



Client Training HQ

1095-C Form Codes

The information presented here is from the IRS website which can be found [here](#) (as of November 2025). This is subject to change so please consult the website for any updates.

Who gets a 1095-C form?

- **For employees offered a fully-insured plan:** Full-time employees as defined by the ACA (averaging 30 hours or more per week) for any month of the reporting year, may receive a 1095-C form regardless of enrollment status.
- **For employees offered a self-insured plan:** Full-time employees as defined by the ACA (averaging 30 hours or more per week) for any month of the reporting year, may receive a 1095-C form regardless of enrollment status. Employees who were not full-time as defined by ACA, but were enrolled in an insurance plan during the reporting year, may receive a 1095-C form. Dependent enrollment information will also be populated on 1095-C forms for employees participating in a self-insured plan.

Who does not get a 1095-C form?

- **For employees offered a fully-insured plan:** Part-time or variable hour employees as defined by the ACA (averaging less than 30 hours per week) for all months of the reporting year, will not receive a 1095-C form, even if enrolled in the insurance plan. Employees who are only in a limited non-assessment period and not offered coverage yet during the reporting year will not get a 1095-C form. This includes employees who are employed for a few months of a reporting year, but are terminated prior to an offer of coverage and completion of a limited non-assessment period.
- **For employees offered a self-insured plan:** Part-time or variable hour employees as defined by the ACA (averaging less than 30 hours per week) for all months of the reporting year, who were not enrolled in an insurance plan will not receive a 1095-C form. Employees who are only in a limited non-assessment period and not offered coverage yet during the reporting year will not get a 1095-C form. This includes employees who are employed for a few months of a reporting year, but are terminated prior to an offer of coverage and completion of a limited non-assessment period.

Part II, Line 14

Indicator Code Series 1 for "Offer of Coverage"

Line 14 is used to report whether an offer of coverage was made to an employee for each month of the year.

INDICATOR CODE	DESCRIPTION
1A	Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employees with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).
1B	Minimum essential coverage providing minimum value offered to employees only .
1C	Minimum essential coverage providing minimum value offered to employees and at least minimum essential coverage offered to dependent(s) (not spouse).
1D	Minimum essential coverage providing minimum value offered to employees and at least minimum essential coverage offered to spouse (not dependent(s)). Do not use code 1D if the coverage for the spouse was offered conditionally. Instead use code 1J.
1E	Minimum essential coverage providing minimum value offered to employees and at least minimum essential coverage offered to dependent(s) and spouse . Do not use code 1E if the coverage for the spouse was offered conditionally. Instead use code 1K.
1F	Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse and dependents .
1G	Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.
1H	No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).
1I	Reserved for future use.
1J	Minimum essential coverage providing minimum value offered to employees and at least minimum essential coverage conditionally offered to spouse ; minimum essential coverage not offered to dependent(s) .
1K	Minimum essential coverage providing minimum value offered to employees ; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse .

INDICATOR CODE	DESCRIPTION
1L	Individual coverage health reimbursement arrangement (HRA) was offered to employees . Affordability was determined by using the primary residence location ZIP code .
1M	Individual coverage health reimbursement arrangement (HRA) was offered to employees and dependent(s) . Affordability was determined by using the primary residence location ZIP code . This does not include spouses.
1N	Individual coverage health reimbursement arrangement (HRA) was offered to employee, spouse, and dependent(s) . Affordability was determined by using the primary residence location ZIP code .
1O	Individual coverage health reimbursement arrangement (HRA) was offered to employees . Affordability was determined by using the primary employment location ZIP code affordability safe harbor .
1P	Individual coverage health reimbursement arrangement (HRA) was offered to employees and dependent(s) . Affordability was determined by using the primary employment location ZIP code affordability safe harbor . This does not include spouses.
1Q	Individual coverage health reimbursement arrangement (HRA) was offered to employee, spouse, and dependent(s) . Affordability was determined by using the primary employment location ZIP code affordability safe harbor .
1R	Individual coverage health reimbursement arrangement (HRA) was offered to employee; employee and spouse or dependent(s); or employee, spouse, and dependent(s) that is NOT affordable.
1S	Individual coverage health reimbursement arrangement (HRA) was offered to an individual that is NOT a full-time employee .
1T	Individual coverage health reimbursement arrangement (HRA) was offered to employees and spouses . Affordability determined using primary residence location ZIP code . This does not include dependent(s).
1U	Individual coverage health reimbursement arrangement (HRA) was offered to employees and spouses . Affordability determined using primary employment location ZIP code affordability safe harbor . This does not include dependent(s).

Part II, Line 15

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

Complete Line 15 only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on Line 14 either in the "All 12 Months" box or in any of the monthly boxes. Enter the amount of the Employee Required Contribution, which is, generally, the employee share of the monthly cost for the lowest-cost self-only minimum essential coverage providing minimum value that is offered to the employee.

Part II, Line 16

Indicator Code Series 2 for Applicable Section 4980H Safe Harbor Codes and Other Relief for Employers

INDICATOR CODE	DESCRIPTION
2A	Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the ALE Member on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the ALE Member.
2B	Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).
2C	Employees enrolled in health coverage offered. Enter code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE Member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter code 2C in Line 16 for any month in which the multi-employer interim rule relief applies (enter code 2E). Do not enter code 2C in Line 16 if code 1G is entered in Line 14. Do not enter code 2C in Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter code 2A). Do not enter code 2C in Line 16 for any month in which the employee enrolled in coverage that was not minimum essential coverage.
2D	Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a section 4980H(b) Limited Non-Assessment Period. If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the ALE Member is also eligible for the multi-employer interim rule relief for the month, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a section 4980H(b) Limited Non-Assessment Period).
2E	Multi-employer interim rule relief. Enter code 2E for any month for which the multi-employer arrangement interim guidance applies to that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply.
2F	Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the ALE Member used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an ALE Member uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.

INDICATOR CODE	DESCRIPTION
2G	Section 4980H affordability federal poverty line safe harbor . Enter code 2G if the ALE Member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
2H	Section 4980H affordability rate of pay safe harbor . Enter code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
2I	Reserved for future use.

Part II, Line 17

Line 17 shows the ZIP code used to determine affordability when offering an individual coverage HRA. If code 1L, 1M, 1N, or 1T is entered in Line 14, the employee's primary residence ZIP code will populate this section. If code 1O, 1P, 1Q, or 1U is entered in Line 14, the employee's primary employment location ZIP code will populate this section. This will **only** be populated if an individual coverage HRA was offered.

Source

See the IRS website [here](#) for more information.

More Training Available!

Check out additional training resources available on our site, [Connections](#).

The information provided is intended as general guidance and is not intended to convey any tax, benefits, or legal advice. For information pertaining to your company and its specific facts and needs, please consult your own tax advisor or legal counsel. Links to sources may be to third party sites. We have no control over and assume no responsibility for the content, privacy policies, or practices of any third party sites or services.