



Department of Civil Service

ANDREW M. CUOMO
Governor

February 2016

IRS Form 1095-C Notice

This notice is to advise you of a new Internal Revenue Service (IRS) tax form, Form 1095-C (Employer-Provided Health Insurance Offer and Coverage), that will be sent to you by the State of New York in the coming weeks. This form is being sent to you pursuant to the federal Patient Protection and Affordable Care Act (PPACA), sometimes referred to as Federal Health Care Reform. This notice provides details on Form 1095-C and why it is being sent to you. The form presents data to be provided to the IRS by the State as proof of qualifying health insurance coverage for 2015.

Federal law requires that Form 1095-C be sent to all employees who meet PPACA's definition of a full-time employee. This is generally defined as individuals who work at least 30 hours per week or 130 hours per month. In addition to full-time employees, the State will also send Form 1095-C to any other individuals who were enrolled in The Empire Plan or the Student Employee Health Plan (SEHP) for all or a portion of 2015.

Once you receive Form 1095-C (see blank sample on reverse side), review it for accuracy and retain it with your tax records. You do not need to return the form to the State of New York, and it does not need to be filed with your federal or state income tax return. If any of the information contained on your Form 1095-C is inaccurate, call the telephone number on the upper right corner of the form to correct any errors.

A blank version of IRS Form 1095-C is shown below for your reference. It is divided into three parts:

- Part I contains identifying employee and employer information.
- Part II contains information about the State's offer of health insurance coverage to employees. **Please note that for active employees, Line 15 will contain information about the lowest cost health insurance option offered to you. Since this is a monthly amount, it will not match the biweekly premium shown on your paystub.**
- Part III contains information about employee and dependent enrollment in The Empire Plan or SEHP. **Note:** If you were not enrolled in either plan for any portion of 2015, for example, you were enrolled in the NYSHIP Opt-out Program, this section will be blank.

Form 1095-C **Employer-Provided Health Insurance Offer and Coverage** VOID CORRECTED **2015**

Department of the Treasury Internal Revenue Service

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

Part I **Employee** **Applicable Large Employer Member (Employer)**

1 Name of employee 2 Social security number (SSN) 7 Name of employer 8 Employer identification number (EIN)

3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number

4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 13 Country and ZIP or foreign postal code

Part II **Employee Offer and Coverage** **Plan Start Month (Enter 2-digit number):**

14 Offer of Coverage (enter relevant code)

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Lowest (Best) Offer of Coverage (enter relevant code)												
16 Lowest (Best) Offer of Coverage (enter relevant code)												
17 Lowest (Best) Offer of Coverage (enter relevant code)												
18 Applicable Section 501(c)(29) Health Reimbursement Arrangement (enter code, if applicable)												

Part III **Covered Individuals** **If Employer provided self-insured coverage, check the box and enter the information for each covered individual.**

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 1095-C Form 1095-C (2015)

This form is important to Empire Plan and SEHP enrollees because it provides verification to enrollees and any covered dependents that they had qualifying health insurance coverage in 2015, which is a requirement under PPACA. Please note that if you were enrolled in a Health Maintenance Organization (HMO) for all or a portion of 2015, you may receive a similar form, Form 1095-B, from your HMO as well.

Individuals who are enrolled in Medicare or who provide coverage to any dependents enrolled in Medicare should note that enrollment information for Medicare enrollees will not appear on Form 1095-C. Medicare enrollees satisfy PPACA's coverage requirement listed above and you may receive a separate Form 1095-B from Medicare for these individuals.

In conclusion, if the information on your Form 1095-C is correct, simply retain the form with your tax records. If you have questions about the form, call the telephone number listed on your Form 1095-C.