informs





# 1095-C Forms (View/Print) and Consent of Electronic Receipt Job Aid

Course ID: ESS 202 Course Title: Employee Self Service eBenefits

Updated 01-28-2025



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# **PURPOSE AND DESCRIPTION**

#### <u>Purpose</u>

This job aid explains the key activities involved in printing any available forms and consenting to receive 1095-C forms electronically. It provides an overview of the sub-processes involved, as well as step-by-step procedural guidance to perform the activity.



### 1095-C FORMS (VIEW/PRINT) AND CONSENT OF ELECTRONIC RECEIPT





Step	Action						
3.	Select Affordable Care	Act.					
	C Employee Self-Service	Benefit De	etails		ለ 👰 :	MENU	
	📫 Life Events	Daniel Gonzalez OMB Enterprise Bus Analyst 3				Î	
	Eenefits Summary	Life Events					
	Benefits Enrollment	There are some events that invo	olve you as the Employee or	your family member	rs.		
	Benefit Statements	<ul><li>(1) Review the choices and selection</li><li>(2) Then enter the date of your of</li></ul>	<ul><li>(1) Review the choices and select the appropriate Event.</li><li>(2) Then enter the date of your event.</li></ul>				
	m Affordable Care Act	(3) Fill out this Change in Status Form and save.					
		(4) Upload completed Change in	e in Status Form with appropriate documentation when prompted.				
4.	Select View Form 1095	Employee I got married I had a baby I adopted or gained legal of I got divorced/legally sepa Eligibility for Medicare, Me Shouse's employer's open C. Benefit De OMB Enterprise Bus Analyst 3	ustody/guardianship of a d rated dicaid, or Florida Kid Care enrollment	child (event in progree	ss)	MENU	
	Benefits Enrollment	View Form 1095-C				_	
	Denefit Otatomanta	Year / Employer	<b>IRS Instructions</b>	Issue Date / Sequence	Tax Form		
	Affordable Care Act	2023 A Miami-Dade County	Instructions	02/24/2024 0	1095-C Original		
	View Form 1095-C	2022	Instructions	03/27/2023	1095-C Original		
	Form 1095-C Consent	Miami-Dade County	maruoliona	0	1000-0 Original		



Step	Action					
5.	<b>NOTE:</b> To view and download available forms, please ensure that all pop-up blockers are disabled.					
	Select 1095-C Original.					
	C Employee Self-Service	Benefit De	tails			
	👸 Life Events	Daniel Gonzalez 🕑 OMB Enterprise Bus Analyst 3				
	🔚 Benefits Summary	View Form 1095-C				
	Benefits Enrollment	Year / Employer	IRS Instructions	Issue Date /	Tax Form	
	Benefit Statements	2023		Sequence		
	ffordable Care Act	Miami-Dade County	Instructions	0	1095-C Original	
	View Form 1095-C	2022 Miami-Dade County	Instructions	03/27/2023 0	1095-C Original	
6.	a. Input or search for you b. Input your Last 4 digit c. Select Continue. C. Select Continue Life Events Benefits St Benefits Et To protect your privacy, ver	ur Date of Birth. s of SSN. Benefit De Daniel Gonzalez OMB Enterprise Bus Analyst 3 Verify Iden ify your identity by typing in your last 4	tails ntity of SSN and birthday. If you	are not this user, cli	ck Cancel.	
	<ul> <li>Benefit Sta</li> <li>Affordable</li> <li>View Form</li> <li>Form 1095</li> </ul>	User ID E012345 Date of Birth 12/20/1987 ast 4 digits of SSN 4321 Cancel	Continue		Original	
				-		



