

Client Training HQ

How to Reprint Form 1095-C in Health e(fx)

Overview

This document will overview how to select Form 1095-C to be reprinted and mailed to an employee in the Health e(fx) Solution. Depending on your organization's contract, additional fees may apply.

Reprint Form 1095-C Steps

1. On the Health e(fx) Solution, select **Employee Details** or **Employee Search** from the navigation bar at the top of the page.
2. Locate the relevant employee utilizing the search function or by selecting the employee from the list provided.
3. Select the **magnifying glass** icon to see the Employee Profile.

Group: Admin Welcome User One of Example Company

My Tasks | Employee Details | Dashboard | File Import | Reports | Submissions

Employee Details

Employee ID # First Name Last Name SSN (Last 4 digits) SEARCH ADVANCED OPTIONS

Action	First Name	Last Name	State	City	Employee Number	FT/PT	Hire Date	Status	Pay Type	Offer Status	Exchange Subsidy for	20XX
	User	One	EX	Example City	XXX-XX-5555	FT	08/17/19XX	Active	S	Enrolled	☐	
	User	Two	EX	Example City	XXX-XX-4444	FT	04/17/19XX	Active	S	Enrolled	☐	
	User	Three	EX	Example City	XXX-XX-3333	PT	07/25/19XX	Active	HRLY	Enrolled	☐	
	User	Four	EX	Sample Town	XXX-XX-2222	FT	06/17/19XX	Terminated	S	None	☐	
	User	Five	EX	Sample Town	XXX-XX-1111	PT	07/31/19XX	Active	S	Offered	☐	

Images are examples and for information purposes only. They may vary across platforms and are subject to change.

4. On the Employee profile page, select **1095-C Most Recent Federal Tax Year Form-20XX**.

Employee Details

XXXX-XX-5555
First Name
Last Name
SSN (Last 4 digits)
SEARCH
ADVANCED OPTIONS

Employee Detail Search Results

Action	First Name	Last Name	State	City	Employee Number	FT/PT	Hire Date	Status	Pay Type	Offer Status	Exchange Society for	
	User	One	EX	Example	XXX-XX-5555	PT	02/15/20XX	Leave	HR/LY	Enrolled	☐	20XX

User One
DOB
12/15/20XX
EIN
XXX-XX-5555
Gender
M
Address
123 Example St.
Example, EX 11111
Employer
100000005
ACA Hire Date
3/15/20XX
State Mandate Form
Yes
Date
EX
TW-2 Box 1 YTD
0.00
Affordability percentage
0.00
Payroll Status
PT
Pay Type
HRLY

Measurement Status

20XX	20XX	20XX	20XX
Jan	Feb	Mar	Apr
Standard Measurement		Wait	Standard Stability
		Standard Measurement	Wait
Offense		Standard Stability	
Enrolled			

Benefits
Plan Name: Sample Plan 2
Plan Effective Date: 3/15/20XX
Plan Cost (Employee): \$36.00
Plan Cost (Employer): \$478.52
QHP: Yes
Tobacco User: No
Options Out: No
Union:
Plan Effective Date: 01-January-20XX

Employment History - Leave of Absence

Month	Monthly income	Service hours	Full Time Status	Status	Pay Type	Optimal Safe Harbor
April 20XX	\$0.00	0.00	PT	LOA	HRLY	
March 20XX	\$0.00	0.00	PT	LOA	HRLY	
February 20XX	\$0.00	0.00	PT	LOA	HRLY	

Employee
Employment
Medically Covered Dependents
Eligibility
Payroll Source Data
1095-C Most Recent Federal Tax Year Form - 20XX
1095-C Most Recent Individual Mandate State Tax Year Form - 20XX
Eligibility Decisions
Attached Employee Files

Audit Checklist
Submit Screen Info
Plan Restrictions
Reset Positions

5. Under the Form 1095-C, select **Reprint Form**.

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee ☐															
Remove		(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	18	First Name M.I. Last Name		DOB (Month/day/year) if SSN unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	19	First Name M.I. Last Name		DOB (Month/day/year) if SSN unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	20	First Name M.I. Last Name		DOB (Month/day/year) if SSN unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	21	First Name M.I. Last Name		DOB (Month/day/year) if SSN unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	22	First Name M.I. Last Name		DOB (Month/day/year) if SSN unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	23	First Name M.I. Last Name		DOB (Month/day/year) if SSN unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M Form **1095-C**
(20XX)

ADD DEPENDENT ROW

SUBMIT CHANGES

UNDO EDITS

PRINT

5 REPRINT FORM

► Source Data

► Attached Employee Files

Note: Selecting the **Print** button on the right will still enable users to download a copy of the Form 1095-C to print or securely email.

6. A pop-up will appear to confirm the action, select **Ok**.

7. The reprint request will then appear in the **Submissions** table above the Form 1095-C.

Submissions:										
Action	Tax Year	FEIN	Approved By	Approved On	Print/Filing	Batch Type	Submitted By	Submitted On	Sent To Print/Filing	Delivered to Employee Portal
	20XX	999999999	User One	03/30/20XX 02:40 PM	Print	Initial Transmission	User One	03/30/20XX 03:39 PM		N/A
	20XX	999999999	User One	03/30/20XX 02:40 PM	Print	Reprints	User One	02/04/20XX 03:14 PM	02/04/20XX 03:14 PM	N/A

Form 1095-C Department of the Treasury Internal Revenue Service	Employer-Provided Health Insurance Offer and Coverage ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.	☐ CORRECTED	OMB No. 1545-2251
Part I Employee	Applicable Large Employer Member (Employer)		

Note: When requesting a single reprint for Form 1095-C, further approvals are no longer required.

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.

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