

## Client Training HQ

### Health Efx Employee Portal

We know you put a lot of effort into delivering your 1095-Cs to your employees every year with the use of the Health e(fx) employee portal. This document will help prepare your employees for what to expect. Whether they plan to receive their document in-person, mail, or online, this resource will help answer some common frequently asked questions.

You are welcome to communicate the 1095-Cs process to your employees in any way you see fit. However, if you want to use the information and/or documents on the following pages, you are welcome to. Fill in your company information at the various highlighted areas and modify the document as you wish before sending it out.

Dear Employee,

[Company Name] is required to provide Form 1095-C to you because of the Employer Shared Responsibility Provision in the Affordable Care Act (ACA) for the current reporting year. This form helps verify that you, your spouse, and/or your dependents were offered health insurance coverage from [Company Name].

We work with a vendor to help provide you access to your Form 1095-C for tax preparation purposes. Your Form 1095-C may or may not need to be attached to your individual tax return (Form 1040), but you can keep the form with your important tax records.

Here is a list of frequently asked questions to help you create or access your account on the company portal. For more optimal viewing, functionality, and performance, ensure you are using a browser that is up to date. The company portal is only available for access by North American IP addresses.

If you have any questions about your Form 1095-C, please contact [insert info].

Sincerely,  
[insert signature]

## Frequently Asked Questions

### How do I create an account on the company portal?

1. Go to <https://www.healthefxforms.us/YOURCOMPANYNAMEHERE>.
2. Click on 'Register as a new user'.
3. Enter your email address and a password.  
**Note:** You will need to identify yourself using the last 4 digits of your Social Security Number, your last name, and date of birth to authenticate and create an account.
4. Check the box for 'I'm not a robot' and follow the steps provided.  
**Note:** You will receive a confirmation email requiring you to verify your account.
5. Click the link in the email and verify your account. For the best results, verify your account immediately from the same device and IP address. The validation link expires after 24 hours.

### How do I log in to my company portal account if I can't remember my password?

1. Go to <https://www.healthefxforms.us/YOURCOMPANYNAMEHERE>.
2. Click on 'Forgot your password'.  
**Note:** You will be asked to verify your email address, the last 4 digits of your Social Security Number, last name, and date of birth. A message will be sent to the address on your account containing a link to reset your password. For security reasons, the link is only valid for 24 hours.

### How will I receive my Form 1095-C?

1. When you first log in, you will be prompted to elect either paper or electronic delivery.  
**Note:** To receive your form electronically, you must create your account and select that delivery option by Dec. 31st.
2. You will receive an email confirming your election.  
**Note:** If you choose paper, you may receive a Form 1095-C in the mail. A courtesy copy of your Form 1095-C will be posted in the company portal. If you choose electronic delivery, you will receive an email notification when your form is available for download.
3. You can change your election for the current year at any time by logging in to <https://www.healthefxforms.us/YOURCOMPANYNAMEHERE>.

### How do I download my Form 1095-C?

If you elect electronic delivery, you will receive an email when your Form 1095-C is available for download. You may receive an additional email if material changes are made on your Form 1095-C. The actual Form 1095-C will not be emailed. To view your downloaded Form(s) 1095-C:

1. To log in, visit <https://www.healthefxforms.us/YOURCOMPANYNAMEHERE> and enter your email address and password.
2. To download a PDF, click on 'Download/Print'.  
**Note:** Your Form(s) 1095-C are sorted by tax year if there are multiple tax years available.

If you elect print delivery, you may receive the Form 1095-C(s) in the mail. Be advised that the printing may be done up through March 2nd. A courtesy copy will be available for download, but you will not be notified that the original or any corrected copies have been added to the company portal.

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

[Company Name] is required to provide Form 1095-C to you because of the Employer Shared Responsibility Provision of the Affordable Care Act (ACA).

Form 1095-C includes information about the health insurance coverage offered, if any, to you, your spouse, and/or 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. Your Form 1095-C may or may not need to be attached to your individual tax return (Form 1040), but you can keep the form with your important tax records.

**When will I receive my Form 1095-C?**

Forms printed may be postmarked up through March 2nd as allowable by the IRS.

**What do I do with my Form 1095-C when I receive it?**

You will want to verify that the information on the Form 1095-C is accurate. If any information is incorrect, contact [Company Contact] to help 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.

**What information is on the Form 1095-C?**

Part I provides information about you and [Company Name].

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

Part III includes information if you are enrolled in self-insured coverage by [Company Name]. 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 [Company Name] 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.

**Where can I go to learn more about what my individual responsibility is?**

Visit 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.*