



# 1095-C Cheat Sheet

# Introduction

The [Affordable Care Act](#) (ACA) requires certain businesses to report employee health insurance coverage information to the IRS to verify that they meet the minimum coverage requirement. These forms are the 1094-C and the 1095-C. Form 1094-C reports summary information of employer coverage to the IRS. Form 1095-C reports information for individual employees, so filling each one out correctly is vital—and challenging.

Mistakes on these forms can lead to severe penalties, but you can use the guidance within this resource to understand Form 1095-C better. You will find descriptions and instructions for using the codes for Line 14 and Line 16 and an infographic that breaks down Form 1095-C line by line. Now, let's get started!

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# Line 14 Codes

**Addresses the following:**

- ✓ Whether an individual was offered coverage
- ✓ The type of coverage that was offered
- ✓ Which months the coverage was offered

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													

- 1A**
  - You made a qualifying offer and offered Minimum Essential Coverage (MEC) with Minimum Value (MV) coverage to the employee (EE)
  - You offered MEC to spouse and dependents
  - Coverage offered was affordable because it's less than or equal to 9.12% of the single, mainland federal poverty line

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- 1B**
  - You offered MEC with MV to EE
  - Coverage was not offered to spouses and children

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- 1C**
  - You offered MEC with MV coverage to EE
  - You offered MEC to children
  - Coverage was not offered to spouses

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- 1D**
  - You offered MEC with MV coverage to EE
  - You offered MEC to spouses
  - Coverage was not offered to children

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- 1E**
  - You offered MEC with MV to EE
  - You offered MEC to spouses and children
  - Coverage offered was not affordable, or is affordable based on a different safe harbor than the federal poverty line

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- 1F**
  - You offered MEC to EE, spouse and children
  - Coverage does not provide MV

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- 1G**
  - You offer a self-insured plan
  - Non-full time employees (FTEs) are also eligible for your plan
  - The EE was enrolled in this plan, for this month

- 1H**
  - You made no offer of coverage (or one that didn't provide MEC for the EE)
  - The EE was not hired or was in a limited non-assessment period
  - Coverage was not offered for the entire month
  - The EE was terminated and offered COBRA
  - The EE was ineligible for coverage

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- 1I**
  - You didn't offer employee, spouse or dependent coverage
  - The qualifying offer was for less than 12 months

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- 1J**
  - MEC and MV was offered to EE
  - MEC was conditionally offered to spouse
  - MEC was not offered to children

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- 1K**
  - MEC and MV offered to EE
  - MEC offered to children
  - MEC conditionally offered to spouse

**Additional notes for line 14:**

- The reference to affordability is at the employee-only coverage level and it does not matter if the employee actually elects coverage for themselves and a spouse or dependent.
- An offer of coverage is one that provides coverage for the entire calendar month. The only exception is for terminated employees who would have been covered for the entire calendar month if they had not been terminated.
- A conditional offer of spousal coverage is an offer of coverage that is subject to one or more objective and reasonable conditions.



# Line 16 Codes

**Addresses the following:**

- ✓ If the individual was employed part-time or full-time
- ✓ If the coverage was affordable and if so, which IRS safe harbor was used to determine affordability
- ✓ If the employee was enrolled in coverage
- ✓ If the employer is eligible for transition relief as a contributor to a union health plan or as an employer with a non-calendar year plan

<small>16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)</small>																			
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<b>2A</b>	<ul style="list-style-type: none"> <li>• The EE is not yet hired</li> <li>• The EE has been terminated</li> </ul>
<b>2B</b>	<ul style="list-style-type: none"> <li>• The EE is part-time</li> <li>• The EE is a seasonal or variable hour worker</li> <li>• The EE is not yet established as FT and is in a measurement period</li> </ul>
<b>2C</b>	<ul style="list-style-type: none"> <li>• The EE accepts and enrolls in your offer of coverage</li> <li>• If code 2C is applicable AND another code is also applicable, use this code</li> </ul>
<b>2D</b>	<ul style="list-style-type: none"> <li>• The EE was in a Limited Non-assessment Period (LNAP) for the month</li> <li>• It is your first year as an Applicable Large Employer (ALE)</li> <li>• The EE is in the first calendar month of employment but did not start on the first day of the month</li> </ul>
<b>2E</b>	<ul style="list-style-type: none"> <li>• Some portion of your workforce is eligible for a union plan</li> <li>• You make an ongoing contribution to the union plan on behalf of your EEs</li> </ul>
<b>2F</b>	<ul style="list-style-type: none"> <li>• The coverage offered is affordable for the EE based on the W-2 safe harbor method</li> <li>• The W-2 safe harbor method was used for every month that the EE is offered coverage</li> </ul>

<b>2G</b>	<ul style="list-style-type: none"> <li>• The coverage offered is affordable for the EE based on the federal poverty line safe harbor method</li> </ul>
<b>2H</b>	<ul style="list-style-type: none"> <li>• The coverage offered is affordable for the EE based on the rate of pay safe harbor method</li> </ul>
<b>2I</b>	<ul style="list-style-type: none"> <li>• The employee is eligible for non-calendar year transition relief for this month</li> </ul>

**Additional notes for line 16:**

- If more than one code applies to an employee, select the code that best fits.
- The IRS recommends that if you have a choice in codes and the choice is between 2C and another code, to use code 2C.
- There isn't a specific code for if an employee waives an offer of coverage, so you should assess if any of the other codes apply.

# Filling out Form 1095-C

**1 – Part I (Employee):** A form needs to be completed for each individual you employed full-time for at least one month during the past year and any non-full-time employees who enrolled in health insurance through your company (name, SSN, and address are required).

