

IMPORTANT TAX INFORMATION

TO ALL FULL-TIME EMPLOYEES AND INDIVIDUALS COVERED UNDER THE CITY OF CLINTON'S GROUP HEALTH INSURANCE PLAN

The 2024 Form 1095s are prepared and available upon request. The Form 1095 provides information about offers of coverage made to full-time employees as well as coverage information for those who enrolled in the City of Clinton's group health plan.

To request a copy of your Form 1095 or for further information about Form 1095s, you can reach out to the Human Resources Department via email at HR@cityofclintoniowa.gov, or call 563-594-6754.

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1095-C Form Department of the Treasury Internal Revenue Service		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.												
Part I Employee		Applicable Large Employer Member (Employer)												
1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)					
3 Street address (including apartment no.)			9 Street address (including room or suite no.)			10 Contact telephone number								
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code				
Part II Employee Offer of Coverage		Employee's Age on January 1						Plan Start Month (enter 2-digit number):						
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)														
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)														
17 ZIP Code														

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

Cat. No. 60705M

Form **1095-C** (2024)