

## Have you heard the 1095-C's are coming?

For the 2019 tax year, Employers such as ASM Global, who provide medical insurance to Employees are required to send an IRS statement: <u>Form 1095-C</u> to all medical insurance, and Union medical insurance eligible Employees.

The 1095-C statement will be used by eligible Employees, their personal Accountant or other third party tax preparer when completing 2019 individual IRS tax returns:

- The 1095-C is <u>not</u> required to complete your 2019 tax return (you may file without it). If asked, you may show your Accountant other proof of coverage (Insurance card, pay stub, etc.)
- The 1095-C is <u>not</u> provided to ASM Global Employees who are not eligible for medical insurance, or who are not eligible for medical insurance through their Union.

Much like a W-2, the information in the 1095-C is used when completing Employee's individual IRS tax returns. Therefore, we recommend that Employees seek assistance from their Accountant or other third party tax preparer when completing their 2019 individual IRS tax return this year.

ASM Global's payroll provider ADP will be preparing and mailing eligible Employees their own individual form 1095-C after all 2019 W-2's are sent, but within the first quarter of 2019. Please make sure your local Human Resources Department has your most up to date home address. If you are eligible and do not receive your 1095-C by March 31<sup>st</sup>, or if you have any questions regarding the 1095-C, please contact your facility Human Resources Dept.

|   |              |                     |                        |                       |  |   |  | VOID VOID                            |               |           |   | OMB No. 1545-2251 |     |
|---|--------------|---------------------|------------------------|-----------------------|--|---|--|--------------------------------------|---------------|-----------|---|-------------------|-----|
| 1095  | -C           | Em                  | ployer-F               | Provided  Do not atta | Health In                                | surance<br>etum. Keep                         | e Offer and Coverage for your records. and the latest information. |                                      |               | CORRECTED |   | 2019              |     |
| partment of the 1)<br>eval America Se   | vice         |                     | ▶ Go to u              | rww.irs.gov/F         | orm1095C for i                           | istructions                                   | A A  | policable L                          | arge Emp      | loyer Mem | ber (Emplo                                | yer)              |     |
| Part I Employee  1 Name of employee (First name, middle initial, last name)  2 Social security number (SSN) |              |                     |                        |                       | r (SSN)                                  | 7 Name of employer                            |  |                                      |               | å En      | 8 Employer identification number (EIN     |                   |     |
| 2 Steet address (including spartment no.)   |              |                     |                        |                       |  | 9 Street address (noluding room or suite no.) |  |                                      |               | 10 Ca     | 10 Contact telephone number               |                   |     |
| 4 City or town  |              | 5 State or province |                        | 6 Cour                | 6 Country and ZIP or foreign poetal code |   |  | 11 City or town 12 State or province |               |           | 13 Country and ZIP or foreign postal code |                   |     |
| Emp   |              | of Cover            | NAME OF TAXABLE PARTY. |                       |  |   | Plan Start   | Month (ent                           | er 2-digit nu | mber):    |   |                   |     |
| Offer of<br>verage (enter<br>pured code)  | Al 12 Months | Jan                 | Feb                    | Mar                   | Apr                                      | May   | June   | July                                 | Aug           | Sept      | Oct                                       | Nov               | Dec |
|   |              |                     |                        |                       |  |   |  |                                      |               |           |   |                   |     |
| Employee<br>Quiescl<br>ntribution (see<br>trucking)   |              |                     |                        |                       |  |   |  |                                      |               |           |   | _                 | +   |
| Section 4(4);54<br>is Harbor and<br>or Rabel (order<br>it, if applicable)                                   | -            |                     | \$                     | 8                     | S  | \$  | \$   | 5                                    | \$            | \$        | S   | S                 | \$  |
| a Handlestee  |              |                     |                        |                       |  |   |  |                                      |               |           |   |                   |     |