

# Bulk Upload Instructions

## Form 1095-C - Employee Information

Last updated: **Version 1.0 (Dec 24, 2024)**

### General Instructions

- **Mandatory Fields:** Fields marked as required or mandatory must be filled for every record.
- **Empty Fields:** If a value is not applicable, leave the field blank rather than using placeholders like "N/A" or "NULL."
- **Duplicate Records:** Duplicates can cause errors or inconsistencies in the submission process. Therefore, ensure that each record is unique by removing any duplicate rows.
- **Duplicate Records:** All special characters are allowed except <> ; {} [] \_ \ ! : ? = (These characters will be removed before upload.) If any text has a dot followed by letters, a space will be added after the dot.
- **File Size:** The file size should not exceed the specified limit (e.g., 15 MB). Split large files into smaller ones if necessary.

Field Name	Length	Input Characters
<b>Part I: Employee</b>		
1.First Name*	Max - 20	Alphabets and hyphen (-)
1.Middle Name	Max - 20	Alphabets and hyphen (-)
1.Last Name*	Max - 20	Alphabets and hyphen (-)
1.Suffix	-	Choose from dropdown: Jr, Sr, II, III, IV, V, VI, VII
2.SSN*	9 11(Including Hyphen)	Numbers and hyphens. Format: XXXXXXXX (OR) XXX-XX-XXXX
6.Country	-	Dropdown
3.Address Line 1	Max -46	Alphanumeric
3.Address Line 2	Max -46	Alphanumeric
4.City	Max -50	Alphabets
5.State	-	Dropdown
6.ZIP Code /postal code	Max - 9	Numbers & Hyphen
5.Province	-	Dropdown
5.Foreign state	Max -50	Alphabets
Online Access	2	Select if you want to allow this employee to access Form 1095C Online. If YES, enter the employees' email address.
Email Address	Max - 100	Alphabets, Numbers and Special Characters. Enter the email address of the employees if you want them to access their Form 1095C online.
Phone Number	Max - 10	Numbers
Employee ID	Max - 20	Alphabets, Numbers and Special Characters
<b>Part II: Employee Offer of Coverage</b>		
Employee's age on Jan 1	Max - 3	Numbers within the accepted range (1 - 120)
Plan Start Month*	-	Choose from dropdown: 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12
14. Offer of coverage (enter required code) - All 12 Months (OR) Jan - Dec	-	Choose from dropdown: 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1R, 1S, 1T, 1U
15. Employee Required Contribution - All 12 Months (OR) Jan - Dec	Max - 19	Numbers and decimal
16. Applicable section 4980H safe harbor (enter code if applicable) - All 12 Months (OR) Jan - Dec	-	Choose from dropdown: 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H

17. ZIP Code - All 12 months (OR) Jan - Dec	5	Numbers
<b>Part III: Covered Individuals</b>		
<p>If you provided self-insured coverage, add the employee's data in the same row under Part III: Covered Individuals. Additional covered individuals (Spouse and dependants) should be added in the succeeding rows following the row that the employee details were entered (Leave the Employee Details Blank). Refer Sheet "Sample Data" for examples.</p>		
EmployerSelfCoverage	-	Choose from dropdown - Yes, No
a.Covered Individual First Name	Max - 20	Alphabets and hyphen (-)
a.Covered Individual Middle Name	Max - 20	Alphabets and hyphen (-)
a.Covered Individual Last Name	Max - 20	Alphabets and hyphen (-)
a.Covered Individual Suffix	-	Choose from dropdown: Jr, Sr, II, III, IV, V, VI, VII
b.Covered Individual SSN or other TIN	9 (Without Hyphen) 10 (Including Hyphen) 11 (Including Hyphen)	Numbers and hyphens. Format: XXXXXXXXX (OR) XXX-XX-XXXX (OR) XX-XXXXXXX
c.Covered Individual DOB	10	MM/DD/YYYY (OR) MM-DD-YYYY
d. Covered Individual All 12 Months (OR) Jan - Dec	-	Choose from dropdown - Yes, No