



## Forms 1094-C & 1095-C State Health Plan for the 2015 Reporting Year

Employing Unit Instructions (companion piece to the instructional video)

# Before we get started...

- Key information needed to enable 1095-C Data Extraction File in eEnroll:
  - Your Employing Unit Tax ID and Group Name
  - Your Employing Unit Selection of services
    - Full Service Option: includes production of notices (on-line and mailings)
    - Data Only Option: does not include production of notices
- Email Mark Pfohl at [Mark.Pfohl@nctreasurer.com](mailto:Mark.Pfohl@nctreasurer.com) with your Tax ID and Option Selection information as soon as possible. Deadline is Friday, October 16<sup>th</sup>.

# ACA Support Timeline (Option-1)

2015

Gather data required to enable 1095-C Extraction

**Oct 7**

Run 1095-C Data Extract and start gathering data

**Oct 14**

Deadline for Data Conversion files uploaded to One Place 365

**Oct 30**

Data Conversion Start

**Oct 30**

Upload gathered data from Jan-Oct 2015

**Nov 6**

Test 1094/1095 Data

**Nov 23**

Upload Jan-Nov 2015 Data

**Dec 7**

Run 1095-C Data Extraction for Jan-Dec 2015 data

**Jan 1-4**

Upload Jan-Dec 2015 Data

**Jan 7**

Review and Electronically approve 1095c data

**Jan 7**

Form 1095-C due to employees

**Feb 1**

IRS Transmission Deadline for 1094-C & 1095-C

**Mar 31**

2016

# ACA Support Timeline (Option-II – Data Only)

2015

Gather data required to enable 1095-C Extraction

**Oct 7**

Run 1095-C Data Extract and start gathering data

**Oct 14**

Deadline for Data Conversion files uploaded to One Place 365

**Oct 30**

Data Conversion Start

**Oct 30**

Upload gathered data from Jan-Oct 2015

**Nov 6**

2016

Test 1094/1095 Data

**Nov 23**

Upload Jan-Nov 2015 Data

**Dec 7**

Run 1095-C Data Extraction for Jan-Dec 2015 data

**Jan 1-4**

Upload Jan-Dec 2015 Data

**Jan 7**

# Key HBR and Employing Unit Activities in October

- October 5-9<sup>th</sup>: listen to Instructional Video, email Tax ID and Service Option
- October 12-16<sup>th</sup>
  - Review Project Documents (Video, Instructional Slides)
  - Review FAQ Document (and post any additional questions to Mark Pfohl)
  - Deadline to Submit your Tax ID and Service Option is Oct. 16<sup>th</sup>
  - Begin to run 1095-C Data Extract Report from eEnroll (you will be notified by Mark Pfohl when your Employing Unit is ready to run the Report)
- October 19<sup>th</sup>-30<sup>th</sup>:
  - Run the 1095-C Data Extract File from eEnroll for your Employing Unit
  - Fill in data for Line 14 and Line 16 in the 1095-C Data Extract File
  - Place the Data Extract File in One Place 365 location for Data Conversion

## Week - October 12<sup>th</sup>-16<sup>th</sup>

- Send in your Key Information needed to enable 1095-C Data Extraction:
  - Your Employing Unit Tax ID and Group/Unit Name
  - Your Employing Unit Selection of services
    - Full Service Option: includes production of notices (on-line 1095-C's and mailings)
    - Data Only Option: does not include production of notices
- Review Video, Instructions slides, FAQ Documents, IRS regulations
- Go to eEnroll and Access the Data Extract Report (it will be in CVS file format)
  - You cannot access this report unless Tax ID and Service Option are submitted.
  - It will take around 3 days from the time you submitted your Employing Unit Tax ID and Mark Pfohl will notify you when your Unit can access and run the Data Extract Report

