

COMMONWEALTH OF MASSACHUSETTS

1095-C Form Frequently Asked Questions (FAQs) For Employees

1. Why am I receiving a health care tax statement (1095-C) from the Commonwealth of Massachusetts?

Answer: If you were determined to be a full-time employee of the Commonwealth under the ACA rules, you have received a Form 1095-C. We are required to send you this form, but you do not need it to file your taxes.

The Affordable Care Act requires Applicable Large Employers (ALEs), such as the Commonwealth of MA (those employers with 50 or more full-time equivalent employees) to send Form 1095-C to all full-time employees (**those who work an average of 30 or more hours per week**).

Please Note: The 1095-C form should be kept with tax records. Do not submit to the IRS.

2. What other forms may I receive? And how are they different?

Answer: There are other IRS tax forms that are like Form 1095-C that you may receive:

- IRS Form 1095-B details the months of health insurance coverage that you, your spouse and/or any eligible dependents had for each month. Form 1095-B is generally provided by the insurance carrier and provides details about the health insurance coverage you elected, including who in your family was covered. In most cases, as a benefited Commonwealth of Massachusetts employee or employee of a GIC participating offline agency or municipality, the form will come from the Group Insurance Commission.
Note: If you were a full-time employee and changed health plans during the year to or from a non-GIC employer, you may receive multiple Forms 1095-B for the 2016 tax year.
- IRS Form 1095-A provides information as to any Marketplace coverage you had (**if applicable**), and any Premium Tax Credits you received. If applicable, this form would be provided by the Marketplace Exchange.

Please Note: All 1095 forms should be kept with tax records. Do not submit to the IRS.

3. Why did I get more than one Form 1095-C?

Answer: If you worked at more than one agency, municipality, or company, you *may* receive a Form 1095-C from each employer. For example, if you changed jobs during the year and were enrolled in coverage with both employers, you should receive a 1095-C from each employer.

Please note: *If you work for more than one job at the Commonwealth of MA (including working for one or more agency or higher education campus), you will receive one 1095-C that will be inclusive of all your jobs with the Commonwealth.*

4. What do I do with the Form 1095-C?

Answer: Keep this form with your other tax records though you will not need it to file your taxes. Do not include this form with your filing to the IRS.

5. What information is on the Form 1095-C?

Answer: There are three parts to the form:

- **Employee and Employer Information** (Part 1) reports information about you and your employer, the Commonwealth of Massachusetts.
- **Employee Offer and Coverage** (Part 2) reports information about the coverage offered to you by your employer, the affordability of the coverage offered, and the reason why you were or were not offered coverage by your employer.
- **Covered Individuals** (Part 3) will be blank. This information will be reported on the form 1095-B.

6. Who should I contact if I have questions about the 1095-C I receive?

Answer: If you have questions about your 1095-C (the offer of health insurance coverage) issued by the Commonwealth of Massachusetts, call your human resources department.

2016

VOID CORRECTED OMB No. 1545-2251 **2016** Form 1095-C

All Commonwealth Employees including University of Mass are listed under the Applicable Large Employer

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Part II Employee Offer of Coverage				Employer Provided Health Insurance Offer and Coverage										
<p>▶ Do not attach to your tax return. Keep for your records. Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c.</p> <p>EMPLOYEE'S name, address, ZIP/postal code & country</p> <p>APPLICABLE LARGE EMPLOYER'S identification number (EIN) EMPLOYEE'S social security number (SSN)</p>		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 Power (enter code, if applicable)											
		All 12 Months		\$												
		Jan		\$												
		Feb		\$												
		Mar		\$												
		Apr		\$												
		May		\$												
		June		\$												
		July		\$												
		Aug		\$												
		Sept		\$												
		Oct		\$												
		Nov		\$												
		Dec		\$												
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.							For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Department of the Treasury -- IRS									
(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	June	July	Aug	Sept	Oct	Nov	Dec
17																
18																
19																
20																

If your status as Full Time is unchanged throughout the year, then you will have a single value for the year

The lowest cost of Commonwealth Health Plan available to you, not the cost of coverage you chose, if any

The determination of a "Safe Harbor" of affordability, based on your rate of pay, not your annual pay

Commonwealth Tax ID same as W-2

This part will be Blank, this data will be on the 1095-B form mailed separately