



# Important! 1095-C IRS Form



The Affordable Care Act (ACA), commonly known as health care reform, requires most U.S. citizens and resident aliens to have minimum essential health coverage starting in 2014 or pay an IRS tax penalty. All of Walmart's medical plans are in compliance with this regulation, so your 2017 enrollment in one of our medical plans means you've met the ACA requirement.

When you file your taxes in 2018, you may need to state whether you or your dependents had health insurance in 2017. **The 1095-C form provides proof of health insurance for 2017.**

Enclosed you'll find a copy of the 1095-C form. If you were enrolled in an HMO plan, or the eComm PPO plan, you'll also receive a 1095-B form directly from your plan administrator.

We've enclosed information to help you with this form, as well as answers to the most commonly asked questions. Unfortunately, we can't give you tax advice, so it's a good idea to talk to your tax, financial, or legal advisor as well.



## Make sure your information is accurate

Be sure to review everything for accuracy and make sure these details are correct:

- Your home address
- Dates of coverage
- Last four digits of your or your dependent's Social Security Numbers

## What you need to do

Walmart will automatically file information with the IRS to show you were eligible for health insurance, and if applicable, that you or your dependents were enrolled in a medical plan in 2017 through Walmart. **When you file your taxes in 2018, you may need to state whether you or your dependents had health insurance in 2017.** Please keep your 1095-C form with your other tax documents until you're ready to file.

## HOW TO GET AN ELECTRONIC COPY OF THE FORM

Your 1095-C form is also available electronically. Here's how to get a copy:

- Go online to [WalmartOne.com/1095](http://WalmartOne.com/1095)
- You'll need your SSN, last name, and date of birth to get in.

### JUST THE FACTS:



- Enclosed is IRS form 1095-C, which helps you prove you had health insurance in 2017.
- When you file your taxes in 2018, you may need to state whether you or your dependents had health insurance in 2017.
- Walmart can help answer your questions about this form, but we can't give you tax advice.



## Covered by a Walmart HMO or eComm PPO plan?

If you were enrolled in a Walmart HMO or the eComm PPO plan in 2017, you'll receive an additional tax form directly from your administrator called the 1095-B form.

If you have questions about the 1095-B form, contact your administrator at the number on the back of your plan ID card.

# Here's how to review your 1095-C form

It's important that you review your 1095-C form carefully for accuracy as this is the information Walmart has on file for your medical coverage. This illustration shows what you should look for in each section, and how to request corrections if necessary. If you have questions, contact the People Service team at 800-421-1362.

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OMB No. 1545-2251  
**2017**

**1095-C**  
Form Department of the Treasury Internal Revenue Service  
**Employer-Provided Health Insurance Offer and Coverage** 6  VOID  
 CORRECTED

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

**Part I Employee** **Applicable Large Employer Member (Employer)**

1 Name of employee 7 Name of employer

2 Social security number (SSN) 8 Employer identification number (EIN)

3 Street address (including apartment no.) 9 Street address (including room no.)

4 City or town 11 City or town

5 State or province 12 State or province

6 Country and ZIP or foreign postal code 13 Country and ZIP or foreign postal code

**Part II Employee Offer of Coverage** **Plan Start Month** (Enter 2-digit number):

14 Offer of Coverage (enter required code)

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)												

**Part III Covered Individuals** 9

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M **Form 1095-C** (2017)

- This is your personal information. If any information is incorrect, please contact People Services at 800-421-1362.
- Each month will be populated with a tax code to indicate if you were eligible for a Walmart medical plan.
- The cost shown here is the employee share of the lowest cost monthly premium for self-only minimum value coverage. This may not necessarily be the premium you pay.
- These lines list family members you covered on your plan for 2017. If a family member should not be covered in 2018 please contact People Services at 800-421-1362.
- Be sure to check the last four digits of their Social Security Numbers and dates of birth. If any information is incorrect, please contact People Services at 800-421-1362.
- This is a form indicator for information having been corrected that was filed with the IRS.
- This is Walmart's filing information.
- Each month on this line will be populated with a tax code to indicate if you were enrolled or eligible for a Walmart medical plan.
- This box will be checked if you or your dependents were enrolled in a Walmart medical plan in 2017.
- Enrollment in coverage for any day in the month will be indicated for each participant.



# FAQs for the Benefit Information IRS Form

## 1. What is the 1095-C form?

The 1095-C form provides proof of health insurance for your 2017 tax filing. When you file your taxes in 2018, you may need to state whether you and/or your dependents had health insurance in 2017.

## 2. What is “minimum essential coverage”? Do Walmart’s plans qualify as minimal essential coverage?

To qualify as providing “minimum essential coverage”, a health insurance plan has to meet certain standards (like being substantial, valuable, and affordable). All of Walmart’s medical plans meet the minimum essential health coverage standard.

## 3. What if I didn’t have health insurance for all (or any) of 2017?

If you didn’t have health coverage for all of 2017 – or for only a part of the year – it’ll be noted on your 1095-C form. Keep in mind, the IRS may charge you a penalty if you or your dependents were unable to document you had minimum essential health insurance coverage in 2017 when filing your taxes. You should consult with your personal tax, financial or legal advisor about your personal situation.