## 2<sup>nd</sup> Half of October - 19<sup>th</sup>-30<sup>th</sup>: Accessing the 1095-C File for your Unit

- HBRs will Access/Run the 1095-C Data Extract Report from eEnroll
- How to Access the 1095-C Data Extract Report file from eEnroll
  - Log into the eEnroll System at: <https://nc.secure-enroll.com/go/NC-SHP>
  - Navigate to the “ACA Reporting” tab in the Data and Reporting section
  - Select the Reporting to CSV Option (this is the default option)
  - Select Default Coverage Code to appropriate value to default the value for all employees as part of the extract [Optional Setting – More details on this are covered as part of the video webinar]
- You now have your 1095-C Data Extract file – For more details on the next steps on the extract file, please [click here](#) go through the recorded webinar.
- HBR’s have 2 weeks to complete their work with this file, and then must upload by Oct. 30<sup>th</sup>, this is the deadline for uploading the file to the OnePlace 365 folder for Data Conversion (instructions for uploading the file to One Place 365 are on the next slide)

## 2<sup>nd</sup> Half of October - October 19<sup>th</sup>-30<sup>th</sup>:

- Upload the Updated Data file into the One Place 365 Folder (this is your Unit's 1095-C Extract file, which contains your Unit's participants, the updated Box 14 and 16 data, etc.).

Below are basic instructions (more detailed instructions will be distributed next week for uploading the file).

1. Go to <https://oneplace.benefitfocus.com>
2. Log in using your One Place 365 user account information

NOTE: If you are an HBR who does not currently have access to One Place 365, an existing One Place 365 user for your agency will need to file a case through One Place 365 requesting your access. The Service team will set up your access to One Place 365, and you will receive an email notification with instructions on how to log in.

3. Click "Create a Case" in the upper right-hand corner of One Place 365
4. Fill out the case fields and put "1094/1095 Reporting" in the subject line; along with the name of your Employing Unit

**NOTE: Putting "1094/1095 Reporting" in the subject line will allow us to identify these cases in One Place 365. If the HBR does not include "1094/1095 Reporting" in the subject line, the case will not be routed to the appropriate service team member which can cause delays in the 1094/1095 reporting process**

5. After the HBR clicks "Submit," they can then Attach their updated Data File to the case, which completes the process.

- Oct. 30<sup>th</sup> is the deadline for placing your Data File in OnePlace 365 folder for Data Conversion.

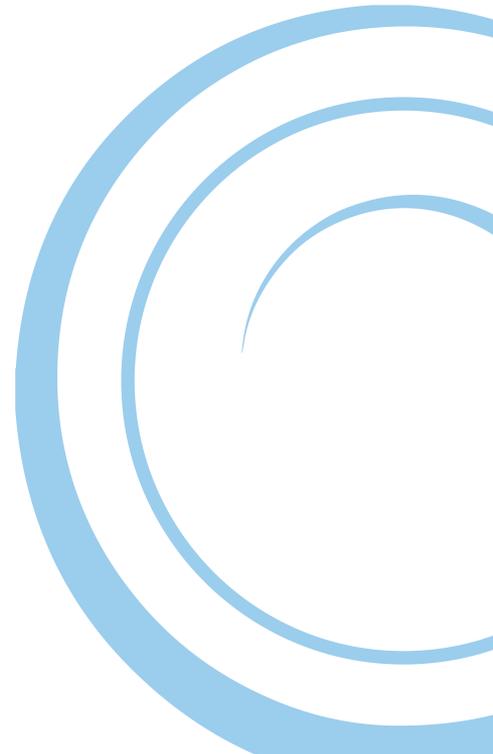
# Key HBR and Employing Unit Activities After October 30<sup>th</sup>

- Once the 1095-C Extract File for you Employing Unit is uploaded on October 30<sup>th</sup>, the initial stage of the project is complete.
- However, in the next 3 months (November, December and January), HBR's will need to access the file to review and update information related to New Employees / Participants or Participant Changes that occurred in the prior month.
- More information on these monthly updates will be provided in the next few weeks, but key dates to keep in mind include:
  - November 6<sup>th</sup> – updates due for any changes/new participants added during October, 2015
  - December 7<sup>th</sup> – updates due for any changes/new participants added during November, 2015
  - January 7<sup>th</sup> – updates due for any changes/new participants added during January, 2015
- January 7<sup>th</sup>, 2016 is the final date for Data Review/Updates (and the last HBR data step in the project)



