When the Affordable Care Act (also known as health reform, or the ACA for short) was passed, with it came a host of reporting requirements for employers and health insurance companies which means you may receive one or more new tax forms related to health insurance you may have had or were offered in 2015.

PLEASE NOTE: These forms might arrive to you after you have already received your W2's as the deadline to send these new forms to you is March 31, 2016. However, you may proceed without them in preparing your federal tax return. (The IRS does not require you to attach these forms to your return, or wait to file your return until you have them.)

Please keep in mind that while we know what form we will be sending you may still receive others if you worked for another employer earlier in the year. Because of this possibility we will explain both forms to you, why you might receive them, and what you will do with the information they contain.

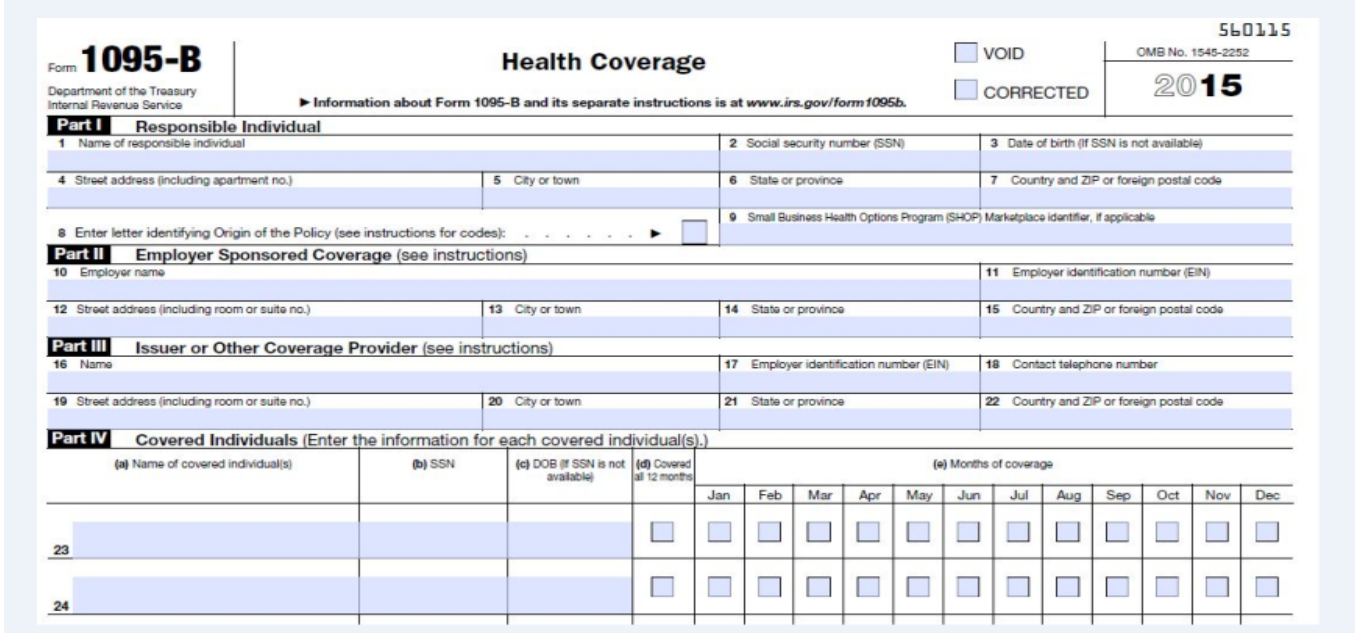
<<< Form 1095-B >>>

If you receive this form, it is because you were:

- An employee who received health coverage from an employer-provided, fully-insured plan, a union-based plan, or certain other plans (including Medicare or Medicaid) for at least a day in 2015.

OR:

- A nonemployee (for example, a retiree, contractor, or COBRA recipient) who received health coverage under a type of employer-provided plan called a "self-insured plan" (these are plans under which claims are paid from employer funds and, typically, employee contributions) for at least a day in 2015.This information demonstrates that you met the ACA's obligation to have health insurance. The form might not arrive before you file your tax return for 2015 but you aren't required to attach it to your tax return anyway.



560115

Form **1095-B** — Department of the Treasury, Internal Revenue Service

Health Coverage

► Information about Form 1095-B and its separate instructions is at *www.irs.gov/form1095b*.

