

600320
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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: first name, middle initial, last name	(b) SSN or other TIN	(c) COB 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	
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 (2020)

Part II

Line 14 – Offer of Coverage

Line 14 specifies the type of coverage, if any, offered to an employee, spouse and dependents. The code must indicate the coverage the employee was offered; however, it may not match the coverage in which the employee is actually enrolled. For example, if an employee is offered family coverage but enrolls in employee-only coverage, Line 14 must indicate that the employee was offered family coverage. A code must be entered for each calendar month even if the employee was not a full-time employee for one or more months. Alternatively, the "All 12 Months" box may be completed if the same offer applies to all 12 months.

Line 14 Code Descriptions	Line 15 Entry	Line 17 Entry
1A Qualifying offer: Minimum Essential Coverage (MEC) providing Minimum Value (MV) offered to full-time employee , and at least MEC offered to spouse and dependents . Employee Required Contribution is \$104.53 or less (for 2021 calendar year plans).	Leave blank	Leave blank
1B MEC providing MV offered to employee only .	Required	Leave blank
1C MEC providing MV offered to employee and at least MEC offered to dependents (no spouse) .	Required	Leave blank
1D MEC providing MV offered to employee and at least MEC offered to spouse (no dependents) . Do not use Code 1D if coverage for the spouse was offered conditionally. Instead, use Code 1J.	Required	Leave blank
1E MEC providing MV offered to employee and at least MEC offered to dependents and spouse . If Employee Required Contribution is more than \$104.53 and the year to 2021 calendar year plans, use Code 1E. Do not use Code 1E if coverage for the spouse was offered conditionally. Instead, use Code 1K.	Required	Leave blank
1F Offer of MEC NOT providing MV was made to employee, or employee and spouse or dependents, or employee, spouse and dependents.	Leave blank	Leave blank
1G Offer of coverage to individual who was not a full-time employee for any	Leave blank	Leave blank

	month and who enrolled in self-insured coverage for one or more months.		
1H	No offer of coverage to the employee, or the offer was not MEC.	Leave blank	Leave blank
1I	Not applicable		
1J	MEC providing MV offered to employee and at least MEC conditionally offered to spouse ; MEC not offered to dependents.	Required	Leave blank
1K	MEC providing MV offered to employee ; at least MEC offered to dependents ; and at least MEC conditionally offered to spouse .	Required	Leave blank
1L	Individual coverage HRA (ICHRA) offered to employee only with affordability determined by using employee's primary residence ZIP code .	Required	Required
1M	ICHRA offered to employee and dependents (no spouse) with affordability determined by using employee's primary residence ZIP code .	Required	Required
1N	ICHRA offered to employee, spouse, and dependent with affordability determined by using employee's primary residence ZIP code .	Required	Required
1O	ICHRA offered to employee only using the employee's primary employment site ZIP code affordability safe harbor.	Required	Required
1P	ICHRA offered to employee and dependents (no spouse) using the employee's primary employment site ZIP code affordability safe harbor.	Required	Required
1Q	ICHRA offered to employee, spouse, and dependents using employee's primary employment site ZIP code affordability safe harbor.	Required	Required
1R	ICHRA that is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse and dependents.	Leave blank	Leave blank
1S	ICHRA offered to an individual who was not a full-time employee .	Leave blank	Leave blank

Line 15 – Employee Required Contribution

Enter the amount of the Employee Required Contribution, which is, generally, the employee share of the monthly cost for the lowest cost, self-only minimum essential coverage (MEC) providing minimum value (MV) that is offered to the employee. This amount may not equal the amount the employee is actually paying for coverage. For example, an employee enrolls in family coverage with a monthly premium of \$250.00. The monthly premium for employee-only coverage is \$150.00 which is the amount that should be entered in Line 15. For an employee offered an individual coverage HRA (ICHRA), the Employee Required Contribution is the excess of the monthly premium for the applicable lowest cost silver plan based on the employee's applicable age over the monthly ICHRA amount. For additional rules on determining the amount of the Employee Required Contribution, including cases in which an employer makes available certain cafeteria plan contributions, wellness program incentives, and opt-out payments, see [Notice 2015-87](#).

Line 16 – Section 4980H Safe Harbor and Other Relief

Line 16 provides an opportunity for an employer to indicate an exception to a penalty. Completing this line is optional; however, it is in the employer's best interest to provide the information if it is applicable.

2A Employee not employed during the **2E** Multiemployer interim rule relief

month

2B Employee not a full-time employee **2F** Section 4980H affordability Form W-2 safe harbor

2C Employee enrolled in coverage offered **2G** Section 4980H affordability federal poverty line safe harbor

2D Employee in a limited non- **2H** Section 4980H affordability rate of pay safe harbor
assessment period

If more than one code applies to Line 16, use the following guidelines:

- If 2E and any other Code Series 2 applies, enter 2E
- If 2C and any other Code Series 2 applies other than Code 2E, enter 2C. (Exception: Do not enter code 2C when a terminated employee is enrolled in COBRA or other post-employment coverage; enter 2A.)
- If 2B and 2D apply, enter 2D

Line 17 – Zip Code

If the employer offers an ICHRA to an employee, enter the appropriate ZIP code used for identifying the lowest cost silver plan used to calculate the Employee Required Contribution in line 15. This will be the ZIP code of the employee's residence (code 1L, 1M, or 1Q) (code 1O, 1P, or 1Q).

Location safe harbor for ICHRAs. An employer may use the cost of self-only coverage for the lowest cost silver plan for the employee for self-only coverage offered through the Exchange where the employee's primary site of employment is located for determining whether an offer of an ICHRA to a full-time employee is affordable.

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