

# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2025**

| 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  | Employee's Age on January 1 |     |     |     |     |     |      | 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)                      | \$                          | \$  | \$  | \$  | \$  | \$  | \$   | \$                                       | \$  | \$   | \$  | \$  | \$  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |                             |     |     |     |     |     |      |  |     |      |     |     |     |
| 17 ZIP Code   |                             |     |     |     |     |     |      |  |     |      |     |     |     |