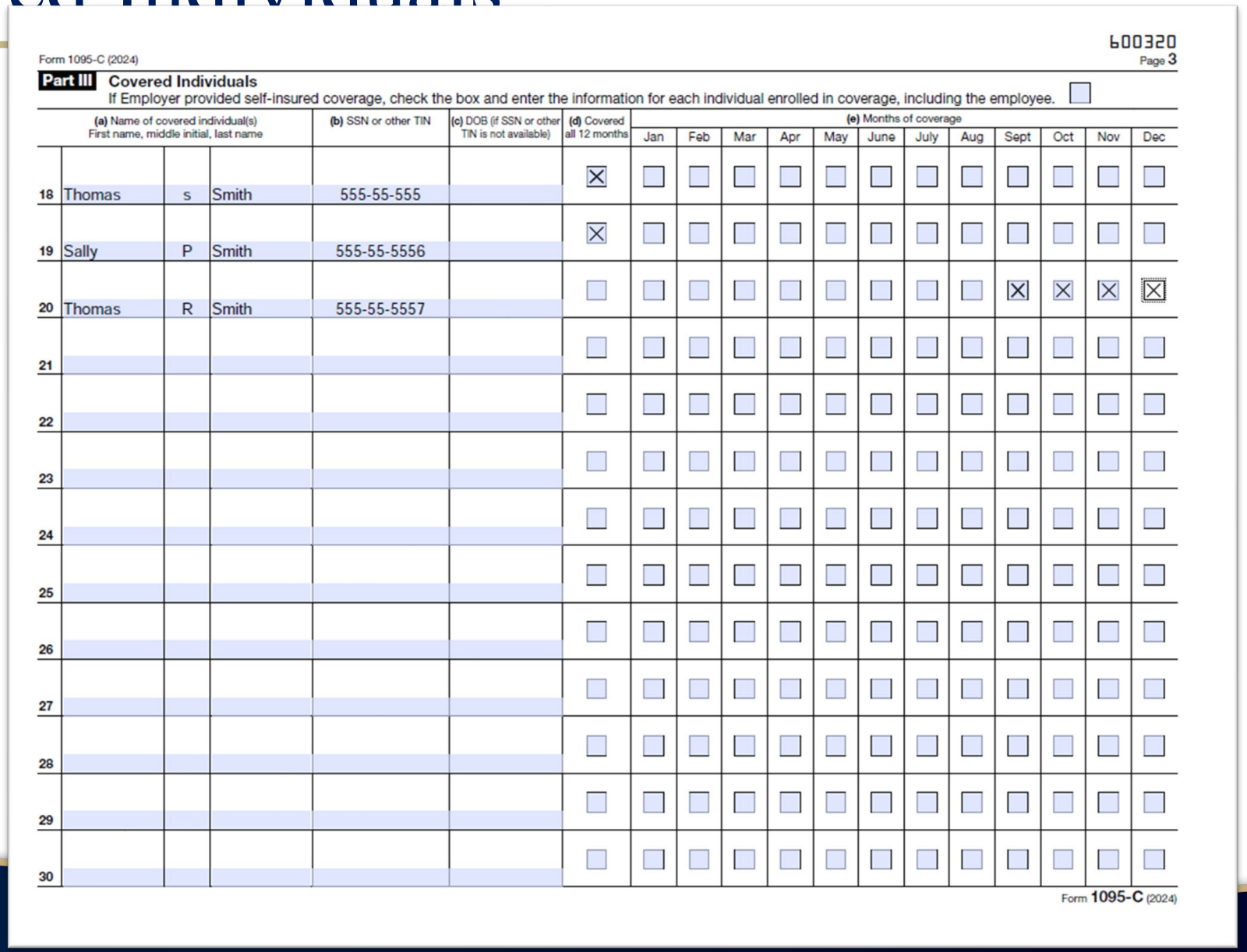
Form **1095-C** (2023

Part III, Covered Individuals

List all covered individuals and months covered.

For example, Thomas R. Smith is born on September 9 and covered as of date of birth. Sept. – Dec. is checked with an "X" as Thomas R. had coverage at least 1 day in September.



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Part III Covered Individuals

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

	(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
18	Thomas	s	Smith	555-55-555		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	Sally	P	Smith	555-55-5556		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	Thomas	R	Smith	555-55-5557		☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☒	☒	☒
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Form 1095-C (2024)

Thank You!