☐ VOID ☐ CORRECTED — OMB No. 1545-2252 — **2015**

Part I Responsible Individual

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	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Policy (see instructions for codes): . . . . . ► ☐		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable	

Part II Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

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 all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

<<< Form 1095-C >>>

If you receive this form, it is because:

- You were considered "full time" for ACA purposes for at least part of 2015.

OR

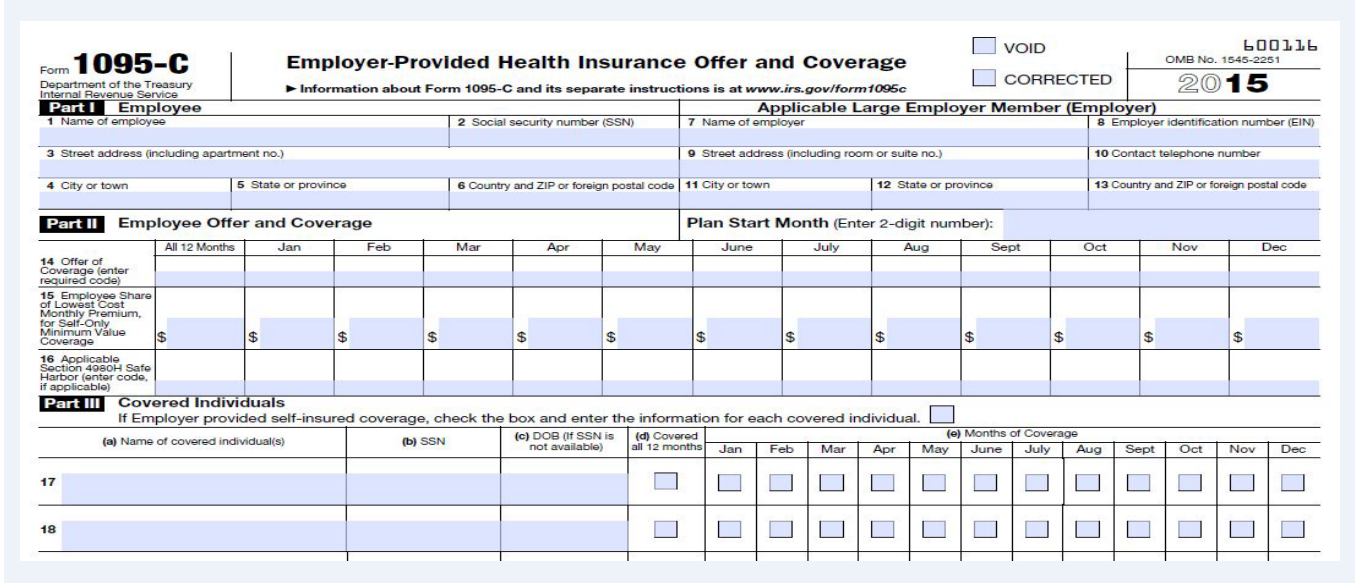
- A nonemployee (for example, a retiree, contractor, or COBRA recipient) who received health coverage under a type of employer-provided plan called a "self-insured plan" (these are plans under which claims are paid from employer funds and, typically, employee contributions) for at least a day in 2015. This information demonstrates that you met the ACA's obligation to have health insurance. The form might not arrive before you file your tax return for 2015 but you aren't required to attach it to your tax return anyway.

<<< Form 1095-C Parts I and II >>>

- If you were considered full-time for ACA purposes for at least part of 2015, these two parts of Form 1095-C will be completed on your behalf, regardless of the type of health plan under which you were covered, or regardless of whether you had or were offered any coverage at all. Generally you will not need to do anything with this information other than keep it with your other tax records. Note, however, that if line 14 shows any of codes 1A through 1E for one or more months it means the employer is reporting to the IRS that it offered you at least "bronze" level insurance coverage for those months

<<< Form 1095-C Parts III >>>

- If your health insurance was through an employer-provided, self-insured plan, Part III will be completed on your behalf. You will use this information to prepare your federal tax return for 2015 to demonstrate you satisfied the ACA's obligation to have health insurance. The form might not arrive before you file your tax return for 2015 but you are not required to attach it to your tax return anyway.



600116

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/form1095c*

☐ VOID ☐ CORRECTED — OMB No. 1545-2251 — **2015**

Part I Employee

1 Name of employee		2 Social security number (SSN)
3 Street address (including apartment no.)		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer		8 Employer identification number (EIN)
9 Street address (including room or suite no.)		10 Contact telephone number
11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Part II Employee Offer and 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 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. ☐

	(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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