## Forms 1094-C & 1095-C State Health Plan for the 2015 Reporting Year

(Additional Project Background Information)



# Form 1095-C

## Employer-Provided Health Insurance Offer and Coverage

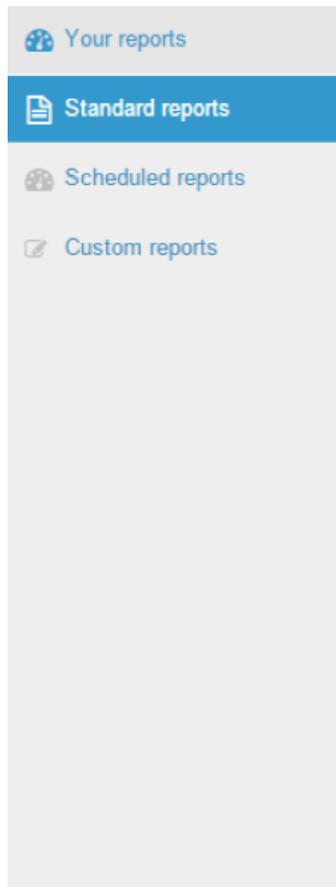
- Form 1095-C for 2015 reporting year:  
<http://www.irs.gov/pub/irs-pdf/f1095c.pdf>
- Instructions for Form 1095-C for 2015 reporting year:  
<http://www.irs.gov/pub/irs-pdf/i109495c.pdf>

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b>						VOID CORRECTED		OMB No. 1545-2251 <b>2015</b>						
<b>Part I Employee</b>						<b>Applicable Large Employer Member (Employer)</b>										
1 Name of employee			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						
<b>Part II Employee Offer and Coverage</b>						<b>Plan Start Month (Enter 2-digit number):</b>										
		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)																
<b>Part III Covered Individuals</b>						If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>										
(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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2015)

# 1095-C Data Extraction

- Available as of the 2015 Autumn Release.
- Ability for Benefitfocus clients to extract data from Benefitfocus platform that will be used to populate Form 1095-C.
- Data will be extracted in Excel Compatible (CSV) format.



The image shows a vertical sidebar menu titled "Your reports" with a calendar icon. It contains four items: "Standard reports" (highlighted in blue with a document icon), "Scheduled reports" (with a calendar icon), and "Custom reports" (with a checkmark icon).

## 1095 Data Extraction

The employer needs to submit a 1095-C form to the IRS employee.

### Formatting Options

Report Format

Include filter criteria in results

### Filtering Options

Date Range

Category

Default Coverage Code

Cancel

Create Report

# Form 1095-C Part I: Employee

The demographic information is populated in columns A-L on the CSV file. This information will be populated in lines 1-6 in Part I of Form 1095-C.

	A	B	C	D	E	F	G	H	I	J	K	L
1	Employee SSN	SSN	Person Type	First Name	Last Name	DOB	Address1	Address2	City	State/Pro	ZIP/Postal	CountryCode
2	111-11-1111	111-11-1111	Employee	Sample	Person	1/1/1970	123 Main Street		Springview	IL	12345	USA
3	111-11-1111	222-22-2222	Dependent	Husband	Person	1/1/1968	124 Main Street		Springview	IL	12345	USA
4	111-11-1111	333-33-3333	Dependent	Son	Person	1/1/2010	125 Main Street		Springview	IL	12345	USA
5	111-11-1111		Dependent	Daughter	Person	9/1/2015	126 Main Street		Springview	IL	12345	USA

Part I Employee		
1 Name of employee Sample Person		2 Social security number (SSN) 111-11-1111
3 Street address (including apartment no.) 123 Main Street		
4 City or town Springview	5 State or province IL	6 Country and ZIP or foreign postal code USA 12345

# Form 1095-C Part I: Applicable Large Employer Member

The tax ID is populated in columns AW-BH on the CSV file. The value must be the same for all 12 months. If your employee worked for more than one tax ID for that employer they will need a new line added for the other tax ID.

