

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.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2020

600120

Part I Employee

1 Name of Employee (first name, middle initial, last name) LAWRENCE C BOTTE		2 Social security number (SSN) ***-**-4417	7 Name of employer TOWN OF ADMINS		8 Employer identification number (EIN) 041234567
3 Street address (including apartment no.) 337 LAKESHORE DR			9 Street address (including room or suite no.) 219 LEWIS WHARF		10 Contact telephone number (617) 494-5100 ext 2116
4 City or town CAMBRIDGE	5 State or province MA	6 Country and ZIP or foreign postal code 02138	11 City or town BOSTON	12 State or province MA	13 Country and ZIP or foreign postal code 02110

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (Enter 2-digit number): 07

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)		\$179.64	\$179.64	\$179.64	\$179.64	\$179.64	\$179.64	\$172.73	\$172.73	\$172.73	\$172.73	\$172.73	\$172.73
16 Sections 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 Zip Code													

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

Cat. No. 60705M Form **1095-C** (2020)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in the coverage, including the employee. ☐

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Instructions for Recipient *(continued)*

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Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, or 1N was used on line 14, this will be your primary residence location. If code 1O, 1P, or 1Q was used on line 14, this will be your primary work location. For more information about individual coverage HRAs, visit IRS.gov.

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Part III. Covered Individuals, Lines 18-30

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Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.

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LAWRENCE C BOTTE
337 LAKESHORE DR
CAMBRIDGE MA 02138