**2 – Line 7-13:** Employer name, EIN, and employer address should match lines 1-6 on 1094-C. Line 20 includes a telephone number for the person whom you may call if you have any questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

**3 – Part II (Employee Offer of Coverage)**

## 4 - Employee's Age on

**January 1:** ALEs must report the age of the employee on Jan. 1, 2024, if the employee was offered an ICHRA.

**5 - All 12 months:** You can use this column if the information was the same for the past 12 months.

**6 - Line 14:** Indicates what kind of coverage the employee was offered. The IRS has 9 acceptable codes:

### Code Series 1:

**1A** You made a Qualifying Offer: You offered Minimum Essential Coverage (MEC) with Minimum Value (MV) to the employee. The offer is affordable because it's < or = to 9.5% of the single, mainland federal poverty line. You offered MEC to spouse + dependents.

**1B** You only offer coverage to employees. The coverage is MEC and provides MV.

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b> Do not attach to your tax return. Keep for your records. Go to <a href="http://www.irs.gov/Form1095C">www.irs.gov/Form1095C</a> for instructions and the latest information.						OMB No. 1545-2251 <b>2022</b>						
<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>										
1 Name of employee (first name, middle initial, last name)		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				
<b>Part II Employee Offer of Coverage</b>				<b>Employee's Age on January 1</b>				<b>Plan Start Month (enter 2-digit number):</b>						
14 Offer of Coverage (enter required code)		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)														
17 ZIP Code														

**1C** You offer coverage to employees that is MEC and MV and offer MEC to children. Spouses are not offered coverage.

**1D** You offer coverage to employees that is MEC and MV and offer MEC to spouses. Children are not offered coverage.

**1E** You offer coverage to the employees that is MEC and MV and offer MEC to spouses and children.

**1F** You offer MEC to the employee or employee + spouse and or dependents but the coverage does not provide MV.

**1G** You offer self-insured coverage to an employee who was not full time at any point in the year.

**1H** You made no offer of coverage (or one that didn't provide MEC or MV).

**1I** Qualifying Offer Transition Relief: You didn't offer employee + spouse or dependent coverage, or the qualifying offer was for less than 12 months.

**1J** MEC providing MV offered to employee and at least MEC conditionally offered to the spouse; MEC not offered to dependents.

**1K** MEC providing MV offered to employee; MEC offered to dependents, and MEC conditionally offered to the spouse.

**1L** You offered an affordable ICHRA to an employee only based on the ZIP Code of their primary residence.

**1M** You offered an affordable ICHRA to an employee and dependent(s) based on the ZIP Code of their primary residence.

**1N** You offered an affordable ICHRA to an employee, spouse, and dependent(s) based on the ZIP Code of their primary residence.

**1O** You offered an affordable ICHRA to an employee only based on the ZIP Code of the employment site's affordability safe harbor.

**1P** You offered an affordable ICHRA to an employee and dependent(s) based on the ZIP Code of the employment site's affordability safe harbor.

**1Q** You offered an affordable ICHRA to an employee, spouse, and dependent(s) based on the ZIP Code of the employment site's affordability safe harbor.

**1R** You offered an ICHRA that was not affordable

**1S** You offered an ICHRA to an individual who was not a full-time employee

**1T** You offered an ICHRA offer of coverage to an employee and their spouse, but not their dependants, using the employee's primary residence ZIP code to determine affordability

**1U** You offered an ICHRA offer of coverage to an employee and their spouse, but not their dependants, using the employee's primary employment site ZIP code to determine affordability

**7 - Line 15:** Indicates what the employee is required to pay for their own insurance and corresponds to the code entered on Line 14 (codes 1B-1E, 1J-1Q)

**8 - Line 16:** For each calendar month, enter the applicable code, if any, from Code Series 2. Enter only one code from Code Series 2 per calendar month.

### Code Series 2:

**2A** You didn't employ this individual during the month.

**2B** The employee was not FT for the month and did not enroll if coverage was offered.

**2C** The employee enrolled in the coverage you offered.

# Filling out Form 1095-C

**2D** The EE was in a Limited Non-assessment Period (LNAP) for the month.

**2E** You are eligible for the multi-employer interim relief rule.

**2F** The coverage you offered is affordable based on the Form W-2 Safe Harbor.

**2G** The coverage you offered is affordable based on the Federal Poverty Line safe harbor.

**2I** You are eligible for non-calendar year transition relief for this month, which applies to this employee.

**2H** The coverage you offered is affordable based on the rate of pay safe harbor.

**9 - Line 17:** ALEs will enter the applicable ZIP Code if they offered an ICHRA to employees. The ZIP Code will correspond to either the employee's residence (if codes 1L, 1M, or 1N were used) or the ZIP Code of the employee's primary site of employment if the ALE Member uses the work location safe harbor (if codes 1O, 1P, or 1Q were used).

**10 - Part III (Covered**

**Individuals):** If the employee enrolled in self-insured coverage through your company.

**11 - Lines 18-30:** If the employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

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**10** **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	
<b>11</b> 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
23				<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"/>	<input type="checkbox"/>
24				<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"/>	<input type="checkbox"/>
25				<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"/>	<input type="checkbox"/>
26				<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"/>	<input type="checkbox"/>
27				<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"/>	<input type="checkbox"/>
28				<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"/>	<input type="checkbox"/>
29				<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"/>	<input type="checkbox"/>
30				<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"/>	<input type="checkbox"/>

Form **1095-C** (2022)

*Want to learn more about preparing and filing Forms 1094-C 1095-C? Register for our BernieU course, [Intro to Forms 1094-C and 1095-C](#), where we cover everything from the history of the forms to tactical tips and tricks to help you streamline filing.*





# BERNIEPORTAL

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