THERE HAS BEEN AN IMPORTANT CHANGE REGARDING THE 1095 FORM(S) AND YOUR TAX FILINGS

On November 29, 2018, the IRS released Notice 2018-94, which provides an automatic extension to all employers on furnishing these forms to you. The deadline for these forms to be furnished to you is now <u>MARCH 4, 2019.</u>

YOU WILL BE ABLE TO COMPLETE AND FILE YOUR TAXES <u>WITHOUT YOUR 1095 FORM(S)</u> OR PROOF OF MEDICAL INSURANCE COVERAGE! YOU WILL NOT NEED TO AMEND YOUR FILINGS UPON RECEIPT OF YOUR 1095 FORM(S)!

Just like last year, your 1040 Tax Form for 2018 will ask if you had medical insurance coverage for all 12 months. Although the 1095 form(s) are not needed to complete your taxes for 2018; employers and insurance providers are required to furnish these forms to their employees.

ADDITIONAL INFORMATION AND SAMPLES:

You will be receiving these forms because in 2014, the Affordable Care Act began requiring all Americans, with few exceptions, to have health insurance or pay a penalty of the greater of 2.5% of your household income or \$695.00 per person (\$347.50 per child under 18). The maximum penalty per family is \$2,085.00.

If you accepted the health insurance offered by your employer, Medcom will be providing a 1095-B form disclosing the coverage you took and who was covered under your plan. If you took coverage elsewhere, the primary insured will be receiving a 1095-C form and 1095-B form. The 1095-B form will look like this:

| | | | | | | | | | | | | | | | | | 56 | 0118 | |
|---|------------|---------|--|-------------------------|--------------------------------------|---------------|--------|---|------------|------------|--|--|--|---|------------|-------------------|------|----------|--|
| 10 | 095-B | 1 | | | Health Coverage | | | | | | | | VOID | | | OMB No. 1545-2252 | | | |
| Department of the Treasury ▶ Do not | | | attach to your tax return. Keep for your records. ov/Form1095B for instructions and the latest information. | | | | | n. | CORRECTED | | | | | 2018 | | | | | |
| Part I | Responsib | le Indi | | | | | | | | | | | | | | | | | |
| Name of responsible individual-First name, middle name, last name | | | | | | | | 2 Social security number (SSN) or other TIN | | | | | 3 Date of birth (if SSN or other TIN is not available) | | | | | | |
| 4 Street address (including apartment no.) | | | | 5 City or town | 6 State or province | | | | | 1 | 7 Country and ZIP or foreign postal code | | | | | | | | |
| | | - | | verage (see instruction | | . • | | Reserve | d | | | | | | | | | | |
| Part II 10 Emple | | n Abo | ut Certain | Employer-Spon | sored Coverage (s | see instru | ctions | s) | | | | 1 | 1 Empl | over iden | tification | number (F | -IN) | | |
| to Employer harrie | | | | | | | | | | | | 11 Employer identification number (EIN) | | | | | | | |
| 12 Street address (including room or suite no.) | | | | | 13 City or town 14 State or province | | | | | | 1 | 5 Country and ZIP or foreign postal code | | | | | | | |
| Part III | | ther (| Coverage F | Provider (see inst | ructions) | | | | | | | \equiv | | | | | | | |
| 16 Name | • | | | | | | 17 | Employ | er identif | ication nu | mber (Elf | N) 1 | 8 Cont | act teleph | one numi | ber | | | |
| 19 Street address (including room or suite no.) | | | | | 20 City or town | | 21 | 21 State or province | | | | | | 22 Country and ZIP or foreign postal code | | | | | |
| Part IV | Covered In | dividu | als (Enter t | the information fo | or each covered inc | dividual.) | | | | | | | | | | | | | |
| | | | | (b) SSN or other TIN | | $\overline{}$ | | (e) Mont | | | | | | hs of coverage | | | | | |
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Q. Does this mean I can file my taxes without my 1095 form?

A. While information on these forms may assist in preparing a return, the forms are not required to file. Taxpayers can prepare and file their returns using other information about your health coverage.

Q. Do I need to keep my 1095 form(s)?

A. Please keep these forms with your other tax records as these forms are important tax documents.

Q. What do the check boxes mean?

A. The boxes are checked for each month you and your dependent (s) were enrolled in coverage for at least one day. This coverage also includes active, COBRA, and retiree coverage.

Q. Will my dependents receive a 1095-B form if they were covered on my insurance?

A. Medcom will be providing a 1095-B form only to the primary insured. If you have dependents on your coverage, you will need to provide them a copy of your 1095-B form.

Q. What if I had coverage through somewhere other than my employer?

A. If you took coverage through the federal or state Healthcare Marketplace you will receive a 1095-A form.

Q. Will I get a form if I didn't take any coverage?

A. You will not receive a 1095-B form if you were not enrolled in active, COBRA, or retiree coverage in 2018.

Q. What if I don't receive a 1095-B form?

A. If you are supposed to receive a form but do not receive your form by March 18, 2019, please contact your Human Resources department.

Q. What action do I need to take?

A. The IRS will be receiving a copy of your forms by March 31, 2019. It is imperative that you review the forms for any errors. If a Social Security Number or Tax Identification Number is missing or incorrect, please let your HR Department know immediately. This may affect the IRS' ability to confirm your coverage.