	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH
1	Jan Tax ID	Feb Tax ID	Mar Tax ID	Apr Tax ID	May Tax ID	Jun Tax ID	Jul Tax ID	Aug Tax ID	Sep Tax ID	Oct Tax ID	Nov Tax ID	Dec Tax ID
2	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789

Applicable Large Employer Member (Employer)		
7 Name of employer Sample Employer		8 Employer identification number (EIN) 123456789
9 Street address (including room or suite no.) 111 East Main Street		10 Contact telephone number 555-555-5555
11 City or town Springview	12 State or province IL	13 Country and ZIP or foreign postal code USA 12345

*Example of how to manage multiple tax ID's*

	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH
1	Jan Tax ID	Feb Tax ID	Mar Tax ID	Apr Tax ID	May Tax ID	Jun Tax ID	Jul Tax ID	Aug Tax ID	Sep Tax ID	Oct Tax ID	Nov Tax ID	Dec Tax ID
2	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789
3	987654321	987654321	987654321	987654321	987654321	987654321	987654321	987654321	987654321	987654321	987654321	987654321

# Form 1095-C Part II: Employee Offer and Coverage

*Plan Start Month added in September 2015*

<b>Form 1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b>				<input type="checkbox"/> VOID	600116
		▶ Information about Form 1095-C and its separate instructions is at <a href="http://www.irs.gov/form1095c">www.irs.gov/form1095c</a>				<input type="checkbox"/> CORRECTED	OMB No. 1545-2251
<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>					
1 Name of employee		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
<b>Part II Employee Offer and Coverage</b>				Plan Start Month (Enter 2-digit number):			

# Form 1095-C Part II: Employee Offer and Coverage

Line 14 Offer of Coverage. Option to default a value when running the extract.

	M	N	O	P	Q	R	S	T	U	V	W	X
1	Jan_EE STATUS	Feb_EE STATUS	Mar_EE STATUS	Apr_EE STATUS	May_EE STATUS	Jun_EE STATUS	Jul_EE STATUS	Aug_EE STATUS	Sep_EE STATUS	Oct_EE STATUS	Nov_EE STATUS	Dec_EE STATUS
2	1Z	1X										
3												
4												
5												

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1Z	1X	1X	1X	1X	1X	1X	1X	1X	1X	1X	1X

# Form 1095-C Part II: Employee Offer and Coverage

Line 15 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

Example 1:

	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	Jan Lowes	Feb Lowe	Mar Lowe	Apr Lowes	May Lowe	Jun Lowes	Jul Lowes	Aug Lowe	Sep Lowe	Oct Lowes	Nov Lowe	Dec Lowes
2		40	40	40	40	40	50	50	50	50	50	50
3												
4												
5												

	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	\$	\$	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00

# Form 1095-C Part II: Employee Offer and Coverage

*Line 15 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage*

Example 2:

	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	Jan Lowes	Feb Lowe	Mar Lowe	Apr Lowe	May Lowe	Jun Lowes	Jul Lowes	Aug Lowe	Sep Lowe	Oct Lowes	Nov Lowe	Dec Lowe
2	50	50	50	50	50	50	50	50	50	50	50	50
3												
4												

	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	\$ 50.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

# Form 1095-C Part II: Employee Offer and Coverage

Line 16 Applicable Section 4980H Safe Harbor

	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1	Jan Safe H	Feb Safe H	Mar Safe H	Apr Safe H	May Safe H	Jun Safe H	Jul Safe H	Aug Safe H	Sep Safe H	Oct Safe H	Nov Safe H	Dec Safe H
2	2X	2X	2X	2X	2X	2X	2Z	2Z	2Z	2Z	2Z	2Z
3												
4												
5												

