What is Form 1095-C and why do I need it?

Why am I getting Form 1095-C?
The City of Milwaukee is required to provide Form 1095-C to you because of the Employer Shared Responsibility Provision in the Affordable Care Act (ACA).

The Purpose of Form 1095-C
Form 1095-C includes information about the health insurance coverage offered, if any, to you, your spouse, and your dependent(s). You may receive more than one Form 1095-C if you were employed by more than one employer during the calendar year. Form 1095-C does not need to be attached to your individual tax return (Form 1040), but please keep the form with your important tax records.

When will I receive my Form 1095-C?
Your form will be postmarked no later than January 31, 2018.

What do I do with my Form 1095-C when I receive it?
You will want to verify that the information on Form 1095-C is accurate. If any information is incorrect, contact Employee Benefits Division at (414) 286-3184 to resolve the issues you identified. If you are enrolled in self-insured coverage from your employer, you may use Form 1095-C to validate that you, your spouse, and/or your dependents were enrolled in coverage from your employer. Review Part III on your Form 1095-C to help you determine if you are enrolled in a self-insured or fully insured health plan.

Understanding my Form 1095-C

Part I
Provides basic information about you and the City of Milwaukee.

Part II
Provides details about the type of health coverage offered to you, your spouse, and your dependent(s) (if applicable). Consult page 2 of Form 1095-C for additional information regarding the codes displayed.

Part III
If you are enrolled in self-insured coverage by the City of Milwaukee, you will see a checkbox marked with an X at the top of Part III, and the section will be completed for you and each covered dependent based on the months of coverage in the calendar year. If you enrolled in coverage from the City of Milwaukee and it was not self-insured, Part III will not be completed, and you should expect to get a Form 1095-B from your medical insurance provider.