

**Your Logo
Here**

Dear [Name of Employee],

You are receiving this Form 1095-C because [Name of Employer] is an "applicable large employer" subject to the employer shared responsibility provision in the Affordable Care Act. **This Form 1095-C includes information about the health insurance coverage offered to you by [Name of Employer] that may assist you in completing your income tax return for 2015.**

Form 1095-C, Part II, includes information about the coverage [Name of Employer] offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see IRS Publication 974, *Premium Tax Credit*.

You may receive multiple Forms 1095-C if you had multiple employers during the year that were "applicable large employers" (for example, you left employment with one "applicable large employer" and began a new position of employment with another "applicable large employer"). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form.

Because [Name of Employer] provides coverage through an insured health plan, **the carrier will furnish you information about the coverage separately on Form 1095-B.** The Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who do not have minimum essential coverage and do not qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Please refer to Page 2 of the Form 1095-C for a detailed explanation of the information provided. You may contact [Name of Contact] at [Phone Number of Contact] if you have questions about the information reported on the form or to report errors in the information on the form.

Regards,

[Name of Employer]