

Form 1095-C Import Fields

Field Name	Notes
First Name	Part I Employee First Name. Mandatory Field. Max Length 20 characters.
Middle Name	Part I Employee Middle Name. Max Length 20 characters.
Last Name	Part I Employee Last Name. Mandatory Field. Max Length 20 characters.
Suffix	Part I Employee Suffix. Max Length 5 characters.
Social security number (SSN)	Part I Employee Social security number (SSN). Mandatory Field. Must be formatted: xxx-xx-xxxx.
Address Line 1	Part I Employee Address Line 1. Max Length 35 characters.
Address Line 2	Part I Employee Address Line 2. Max Length 35 characters.
City	Part I Employee City. Max Length 22 characters.
State	Part I Employee State. Must be one of the following: AL, AK, AS, AZ, AR, CA, CO, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, MP, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY.
Zip Code	Part I Employee Zip Code. Acceptable formats: ##### or #####-#### .
Foreign Country Name	Part I Employee Foreign Country Name. Max Length 30 characters.
Foreign Country Province	Part I Employee Foreign Country Province. Max Length 20 characters.
Foreign Country Postal Code	Part I Employee Foreign Country Postal Code. Max Length 20 characters.
Plan Start Month	Part II Employee Offer and Coverage Plan Start Month (Enter 2-digit number). Must be one of the following 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12.
All 12 Months Offer of Coverage Code	Part II Employee Offer and Coverage All 12 Months Offer of Coverage Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Jan Offer of Coverage Code	Januray Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Feb Offer of Coverage Code	February Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Mar Offer of Coverage Code	March Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Apr Offer of Coverage Code	April Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
May Offer of Coverage Code	May Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
June Offer of Coverage Code	June Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
July Offer of Coverage Code	July Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Aug Offer of Coverage Code	August Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Sept Offer of Coverage Code	September Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Oct Offer of Coverage Code	October Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Nov Offer of Coverage Code	November Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
Dec Offer of Coverage Code	December Code. Must be one of the following 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I .
All 12 Months Share of Monthly Prem.	All 12 Months Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ","). Example: 85.21.
Jan Share of Monthly Prem.	Januray Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Feb Share of Monthly Prem.	February Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Mar Share of Monthly Prem.	March Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Apr Share of Monthly Prem.	April Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
May Share of Monthly Prem.	May Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
June Share of Monthly Prem.	June Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
July Share of Monthly Prem.	July Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Aug Share of Monthly Prem.	August Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Sept Share of Monthly Prem.	September Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Oct Share of Monthly Prem.	October Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Nov Share of Monthly Prem.	November Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
Dec Share of Monthly Prem.	December Employee Share of Lowest Cost Monthly Premium (Part II Employee Offer and Coverage). Numeric field (shouldn't include any non-numeric characters like a ",").
All 12 Months Applicable Section 4980H Code	Part II Employee Offer and Coverage All 12 Months Section 4980H Safe Harbor Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.

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Jan Applicable 4980H Code.	Januray 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Feb Applicable 4980H Code.	February 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Mar Applicable 4980H Code.	March 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Apr Applicable 4980H Code.	April 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
May Applicable 4980H Code.	May 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
June Applicable 4980H Code.	June 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
July Applicable 4980H Code.	July 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Aug Applicable 4980H Code.	August 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Sept Applicable 4980H Code.	September 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Oct Applicable 4980H Code.	October 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Nov Applicable 4980H Code.	November 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Dec Applicable 4980H Code.	December 4980H Code. Must be one of the following: 2A , 2B , 2C , 2D , 2E , 2F , 2G , 2H , 2I.
Employer provided self-insured coverage	Checkbox If Employer provided self-insured coverage under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [First Name]	First Name of the first covered individual under "Part III Covered Individuals". Max Length 20 characters.
1st Covered Individual [Last Name]	Last Name of the first covered individual under "Part III Covered Individuals". Max Length 20 characters.
1st Covered Individual [SSN]	Social security number of the first covered individual under "Part III Covered Individuals". Must be formatted: xxx-xx-xxxx.
1st Covered Individual [Date of Birth]	Date of birth of the first covered individual under "Part III Covered Individuals". Field has to be a date and formatted MM/DD/YYYY. Valid DOB example is 05/24/2009.
1st Covered Individual [All 12 months Coverage Checkbox]	Covered all 12 months check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Jan Coverage Checkbox]	Januray coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Feb Coverage Checkbox]	February coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Mar Coverage Checkbox]	March coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Apr Coverage Checkbox]	April coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [May Coverage Checkbox]	May coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [June Coverage Checkbox]	June coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [July Coverage Checkbox]	July coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Aug Coverage Checkbox]	August coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Sept Coverage Checkbox]	September coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Oct Coverage Checkbox]	October coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
1st Covered Individual [Nov Coverage Checkbox]	November coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.

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Field Name	Notes
1st Covered Individual [Dec Coverage Checkbox]	December coverage check box for the first covered individual under "Part III Covered Individuals". This field can either be 1 or 0. 1 means the check box is checked and 0 means it is unchecked.
2nd through 12th covered individual	Please refer to "1st Covered Individual" fields above. Same fields apply and they can be used to describe 5 more covered individuals (2nd - 6th).