

Frequently asked questions about 1095s

What is the 1095-C and who will receive one?

If you met the Affordable Care Act definition of a full-time employee for any month during the 2015 calendar year you will be issued a 1095-C by UNE.

What is the 1095-B and who will receive one?

If you were enrolled in a UNE health benefit during the 2015 calendar year, CIGNA will issue you a 1095-B as documentation for the IRS regarding coverage offered to you.

How do I use the 1095-B and 1095-C forms?

This information can be used to answer questions on your taxes about your medical coverage during the 2015 calendar year. The IRS recently announced that submission of these forms is not required with your income tax return. However, they are advising that you retain these forms with your tax information in case of inquiries by the IRS.

Due to the variety of tax implications that accompany PPACA you should contact your tax advisor and keep this form for your records in case of inquiries by the IRS.

Can I retrieve another copy of my 1095-C?

If you did not receive your forms in the mail please contact Human Resources at 207-602-2283 or hr@une.edu.

Questions?

If you have any questions concerning forms 1095-B or 1095-C please contact Human Resources at 207-602-2283 or hr@une.edu.

What does a 1095-C look like and what does it include?

Part 1 of the 1095-C includes information about you and your employer

Part 2 of the 1095-C includes the description of the health coverage and cost offered to you and your dependents, if applicable

Part 3 of the 1095-C - this information was provided on your 1095-B

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Information about Form 1095-C and its separate instructions is at www.irs.gov/1095c .				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		600115 OMB No. 1545-2251 2015							
Part I Employee						Applicable Large Employer Member (Employer)									
1 Name of employee			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 and Coverage															
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)															
Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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 (2015)															

What does the 1095-B look like?

If you have medical insurance through UNE, you should have received a Form 1095-B in the mail from Cigna. This form shows you had minimal essential coverage during the 2015 plan year.

Form 1095-B		Health Coverage		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	560115 <small>OMB No. 1545-2252</small> 2015											
<small>Department of the Treasury Internal Revenue Service</small>		<small>Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.</small>														
Part I Responsible Individual (Policy Holder)																
1 Name of responsible individual		2 Social security number (SSN)		3 Date of birth (if SSN is not available)												
4 Street address (including apartment no.)		5 City or town		7 Country and ZIP or foreign postal code												
6 State or province		8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶ <input type="checkbox"/>														
9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable																
Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)																
10 Employer name			11 Employer identification number (EIN)													
12 Street address (including room or suite no.)		13 City or town		15 Country and ZIP or foreign postal code												
14 State or province																
Part III Issuer or Other Coverage Provider																
16 Name		17 Employer identification number (EIN)		18 Contact telephone number												
19 Street address (including room or suite no.)		20 City or town		22 Country and ZIP or foreign postal code												
21 State or province																
Part IV Covered Individuals (Enter the information for each covered individual(s).)																
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered at 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
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"/>
<small>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.</small>				<small>Cat. No. 60704B</small>				<small>Form 1095-B (2015)</small>								