## 4. Why did I get two or more different 1095 forms?

If you’ve worked for multiple companies this year, you may get a 1095-C form from each company. Also, if you were insured by different companies during the year, you may get a 1095 form from each insurance carrier.

## 5. When will I get my 1095-C form?

Walmart will mail your 1095-C form by January 31.

## 6. Can I get an electronic copy of my 1095-C?

Absolutely! You can view, download, print and mail your 1095-C. Here’s how:

1. Go online to [WalmartOne.com/1095](http://WalmartOne.com/1095).
2. You will need to have your Social Security Number ready, as well as provide your last name, and your date of birth.

## 7. Who do I contact if the information on my 1095-C form is wrong?

Please contact People Services at 800-421-1362.

## 8. How long will the forms be available online?

The electronic 1095-C will be available through mid-October 2017.

## 9. How do I get another copy of my 1095-C form mailed to my home?

1. Go online to [WalmartOne.com/1095](http://WalmartOne.com/1095).
2. You will need to have your Social Security Number ready, as well as provide your last name, and your date of birth.

## 10. I didn’t get a 1095-C form. What should I do?

If you didn’t get a 1095-C form and you were covered by (or eligible for) a Walmart medical plan in 2017, go online to [WalmartOne.com/1095](http://WalmartOne.com/1095). There you can view, download, or request a printed form.

## 11. What’s the 1095-B form?

If you’re enrolled in one of Walmart’s HMOs, or the eComm PPO plan, in addition to the 1095-C form, you’ll also get a 1095-B form directly from your plan. The 1095-B form provides enrollment information about you and, if applicable, your dependent’s health coverage.

## 12. What’s the 1095-A form?

The 1095-A form will be mailed by the Health Insurance Marketplace, if associates or anyone in their household enrolled in a health plan through the Health Insurance Marketplace. This form will include premium tax credit information, if applicable.

## 13. I have a Walmart HMO, or eComm PPO plan, and didn’t get my 1095-B form. What should I do?

If you didn’t get a 1095-B form and were covered by a Walmart HMO, or the eComm PPO plan, in 2017, you should call your HMO or plan administrator at the number listed on the back of your plan ID card.

## 14. What are these other tax forms I received?

Here’s the information on some other tax forms you might find in your mailbox:

- W-2: The W-2 is a tax form for your payroll related income tax filing. You can opt to receive your W-2 electronically, and by doing so, you will be able to download your W-2 early, and will not receive a paper copy.
- 1099-B: If you sold Walmart stock during 2017, you’ll get a 1099-B form from ComputerShare.

## 15. Can Walmart help me if I have questions about filing my taxes?

The short answer is, unfortunately, no. You should consult with a certified tax professional, and/or financial or legal advisor for questions about your specific situation.

## 16. I heard at the mandate to have health insurance coverage may be repealed. Will I still need a 1095 form for 2017?

If the mandate to have health insurance coverage is repealed, there is no impact to the 2017 1095 form. If you have additional questions, please consult with a certified tax professional.



Walmart



65 Bay St  
Boston, MA 02125

04 0001-0001-0295857

SURYA JANJAM  
2403 SW TUPELO AVE  
BENTONVILLE, AR 72712-8795



**Employer-Provided Health Insurance Offer and Coverage**

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-2251

**2017**

Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee SURYA JANJAM			2 Social security number (SSN) ***-**-2830			7 Name of employer WAL-MART ASSOCIATES INC				8 Employer identification number (EIN) 71-0794409			
3 Street address (including apartment no.) 2403 SW TUPELO AVE						9 Street address (including room or suite no.) 702 SW 8TH STREET				10 Contact telephone number 1-800-421-1362			
4 City or town BENTONVILLE		5 State or province AR		6 Country and ZIP or foreign postal code US 72712		11 City or town BENTONVILLE		12 State or province AR		13 Country and ZIP or foreign postal code US 72712			

Part II Employee Offer of Coverage	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)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	\$ 53.01	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	

Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17 SURYA JANJAM	***-**-2830		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18 EASHAN JANJAM	***-**-6595		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 RAJA RAJESHWARI GOSIKE	***-**-7446		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



*Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

### Part I. Employee

**Lines 1–6.** Part I, lines 1–6, reports information about you, the employee.

**Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.



*If you do not provide your SSN and the SSNs of all covered individuals to the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in*

*Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN. See Part III.*

### Part I. Applicable Large Employer Member (Employer)

**Lines 7–13.** Part I, lines 7–13, reports information about your employer.

**Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

### Part II. Employer Offer of Coverage, Lines 14–16

**Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

**1A.** Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, see IRS.gov.

**1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

**1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

**1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

**1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

**1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

**1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

**1H.** No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

**1I.** Reserved.

**1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

**1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

**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. 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, or 1K is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "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, see 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, see IRS.gov.

### Part III. Covered Individuals, Lines 17–22

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. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).