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Employer-Provided Health Insurance Offer and Coverage

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

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| 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 Coverage and Coverage | Month | | | | | | | | | | | | |
|---|-------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|----|
| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 14 Offer of Coverage required | | | | | | | | | | | | | |
| 15 Employee Share of Cost (Monthly Premium, Self-Only Minimum Value Coverage) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | | | | | | | | | | | | |

Lines 1-6
 Name, social security number and address of the employee

| Part III Covered Individuals | | | | | | | | | | | | | | | | |
|---|---------|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| (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"/> | <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"/> | <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"/> |

Employer-Provided Health Insurance Offer and Coverage

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

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| 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 | All 12 Months | Jan | Feb | Mar | Apr | May | June | | | | | | | Dec | |
|--|--|-----|-----|-----|-----|-----|------|----|----|----|----|----|----|-----|----|
| | 14 Offer of Coverage (enter required code) | | | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | | | | | | | | | | | | | | |

Lines 7-13
 Name, employer identification number, address and contact number for the employer

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"/> |

Employer-Provided Health Insurance Offer and Coverage

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Part I Employee

Applicable Large Employer Member (Employer)

| | | | | | |
|--|--|--------------------------|--|-------------------------------|--|
| 1 Name of employee | | 2 Social Security number | | 3 Identification number (EIN) | |
| 3 Street address (including apartment no.) | | | | | |
| 4 City or town | | 5 State or province | | | |

Part II Employee Offer and Coverage

| | All 12 Months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 14 Offer of Coverage (enter required code) | | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | | | | | | | | | | | | |

Part III Covered Individuals

If Employer provided self-insured coverage, check the appropriate box.

| (a) Name of covered individual(s) | (b) SSN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
|-----------------------------------|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 17 | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | |

Line 14

1A. Qualifying Offer: MEC providing MV Affordable coverage offered to employee, spouse and dependents.

1B. MEC providing MV offered to employee only.

1C. MEC providing MV offered to employee and dependents (not spouse).

1D. MEC providing MV offered to employee and spouse (not dependents).

1E. MEC providing MV offered to employee and to dependent(s) and spouse.

1F. MEC NOT providing MV offered to employee, or employee and spouse or dependents, or employee, spouse and dependents.

1G. Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year. Enter code 1G in the "All 12 Months" box and do not complete the monthly boxes.

1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not MEC).

1I. Qualified Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualified offer, or received a qualified offer for less than 12 months.

Employer-Provided Health Insurance Offer and Coverage

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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.) | | | | | 10 Contact telephone number | |
| 4 City or town | 5 State or province | | 6 State or province | | 13 Country and ZIP or foreign postal code | |

Part II Employee Offer and Coverage

| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--|--|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | 14 Offer of Coverage (enter required code) | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$ | \$ | \$ | | | | | | | \$ | \$ | \$ | \$ |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | | | | | | | | | | | | |

Line 15

Only used if the coverage offered provided MV and code 1B, 1C, 1D, or 1E is entered on line 14 either in the "All 12 Months" box or in any of the monthly boxes.

Enter the amount of the employee share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered, including cents.

If coverage is not offered, or coverage did not provide MEC or did not provide MV, do not complete this line.

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"/> |

Part I Employee

1 Name of employee _____ 2 _____

3 Street address (including apartment no.) _____

4 City or town _____ 5 State or province _____ 6 _____

Part II Employee Offer and Coverage

| | All 12 Months | Jan | Feb | M |
|--|---------------|----------|----------|----------|
| 14 Offer of Coverage (enter required code) | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | | | |

Part III Covered Individuals

If Employer provided self-insured coverage

| (a) Name of covered individual(s) | (b) SSN |
|-----------------------------------|---------|
| 17 _____ | |
| 18 _____ | |
| 19 _____ | |
| 20 _____ | |
| 21 _____ | |
| 22 _____ | |

Line 16

2A. If the employee was not employed on any day of the month.
 2B. If the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month.

2C. If, for any month, the employee enrolled in health coverage, regardless of whether any other code in Code Series 2 might also apply.

2D. If an employee is in a Limited Non-Assessment Period for the month. If an employee is in an initial measurement period, not code .
 2E. If, for any month, the multiemployer interim guidance applies for that employee, not codes 2F, 2G, or 2H.

2F. If the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If used, this safe harbor must be used for all months of the calendar year for which the employee is offered health coverage.

2G. If the employer used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

2H. If the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

2I. If non-calendar year transition relief for section 4980H(b) applies to this employee for the month.

Employer-Provided Health Insurance Offer and Coverage

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| 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 | | | | | | | | | | | | | |
|--|---------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | | | | | | | | | | | | | |
| 15 Employee Share of Cost | | | | | | | | | | | | | |
| | | | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Safe harbor (enter code if applicable) | | | | | | | | | | | | | |

Lines 17 – 22
 Complete Part III ONLY for self-insured plans.

| Part III Covered Individuals | | | | | | | | | | | | | | | |
|---|---------|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| (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"/> |

Employer-Provided Health Insurance Offer and Coverage

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| 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 | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--|--|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | 14 Offer of Coverage (enter required code) | | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1A | 1A | 1A |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2A | 2D | 2D | 2D | 2D | 2D | 2D | 2D | 2C | 2C | 2C | 2C |

Mike earns \$11.00 per hour as a variable hour employee.
Mike is hired on February 1.
The employer has a 6 month measurement period and 2 month administration period
Mike averages over 130 hours in the first 6 months of employment.
Mike is made an offer of coverage September 1
Coverage is MEC, MV & Affordable.

Information for each covered individual.

| Covered months | (e) Months of Coverage | | | | | | | | | | | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employer-Provided Health Insurance Offer and Coverage

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| 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 | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--|--|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | 14 Offer of Coverage (enter required code) | 1G | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2C | | | | | | | | | | | | |

| Part III Covered Individuals | |
|--|---------------------------|
| If Employer provided self-insured coverage | |
| (a) Name of covered individual(s) | Months of Coverage |
| 17 | July Aug Sept Oct Nov Dec |
| 18 | July Aug Sept Oct Nov Dec |
| 19 | July Aug Sept Oct Nov Dec |
| 20 | July Aug Sept Oct Nov Dec |
| 21 | July Aug Sept Oct Nov Dec |
| 22 | July Aug Sept Oct Nov Dec |

Sally earns \$11.00 per hour as a variable hour employee hired in December 2013. The employer has a 12 month measurement period and 1 month administration period. Sally averaged over 130 hours in the lookback measurement period. Sally does not average over 130 hours in the stability period. Sally is made an offer of coverage January 1 Coverage is MEC, MV & Affordable.

ACA TRACK

Administrative Capabilities

- **Attain Dependent Social Security Numbers**
 - Regulations require reporting entities to make reasonable efforts to collect social security numbers
 - Regulations allow reporting entities to use a date of birth if a SSN is not available
 - This alternative should not be used unless the reporting entity has made reasonable efforts to obtain the SSN



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“Administrative Capabilities”

- **ACA TRACK will administer and digitally track all dependent information required**
 - After an initial attempt to collect a SSN, the employer must make two additional (consecutive) annual attempts
 - If an employer makes the two additional attempts, no penalty will be imposed for failing to provide all required information



ACA TRACK

“Bringing It All Together”

