

Reading your 1095C form

Your 1095-C form is provided to you as a provision of the Affordable Care Act. Form 1095-C includes information about the health insurance coverage offered to you by Hays County. For any questions you have about this form, please contact the Hays County Treasurer’s Office at 512-393-2236. For more information about your tax return, or the Affordable Care Act, you can contact IRS at www.irs.gov or 1-800-829-1040.

600119 <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251	2019	Form 1095-C	Employer Provided Health Insurance Offer and Coverage For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Department of the Treasury – IRS																																																								
Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Hays County 712 South Stagecoach Trail San Marcos, Texas 78666 (512)393-2236		Part II Employee Offer and Coverage <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Plan Start Mo. (Enter 2-digit no.):</th> <th style="width: 15%;">14 Offer of Coverage (enter required code)</th> <th style="width: 15%;">15 Employee Required Contribution (see instructions)</th> <th style="width: 15%;">16 Section 4980H-1 Safe Harbor and Other Relief (enter code, if applicable)</th> </tr> <tr> <td>All 12 Months</td> <td style="text-align: center;">1A</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">2C</td> </tr> <tr><td>Jan</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Feb</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Mar</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Apr</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>May</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>June</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>July</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Aug</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Sept</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Oct</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Nov</td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td>Dec</td><td></td><td style="text-align: center;">\$</td><td></td></tr> </table>				Plan Start Mo. (Enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H-1 Safe Harbor and Other Relief (enter code, if applicable)	All 12 Months	1A	\$	2C	Jan		\$		Feb		\$		Mar		\$		Apr		\$		May		\$		June		\$		July		\$		Aug		\$		Sept		\$		Oct		\$		Nov		\$		Dec		\$	
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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																																																													
EMPLOYEE'S name, address, ZIP/postal code & country Joe Employee 1234 Wonderful Lane San Marcos, Tx 78666																																																													
APPLICABLE LARGE EMPLOYER'S identification number (EIN) 74-6002241	EMPLOYEE'S social security number (SSN) 000-00-0000																																																												
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. <input checked="" type="checkbox"/>																																																													
(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																																																								
17. Joe	C Employee	000-00-0000		X	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec																																													
18. Mary	M Spouse	000-00-0000		X																																																									
19. Joe	M Junior	000-00-0000		X																																																									
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Form 1095-C, **Part II**, includes information about the coverage Hays County may have **offered** to you and to your dependent(s). NOTE: Hays County must report to IRS if health coverage was offered to you, **even if you declined health coverage**.

Column 14. The codes listed in Column 14 describe the coverage that Hays County offered to you and to your dependent(s), if any. Please note that a code will only be next to each month if a different situation occurred for different months. Otherwise, if your situation was the same all year, you will only see something next to “All 12 months” and nothing will be listed next to the individual months.

1A. You worked over 30 hours a week, (on average) for the months individually marked with 1A, or for all 12 months. Hays County has offered you and your dependent(s) health insurance coverage. You may have chosen not to take the coverage, but even if you did not take the coverage, 1A will be listed for months you were **offered** health insurance coverage. Note that code 2C indicates you accepted the health insurance coverage. Other codes may indicate the initial waiting period prior to coverage or an inactive status.

1G. You did NOT work for Hays County for the months individually marked with 1G, or for all 12 months. However, you were enrolled in a Hays County health plan for one or more months of the calendar year, either as a Hays County Retiree or Central Appraisal District employee.

1H. You did NOT work over 30 hours a week, (on average) for the months individually marked with 1H, or for all 12 months. You were NOT offered any health coverage through Hays County for the months marked with 1H, or for all 12 months.

Form 1095-C, **Part III** provides information to assist you in completing your income tax return. This section indicates that you and/or your dependent(s) were covered under a Hays County health insurance plan for some, or all months during the year. Part III reports the name, SSN and coverage information about each individual covered under the Hays County health plan and what months they were covered. Please note that an X will only be under each month in section (e) if a different situation occurred for different months. Otherwise, if your situation was the same all year, you will only see an X under (d) “Covered all 12 months” and nothing will be listed under the individual months in section (e).