

IRS INFORMATIONAL REPORTING FORMS – COMING SOON!

In 2019, employees who were full-time for one or more months during 2018 will receive an Internal Revenue Service (IRS) tax form (Form 1095-C) from Santa Clara University (part-time employees and even some non-employees may also receive a Form 1095-C). This form provides information about the medical coverage offered to you by Santa Clara University, and may also include information on who is enrolled for coverage under your plan.

Depending on the type of coverage you were enrolled in during 2018, you may also receive a similar form from your insurance carrier (Form 1095-B) or from the Marketplace (Form 1095-A).

Keep all of the 1095 forms that you receive – You may use them to substantiate what you report for health coverage on your 2018 personal income tax return.

WHAT IS A FORM 1095-C?

Health Care Reform legislation requires that health plan sponsors (employers) and insurers provide a statement each year to eligible employees describing the medical coverage available to them. The 1095-C is the form created for employers by the IRS for this purpose. All employees (and certain other covered participants) who are eligible for health coverage with Santa Clara University will receive a form, even if coverage is waived.

WHEN AND HOW WILL I GET IT?

Similar to a Form W-2, the Form 1095-C must be mailed to your permanent address on file, or hand delivered to you. The Form 1095-C may be delivered electronically if you specifically consented to electronic delivery. The Form 1095-C must be furnished to you by March 4, 2019. Santa Clara University is also required to send the IRS copies of all forms issued.

DO I NEED THE FORM TO PREPARE MY INCOME TAX RETURN?

For the 2018 tax year, it may be a requirement to have Form 1095-C in order to file your personal income tax return in 2019. Please consult your tax professional for more information about what is needed to file your personal income tax return.

WHAT WILL THIS FORM BE USED FOR?

If you receive your Form 1095-C prior to filing your taxes in 2019, you may use the information on the form to file your federal income tax return for 2018. The Form 1095-C will be used to substantiate that you (and any dependents) had Minimum Essential Coverage for each month of the year. If you or your dependents did not have coverage, you may qualify for an exemption. Otherwise, you may be subject to a penalty.

In addition, the IRS will also use this form to ensure that Santa Clara University has complied with the Employer Shared Responsibility rules, and to determine whether or not individuals who applied for Marketplace coverage were actually eligible for premium tax credits.

YOU MAY RECEIVE MULTIPLE FORMS

Form 1095 – A from the Marketplace, if you had Marketplace (individual) coverage during the year

Form 1095 – B from any insurance carrier that covered you during the calendar year on a fully-insured employer sponsored health plan

Form 1095 – C from any Applicable Large Employer you worked for during the calendar year, if you were a full-time employee of that employer for any month of the calendar year

WHAT INFORMATION IS ON THE FORM?

A screenshot of Form 1095-C can be found below. It is divided into three parts:

- **Part I, Employee and Employer Information** – Includes your specific information, as well as details about Santa Clara University
- **Part II, Employee Offer of Coverage** – Includes information about the coverage offered to you, your spouse, and dependents for each month of 2018
- **Part III, Covered Individuals (if applicable)** – Self-insured plans will list each person covered on the plan, as well as what month(s) they had coverage

WILL EACH PERSON ON MY PLAN RECEIVE A FORM?

No. Santa Clara University is only required to send the form to employees (and certain other covered participants).

WHO IS REQUIRED TO HAVE HEALTH COVERAGE UNDER THE INDIVIDUAL SHARED RESPONSIBILITY PROVISION?

All U.S. citizens living in the U.S., all permanent residents, and all foreign nationals who are in the U.S. long enough during a calendar year to qualify as a resident alien for tax purposes are required to have Minimum Essential Coverage. Foreign nationals living in the U.S. may need to file a federal tax return, but if they have not been here long enough to become a resident alien for federal income tax purposes then they are not subject to this mandate.

A U.S. citizen who is not physically present in the U.S. for at least 330 full days in a consecutive 12-month period is treated as having Minimum Essential Coverage for that period, as are U.S. citizens who are bona fide residents of foreign countries for an entire tax year.

See a tax advisor or contact the IRS with questions specific to your situation.

WHO DO I CALL FOR QUESTIONS?

Visit www.healthcare.gov or www.irs.gov, talk to your tax advisor or contact the Human Resources department with questions.

600118

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** VOID CORRECTED OMB No. 1545-2051
 Department of the Treasury Internal Revenue Service **2018**
 Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095C for instructions and the latest information.

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

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

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

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$									

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
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. 60705M Form 1095-C (2018)

This information is based on general information at the time it was prepared. It should not be relied upon to provide either legal or tax advice. This information cannot be used by any taxpayer to avoid tax penalties. You should consult with your tax and/or legal advisor for advice that is appropriate to your specific circumstances.