Step	Action		
7.	Select <b>Print</b> .		
	() InPrivate)      D      Wiew Form 1095-C Fluid ×     Form 1095-C 2023 × +     THE * T		
	🗧 C 🗴 https://ehrsbx.miamidade.gov/psc/EHR92S8X/view/%7bV2%7dqbReATgiLE62oNti/HiYizhGEn8H.YLFR2IBAZFRAD4YhA1iXc1dU8fxTOIEeR2qXtiYJET6HQ @ 🏠 🎓 🚥		
	VOID     CORRECTED     CMB No. 1545-221     2023     Form 1095-CC     Employer       Provided     Health       Nami-Dade County     20 of foreign postal code, and telephone mode     Provided     Health       Nami-Dade County     111 NN 1st Street     Street     Street     Street     Street       Sof,375-4288     Pable     Information     Provided     Health       Do not attach to your tax return. Keep for your records.     Mar     1E \$ 0.00     2C     Por Privacy       Do not attach to your tax return. state provides.com/? 2P of foreign postal code     Mar     1E \$ 0.00     2C     Por Privacy       Benerook     Reduction     Mar     1E \$ 0.00     2C     Por Privacy       Benerook     Reduction     Mar     1E \$ 0.00     2C     Por Privacy       Att and     Health Information.     Mar     1E \$ 0.00     2C     Por Privacy       Benerook     Reduction     Mar     1E \$ 0.00     2C     Por Privacy       Att and     Health Information.     Mar     1E \$ 0.00     2C     Por Privacy       Benerook     Reduction     May     1E \$ 0.00     2C     Por Privacy       Att and     Health Information.     May     1E \$ 0.00     2C     Por Privacy       Apelucloadie		
	98-7654321 XXX-XX-4321 DBc IE S 0.00 2C Teacy RS Part III Covered Individuals If Engineer provide dell'insured coverage, check the box and effer the information for each individual employee. X		
	Baniel G     XXX-XX-4321		
8.	Select the View Form 1095-C tab.		
	Image: Construct And Construction Const		
	Prist name, modele inteau, last name     INV is not available)     aii 12 mos.     Jun feel     May June Jay     Aug Seql Oct Nov Dac       Baniel G     XXX-XX-4321     XXX × XX + 321     XXX × XX + 321     XXX × XX + 321		



Step	Action				
9.	Select Form 1095-C Consent.				
	C Employee Self-Service	Benefit	Details		
	n Life Events	Daniel Gonzalez ⊙ OMB Enterprise Bus Analyst 3			
	🛅 Benefits Summary	View Form 1095-C			
	Benefits Enrollment	Year / Employer	IRS Instructions	Issue Date /	Tax Form
	Benefit Statements	2023		02/24/2024	
	fordable Care Act	Miami-Dade County	Instructions	0	1095-C Original
	View Form 1095-C	2022		03/27/2023	
	Form 1005 C Concept	Miami-Dade County	Instructions	0	1095-C Original
10.	<ul> <li>a. Select I consent to receive Form 1095-C electronically.</li> <li>b. Select Submit.</li> </ul>				
		Denem	Details		
	K Life Events	Form 1095-C Consent			
	Benefits Summary	You currently receive Form	1095-C paper statements by	mail	
	Benefits Enrollment	You must complete this Consent For Consent Form, the Benefits Depart you have provided.	orm to receive an electronic co ment will process your Form 10	py of Form 1095-C. 095-C based on the	If you do not submit a most recent information
	Benefit Statements	Once you submit the Consent Form your employment is terminated or y	n, it will remain valid until you s ⁄our employer stops providing e	ubmit a Withdrawal electronic access to	of Consent Form, unless forms.
	m Affordable Care Act	If you have any questions, please of	contact your Benefits Administr	ator.	
	View Form 1095-C	☑ I consent to receive Form 1	095-C electronically		
	Form 1095-C Consent	Submit			



Step	Action		
11.	<ul> <li>a. Input or search for you</li> <li>b. Input your Last 4 digits</li> <li>c. Select Continue.</li> <li>&lt; Employee Self-Service</li> </ul>	ur Date of Birth. s of SSN. Benefit Details 🏾 🎢 🔍 : 贏	
	<ul> <li>Life Events</li> <li>Benefits St</li> <li>Benefits Er</li> <li>Benefit Sta</li> <li>Affordable</li> <li>View Form</li> <li>Form 1091</li> </ul>	Form 1095-C Consent         Verify Identity         fy your identity by typing in your last 4 of SSN and birthday. If you are not this user, click Cancel.         User ID E012345         Date of Birth         12/20/1987         st 4 digits of SSN 4321         Cancel         Continue	
12.	Select Home.  Cemployee Self-Service  Life Events  Benefits Summary  Benefits Enrollment  Cemployee Self-Service  Affordable Care Act  View Form 1095-C  Form 1095-C Consent	Benefit Details       Image: Comparison of the second	