1. Why am I receiving a new 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 2015 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).

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 2015 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.

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 2015 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.

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. 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.
Form made separately.

This Part will be blank; the data will be on the 1099-E.

### Part III

Covered Individuals

<table>
<thead>
<tr>
<th>(a) Name of covered individual(s)</th>
<th>(b) SSN</th>
<th>(c) DOB (If SSN is not provided, see separate instructions for each covered individual)</th>
<th>(d) DOB (If SSN is not provided, see separate instructions for each covered individual)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Employee Provided Group Health Plan

<table>
<thead>
<tr>
<th>Coverage</th>
<th>(a) Plan Name or Number</th>
<th>(b) Plan Identification Number or EIN</th>
<th>(c) Group Health Plan Code or EIN</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Employee Provided Other Health Plan

<table>
<thead>
<tr>
<th>Coverage</th>
<th>(a) Plan Name or Number</th>
<th>(b) Plan Identification Number or EIN</th>
<th>(c) Group Health Plan Code or EIN</th>
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</thead>
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Employer Provided Health Plan

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</thead>
<tbody>
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</table>

### Instructions

- **Form Instructions:**
  - Complete all required fields.
  - Provide the required information as per the instructions.

- **Taxpayer Identification Number (TIN):**
  - Enter the TIN or FEIN (Federal Employer Identification Number) of the employer or provider of the health plan.

- **Employer Provided Health Plan:**
  - List all your employees who are subjects of the health plan.

- **Covered Individuals:**
  - For each covered individual, enter their name, SSN, and DOB.

- **Certificates:**
  - Attach all necessary certificates and forms to this section of the report.