

## **Health Care Coverage Forms for Federal Employees**

### *FastFacts*

#### **What are the new health care coverage forms for Federal employees?**

- Americans who can afford it, including Federal employees and their families, must have health care coverage called “minimum essential coverage.” Federal Employees Health Benefits (FEHB) plans count as minimum essential coverage, so Federal employees and their families who are enrolled in FEHB plans have minimum essential coverage.
- Beginning in 2016, providers of minimum essential coverage (including FEHB coverage providers) are required to provide individuals enrolled in minimum essential coverage with the Internal Revenue Service (IRS) Form 1095-B, showing that the individual was covered.
- Also beginning in 2016, most full-time employees will receive from their employer the IRS Form 1095-C that contains information about whether their employer did or did not offer them health coverage.
- These FastFacts provide more information about these IRS forms.

#### **What is the Individual Shared Responsibility Provision and how does it affect Federal Employees?**

- The [Individual Shared Responsibility Provision](#) requires you and each member of your family to have minimum essential coverage for each month of the calendar year, unless you cannot afford it or otherwise qualify for an [exemption](#). You are treated as having coverage for a month as long as you have coverage for at least one day during that month.
- Individuals who do not have coverage and do not qualify for a coverage exemption may be liable for the individual shared responsibility payment.

#### **My FEHB coverage provider (the health insurance carrier) has contacted me asking for me and my covered family members’ Social Security Numbers (SSN). Is this a legitimate request?**

- Your FEHB coverage provider may contact you as it is required to report the SSN or other Taxpayer Identification Number (TIN), of you and each covered family member. According to the IRS Form [1095-B instructions](#), this information will be used to match the IRS Form 1095-B with the covered individuals to verify that they have complied with the individual shared responsibility provision.

#### **How do I show compliance with the Individual Shared Responsibility Provision?**

- If you have FEHB coverage, your health care coverage is minimum essential coverage, and so by enrolling you are complying with the individual shared responsibility provision.
- To show your compliance with the individual shared responsibility provision, you will report your coverage when you file your 2015 tax return in 2016. You will receive an IRS Form 1095-B from your FEHB coverage provider, or other health coverage provider, if applicable (the health insurance carrier) with information about your coverage to help you complete your tax return.

## What forms will I receive?

### Form 1095-B, Health Coverage

- If you are enrolled in FEHB, your FEHB coverage provider (the health insurance carrier) will send the IRS Form [1095-B](#) to you and will report coverage information about the individuals enrolled in coverage under your plan for some or all months during the year. This information will help you complete your tax return.
- If you have questions about the information on your IRS Form 1095-B, or about lost or incorrect forms, you should call the contact telephone number provided on your IRS Form 1095-B. The IRS itself will not be able to answer questions about the information on your form.

### Form 1095-C, Employer-Provided Health Insurance Offer and Coverage

- In addition to the IRS Form 1095-B for those who enrolled in FEHB, if you are a full-time employee (regardless of whether you are enrolled in FEHB, or whether you are eligible for coverage) you will receive an IRS Form 1095-C from your employer.
- Your employing agency will be listed at the Department level and not the sub-agency level on the IRS Form 1095-C. The [instructions](#) on the IRS Form 1095-C you receive contain more information about the form.
- If you have questions about the information on your IRS Form 1095-C, or about lost or incorrect forms, you should call the contact telephone number provided on your IRS Form 1095-C. The IRS itself will not be able to answer questions about the information on your form.

## Will I receive these forms by mail or electronically?

- Statements can be furnished on paper by mail (or hand delivered), or in an electronic format in lieu of a paper format if the employee affirmatively consents to receive the statement in an electronic format.

## When will I receive these forms?

- For calendar year 2015, [IRS Notice 2016-4](#) extends the deadline that IRS Forms 1095-B and 1095-C must be furnished.
- Your FEHB coverage provider (the insurance carrier) must furnish IRS Form 1095-B to the responsible individual on or before March 31, 2016.
- Employing agencies must furnish IRS Form 1095-C to each full-time employee on or before March 31, 2016.

## What do I do with the forms?

- According to the [IRS website](#), most people do not have to wait for these forms before filing their individual income tax returns. If everyone in your family had coverage for the entire year, you should check the full-year coverage box on your tax return. Do not attach these forms or proof of health coverage to your tax return.
- Due to the new IRS deadlines for 2015, individuals may not have received the IRS Forms 1095-B and 1095-C before they file their income tax returns. According to the [IRS website](#), for 2015 only, individuals who rely upon other information received from their coverage providers about their coverage for purposes of filing their returns need not amend their returns once they receive the IRS Form 1095-B or Form 1095-C or any corrections.
- While you do not have to provide these forms or proof of coverage at the time you file your tax return, the IRS suggests you keep these documents and show them to your tax return preparer if asked.
- The IRS will follow its normal compliance approach to filed tax returns and may ask you to substantiate the information on your tax return. Therefore you should keep these documents with your tax records.
- Note: You are not required to file a tax return solely because you received an IRS Form 1095-B or an IRS Form 1095-C.
- For more information, see the [IRS website](#).

## **Internal Revenue Service (IRS) Resources**

### **Affordable Care Act Tax Provisions for Individuals and Families**

<https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families>

### **Minimum Essential Coverage**

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage>

### **Questions and Answers about Health Care Information Forms for Individuals**

<https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>

### **Information about individual shared responsibility:**

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision>

### **Individual Shared Responsibility Provision – Exemptions: Claiming or Reporting**

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions>

### **Form 1095-B and Recipient Instructions**

<http://www.irs.gov/pub/irs-prior/f1095b--2015.pdf>

### **Form 1095-C and Recipient Instructions**

<http://www.irs.gov/pub/irs-prior/f1095c--2015.pdf>

### **Information for Gathering Your Health Coverage Documentation**

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Gathering-Your-Health-Coverage-Documents-for-the-Tax-Filing-Season>

# Group Health Nondiscrimination Notice and Language Access Services



## GROUP HEALTH NONDISCRIMINATION NOTICE

Group Health Cooperative and Group Health Options, Inc. (“Group Health”) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Group Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Group Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Group Health Civil Rights Coordinator.

If you believe that Group Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Group Health Civil Rights Coordinator, Group Health Headquarters, 320 Westlake Ave. N., Suite 100, GHQ-E2N, Seattle, WA 98109, 206-448-5819, 206-877-0645 (Fax), [complianceoffice@ghc.org](mailto:complianceoffice@ghc.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Group Health Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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## LANGUAGE ACCESS SERVICES

**English: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese) : 注意 :** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY : 1-800-833-6388 / 711 ) 。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY : 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer): ប្រយ័ត្ន៖** បើសិនអ្នកនិយមខ្មែរ, សេដ្ឋកិច្ចយើង យើងមិនគិតល គឺចង់សំបប់អ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語(Japanese): 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY:1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic): ማሰታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS : 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.