

Employer Name and address

Employee Name and address

This template is provided by LPI Information Systems to assist software designers in laying out print positions for the portrait format substitute 1095C forms from LPI: 1095C50 or 1095C500

The positions of the Employer Name and Address and the Employee Name and Address areas at the top of this page are designed to allow this form to be mailed in: DWMR, DWMRS, or DWMRD double window envelopes from LPI. These address areas are NOT marked on the preprinted forms, but are necessary to allow use of window envelopes.

Use of other forms and/or address area positions will NOT allow 1095C forms to be mailed in these envelopes.

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1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID CORRECTED 600936 1095-C (OMB No. 1545-0047) 2015

Part I Employee

Form fields for Part I: Employee information including Name of employee, Social security number, Name of employer, Employee ID number, Street address, City or town, State or province, County and ZIP or foreign postal code, City or town, State or province, County and ZIP or foreign postal code.

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number)

Table for Part II: Employee Offer and Coverage. Columns: Months (Jan-Dec), Rows: 14. Offer of Coverage (enter required months), 15. Employee share of lowest cost Monthly Premium for Self-Only Coverage, 16. Minimum Value Coverage.

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

Table for Part III: Covered Individuals. Columns: (a) Name of covered individual, (b) SSN, (c) Date of birth, (d) Covered all 12 months, (e) Months of Coverage (Jan-Dec). Rows 17-22.