

View or Print Form 1095

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PURPOSE

This is for employees to print a paper copy of their Form 1095.

LOG IN TO THE EMPLOYEE WORK CENTER

1. Log in to the Employee Work Center, which can be accessed from this page, <http://link.nebraska.gov/>.
2. Type your User Name, press tab and then type your password.
3. Click Sign In (or press Enter).

VIEW OR PRINT FORM 1095

There are two different methods to access your 1095 form.

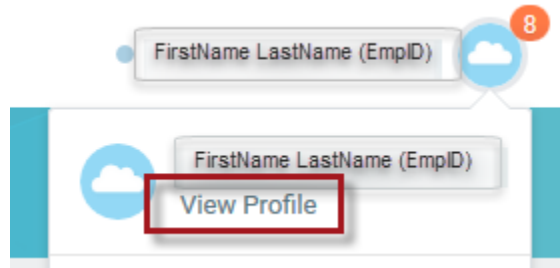
1. Option 1 (the easiest)
 - a. On your Home Page, click the Benefit icon (see screenshot).



- b. On the right side of the screen, under External Links, click the link for My 1095 Forms.
 - c. Proceed to Step #3 on the next page.

2. Option 2

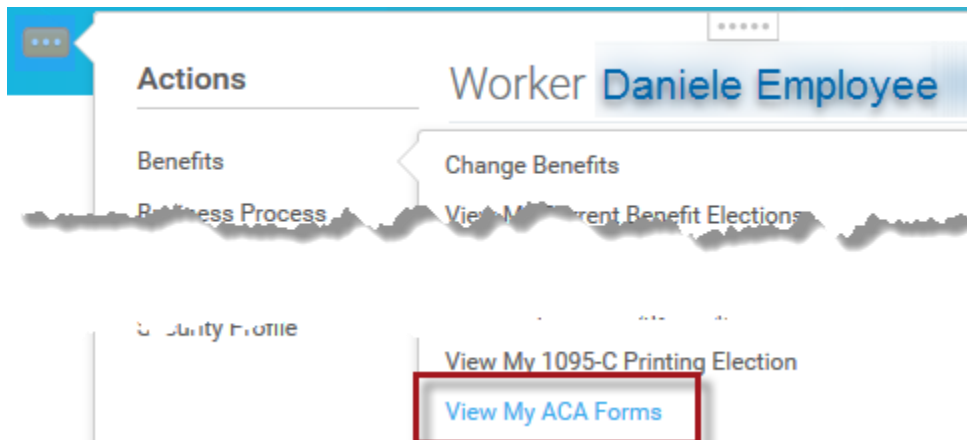
- a. On your Home Page, click your name in the upper right-hand corner, and then click View Profile (see red rectangle). This will display your employee information.



- b. On the next page, click the “related actions” icon immediately after your Employee ID. It looks like an ellipsis, three gray dots in a white rectangle. When you hover over it, it will turn orange (see red rectangle below).



- c. On the menu that displays, scroll over to Benefits, then down to the bottom to find, and then click on, View My ACA Forms (see red rectangle). Your menu items may be different than what is shown below, depending on your Roles and your Security in the Employee Work Center.



3. The next page shows a list of the 1095-C Forms that have been generated for you in this system. On the right side, click the button to View/Print.

Year	Company	Form	
2015	State of Nebraska	1095-C	View/Print

4. Depending on which browser you are using, and your browser settings, you may see a prompt/dialog box to indicate that a pop-up was blocked. You will either need to contact your agency IT support for assistance, or, if you are familiar with changing your browser settings, you can allow pop-ups from the EWC website.
5. The screenshots below show examples of page 1 and, if needed, page 3. You will only have a page 3 if you have more than five dependents. Page 2 contains instructions about the form for the employee.

View or Print Form 1095

- Page 1 – includes Part I Employee, Part II Employee Offer and Coverage, and Part III Covered Individuals

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** VOID CORRECTED **2015**
 Department of the Treasury Internal Revenue Service OMB No. 1545-2251
 Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

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

1 Name of employee 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 and 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 Share of Lowest Cost Monthly Premium, for self-only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2015)

- Page 3 – a continuation of Part III Covered Individuals

Form 1095-C (2015) **600316**
 Name of employee Social security number (SSN) Page **3**

Part III Covered Individuals – Continuation Sheet

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec
23			<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"/>
33			<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"/>
34			<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"/>

Form **1095-C** (2015)

LINK HELP DESK CONTACT INFORMATION

The LINK Help Desk provides assistance for the following programs:

- The Employee Work Center
- The Employee Development Center

Email: as.linkhelp@nebraska.gov
 Phone: 402.471.6234