

COMMONWEALTH OF MASSACHUSETTS

1095-C 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. You'll need this form to complete your Federal tax return for the 2016 tax year.

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-Cs 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 similar to 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 in 2016 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 the materials you give to your tax preparer. If you prepare your own taxes, you will need to refer to this information as you prepare your Federal return. Do not include 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.

Please note, if you have questions about the 1095-B (the health insurance coverage in which you were enrolled) that you received from the Group Insurance Commission, contact them at 617.727.2310 ext. 1. Members of Health New England, Neighborhood Health Plan, and Fallon Health will receive their 1095-B form from their health plan and not the GIC. If you are a member of one of these plans, contact your health plan for information on the 1095-B form.

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

Commonwealth Tax ID same as W-2

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

Plan Start Mo. (Enter 2-digit no.)	14 Other Coverage (either required or optional)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Cost of Coverage (if applicable)	Employer Provided Health Insurance Offer and Coverage
Jan		\$		For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Department of the Treasury -- HHS
Feb		\$		
Mar		\$		
Apr		\$		
May		\$		
June		\$		
July		\$		
Aug		\$		
Sept		\$		
Oct		\$		
Nov		\$		
Dec		\$		

Part III Covered Individuals

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

APPLICABLE LARGE EMPLOYER'S identification number (EIN)

EMPLOYEE'S social security number (SSN)

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