1. Why am I receiving a health care tax statement (1095-C)?

**Answer:** If you were determined to be a full-time employee of the Commonwealth, the MBTA or Massachusetts School Building Authority (MSBA) under the ACA rules, you will receive a Form 1095-C.

The Affordable Care Act requires Applicable Large Employers having more than 50 Full-time employees working an average of 30 or more hours per week to be provided this form.

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 request:

- 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.

  **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.

- 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.

  **Please Note:** All above forms should be kept with tax records. Do not submit to the IRS.

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 during the year 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. If you worked for the MBTA, MSBA and the Commonwealth, each considered a separate employer, you may receive 3 forms.

4. What should 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. Do not include with your filing to the IRS.

5. What information is included 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 regarding the 1095-C Form that I received?

**Answer:** If you have questions about your 1095-C (the offer of health insurance coverage) issued by the Commonwealth of Massachusetts (including UMass), or the MBTA, or MSBA call your human resources department.

Part I Employee: Employees assessed ACA full-time including from Commonwealth of MA, University of Mass, MBTA or MSBA are listed under the Applicable Large Employer

Part I Employer: Employer information including Tax ID for Commonwealth, MBTA or MSBA

Part II Employee Offer of Coverage:

- Employee’s Age on January 1: Not applicable, Commonwealth does not offer plans with Health Reimbursement Arrangement (HRA)
- All 12 Months: If the reporting value for you unchanged throughout the year, then you will have a single value for the year
- Line 14: Employer’s Offer of Coverage codes reporting
- Line 15: The lowest cost of Commonwealth Health Plan available to you, not the cost of coverage you chose, if any
- Line 16: The determination of a “Safe Harbor” of affordability, based on your rate of pay, not your annual pay
- Line 17: Zip Code: Not applicable, Commonwealth does not offer plans with Health Reimbursement Arrangement (HRA)

Part III Covered Individuals: This part will be Blank, this data will be on the 1095-B form, available upon request