



Instructions for Form 1095-A

Health Insurance Marketplace Statement

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 1095-A and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1095a.

Additional Information

For information related to the Affordable Care Act, visit www.irs.gov/ACA.

General Instructions

Purpose of Form

Form 1095-A is used to report certain information to the IRS about individuals who enroll in a qualified health plan through the Marketplace. Form 1095-A also is furnished to individuals to allow them to claim the premium tax credit, to reconcile the credit on their returns with advance payments of the premium tax credit (advance credit payments), and to file an accurate tax return.

Who Must File

Health Insurance Marketplaces must file Form 1095-A to report information on all enrollments in qualified health plans in the individual market through the Marketplace. Marketplaces may be State Marketplaces, regional Marketplaces, subsidiary Marketplaces, or the Federally-facilitated Marketplace.

When To File

File the annual report with the IRS and furnish the statements to individuals on or before January 31, 2015, for coverage in calendar year 2014.

The requirement to furnish a statement to individuals will be met if the Form 1095-A is properly addressed and mailed or furnished electronically (if the recipient has consented to electronic receipt) on or before the due date. If the regular due date falls on a Saturday, Sunday, or legal holiday, furnish the statement by the next business day. A business day is any day that is not a Saturday, Sunday, or legal holiday.

Electronic filing. You must submit the information to the IRS electronically. Submit the information through the Department of Health and Human Services Data Services Hub.

Furnishing required information to the individual. Marketplaces may use Form 1095-A to furnish the required statement to recipients. A separate Form 1095-A must be furnished for each policy and the information on the Form 1095-A should relate only to that policy. Do not file a Form 1095-A for a separate dental policy. See the instructions for Part III, column A.

Furnish a separate Form 1095-A to each recipient, including recipients for separate families who submit a single application or enroll in a single policy. See the instructions for line 4 for more information about who is a recipient.

On Form 1095-A statements furnished to recipients, filers of Form 1095-A may truncate the social security number (SSN) of an individual receiving coverage by showing only the last four digits of the SSN and replacing the first five digits with asterisks (*) or Xs. Truncation is not allowed on forms filed with the IRS.

Statements must be furnished to recipients on paper by mail, unless the recipient affirmatively consents to receive the statement in an electronic format. If mailed, the statement must be sent to the recipient's last known permanent address, or if no permanent address is known, to the recipient's temporary address.

Consent to furnish statement electronically. The requirement to obtain affirmative consent to furnish a statement electronically ensures that statements are sent electronically only to individuals who are able to access them. A recipient may consent on paper or electronically, such as by e-mail. If consent is on paper, the recipient must confirm the consent electronically. An electronic statement may be furnished by e-mail or by informing the recipient how to access the statement on a Marketplace's website.

Specific Instructions

Part I—Recipient Information

Line 1. Enter the Marketplace state name or abbreviation.

Line 2. Enter the number the Marketplace assigned to the policy. If the policy number is greater than 15 characters, only enter the last 15 characters.

Line 3. Enter the name of the issuer of the policy.

Line 4. Enter the name of the person (the recipient) identified at enrollment who is expected to file a tax return and who, if qualified, would claim the premium tax credit for the year of coverage for his or her household.

Line 5. Enter the social security number (SSN) for the recipient shown on line 4.

Line 6. Enter the recipient's date of birth only if line 5 is blank.

Lines 7, 8, and 9. Enter information about the recipient's spouse, if any, only if advance credit payments were made for the coverage. Enter a date of birth only if line 8 is blank.

Lines 10 and 11. Enter the dates that coverage under the policy started and ended. Enter on line 11 the date of termination if the policy was terminated during the year. If

the policy was in effect at the end of the year, enter 12/31/2014.

Lines 12-15. Enter the recipient's address.

Part II—Coverage Household

Enter on lines 16 through 20 and columns A through E information for each individual including the recipient and the recipient's spouse covered under the policy. If advance credit payments were made for the coverage on a recipient's behalf, enter in Part II information only for covered individuals for whom the recipient attested to the Marketplace at enrollment the intention to claim a personal exemption deduction on the tax return (recipient, spouse, and dependents). If advance credit payments were not made on behalf of a recipient, enter in Part II information for all covered individuals.

For each line, enter a date of birth in column C only if column B is blank. Enter in column D the date the coverage started for the individual. Enter in column E the date of termination if the individual's coverage was terminated during the year. If the coverage was in effect at the end of the year, enter 12/31/2014.

 *If there are more than 5 covered individuals, complete one or more additional Forms 1095-A, Part II.*

Part III—Household Information

Enter information in Part III, lines 21 through 32, for each month of coverage. This information is determined on a monthly basis and may change during the year if there is a change in enrollment or other circumstances that affect eligibility for the premium tax credit. Total the amounts on lines 21 through 32 and enter on line 33.

Column A. Enter the total monthly premiums for the policy in which the recipient or family members enrolled. Include only the premiums allocable to essential health benefits. If a family member enrolled in a stand-alone dental plan, include the portion of the premiums for the stand-alone dental plan that is allocable to pediatric dental coverage in the total monthly premium. If more than one Form 1095-A is filed for coverage of the recipient's family for the same months, include the premium for pediatric dental coverage in the amount in column A on only one Form 1095-A. If a policy is terminated by an issuer for nonpayment of premiums, enter -0- for a month in which the covered individuals have coverage but the premiums are not fully paid (generally, the first month of a grace period).

Column B. Enter the premiums for the applicable second lowest cost silver plan (SLCSP) used as a benchmark to compute monthly advance credit payments. If advance credit payments are made, the applicable SLCSP for a month is the SLCSP that applies to individuals in Part II who were identified at enrollment as members of the recipient's family (the individuals who would be claimed as personal exemption deductions on the recipient's tax return) and who are covered and not eligible for other health coverage for that month. If more than one Form 1095-A is filed for coverage of the recipient's family for the same months, one SLCSP premium applies to all members of the recipient's family enrolled in any policy

who are covered and not eligible for other health coverage in that month. Enter this SLCSP premium in column B on each Form 1095-A. See Publication 974, Premium Tax Credit, for additional information on eligibility for other health coverage.

If no advance credit payments are made for the coverage, enter the premiums for the SLCSP that would apply to all individuals identified in Part II as covered for the month. Leave column B blank if no advance credit payments are made for the coverage and your state has provided a tool for determining the applicable SLCSP for the year of coverage at the time of filing the tax return.

If the policy is terminated by an issuer for nonpayment of premiums and advance credit payments are made, enter -0- for a month in which the covered individuals have coverage but the premiums are not paid (generally, the first month of a grace period). Enter the applicable SLCSP premium for the entire month even if the month of termination is less than a full month.

Column C. Enter the amount of advance credit payments for the month. If more than one Form 1095-A is filed for coverage of the recipient's family for the same months, enter only the advance credit payment amount allocated to the policy reported on this Form 1095-A.

Correction to Information Reported

Report corrected information on the Form 1095-A to the IRS and to the recipient as soon as possible after discovering that information reported is incorrect. Check the corrected box on the top of the form.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required by the Internal Revenue Code to give us the information. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by IRC section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Preparing the form3 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service; Tax Forms and Publications Division; SE:W:CAR:MP:T, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this office. Instead, see *Where To File*, earlier.