	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)		2X	2X	2X	2X	2X	2X	2Z	2Z	2Z	2Z	2Z	2Z

# Form 1095-C Part III: Covered Individuals

Self-Insured Checkbox

<b>Form 1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b> ▶ Information about Form 1095-C and its separate instructions is at <a href="http://www.irs.gov/form1095c">www.irs.gov/form1095c</a>				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251 <b>2015</b>					
<b>Part I Employee</b>						<b>Applicable Large Employer Member (Employer)</b>							
1 Name of employee			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			
<b>Part II Employee Offer and Coverage</b>						<b>Plan Start Month (Enter 2-digit number):</b>							
	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)													
<b>Part III Covered Individuals</b>													
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>													

# Form 1095-C Part III: Covered Individuals

*Line 17-34 Name of covered individual(s), SSN, DOB*

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)
17	Sample Person	111-11-1111	1/1/1970
18	Husband Person	222-22-2222	1/1/1968
19	Son Person	333-33-3333	1/1/2010
20	Daughter Person		9/1/2015

	A	B	C	D	E	F
1	Employee SSN	SSN	Person Type	First Name	Last Name	DOB
2	111-11-1111	111-11-1111	Employee	Sample	Person	1/1/1970
3	111-11-1111	222-22-2222	Dependent	Husband	Person	1/1/1968
4	111-11-1111	333-33-3333	Dependent	Son	Person	1/1/2010
5	111-11-1111		Dependent	Daughter	Person	9/1/2015

# Form 1095-C Part III: Covered Individuals

*Covered All 12 Months and Months of Coverage for Covered Individuals*

*Example 1:*

	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU
1	Covered 12 months	Jan Coverage Ind	Feb Coverage Ind	Mar Coverage Ind	Apr Coverage Ind	May Coverage Ind	Jun Coverage Ind	Jul Coverage Ind	Aug Coverage Ind	Sep Coverage Ind	Oct Coverage Ind	Nov Coverage Ind	Dec Coverage Ind
2			x	x	x	x	x	x	x	x	x	x	x
3			x	x	x	x	x	x	x	x	x	x	x
4			x	x	x	x	x	x	x	x	x	x	x
5										x	x	x	x

	(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	Sample Person	111111111	1/1/1970	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
18	Husband Person	222222222	1/1/1968	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
19	Son Person	333333333	1/1/2010	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
20	Daughter Person		9/1/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

# Form 1095-C Part III: Covered Individuals

*Covered All 12 Months and Months of Coverage for Covered Individuals*

*Example 2:*

	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU
1	Covered 12 months	Jan Coverage Ind	Feb Coverage Ind	Mar Coverage Ind	Apr Coverage Ind	May Coverage Inc	Jun Coverage Ind	Jul Coverage Ind	Aug Coverage Ind	Sep Coverage Ind	Oct Coverage Ind	Nov Coverage Inc	Dec Coverage Ind
2	x												

	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU
1	Covered 12 months	Jan Coverage Ind	Feb Coverage Ind	Mar Coverage Ind	Apr Coverage Ind	May Coverage Inc	Jun Coverage Ind	Jul Coverage Ind	Aug Coverage Ind	Sep Coverage Ind	Oct Coverage Ind	Nov Coverage Inc	Dec Coverage Ind
2	x	x	x	x	x	x	x	x	x	x	x	x	x

(d) Covered all 12 months	(e) Months of Coverage											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input type="checkbox"/>											

# 1095-C Data Extraction: Benefitfocus ID

*Backend system identifier-Do not change or remove*

	BV
1	Benefitfocus ID; DO NOT CHANGE OR REMOVE
2	987654321

For Project Questions contact:

SHP ACA Support Team: [mark.pfohl@nctreasurer.com](mailto:mark.pfohl@nctreasurer.com)

For instructions for Form 1094-C and 1095-C please reference:  
<http://www.irs.gov/pub/irs-pdf/i109495c.pdf>