

## Line-by-Line instructions for the NJ-1095 form.

### Part I – Responsible Individual.

**Line 1** – Fill out with the name of the Responsible Individual. The Responsible Individual can be a person who an employer provides coverage because of the person’s status as an employee or retiree. It can also be a policy holder who obtained coverage and included a spouse or dependent(s) in the plan. It can also be the primary enrollee for a government health program.

**Example:** The XYZ Corporation provides Marta Hernandez with a health policy. Her policy also covers her husband and children. The coverage is available because of her employment by XYZ. Therefore, Ms. Hernandez is the Responsible Individual for the purposes of NJ-1095 form completion.

**Example:** Zhang Wei bought a health policy for himself and his dependents. His name is the first listed on the policy. Therefore, Mr. Wei is the Responsible Individual for this policy.

**Example:** Francis Williams enrolled herself and three dependents in New Jersey FamilyCare, a government-sponsored health program. She is the Responsible Individual.

**Line 2-7** – Input identification information for the Responsible Individual.

**Line 8** – Select the letter that corresponds to the most applicable description in the following chart. Most employers should use letter B. If uncertain about the correct choice, enter the letter F:

- A. Small Business Health Options Program (SHOP).
- B. Employer-sponsored coverage.
- C. Government-sponsored program.
- D. Individual market insurance.
- E. Multiemployer plan.
- F. Other designated minimum essential coverage.

**Line 9** – Put nothing in this line.

### Part II

#### Employer Name and Information

**Lines 10-15** – If the Responsible Individual listed above has coverage because they are employed, list the employer’s identification and address information. If coverage is provided through an association or a Multiple Employer Welfare Arrangement or a Multi-Employer Plan, enter information for the employer of the covered employee. **Self-insured employers and companies with employees in multiemployer plans must fill out Lines 10-15 with their identification information.**

#### Insurer or Other Coverage Provider

Enter the name and contact information of the coverage provider. Coverage providers include insurers or carriers of insured coverage, sponsors of a self-insured employer plan, government agencies providing government-sponsored coverage, and multiemployer plans. **Self-insured Employers must put their own identification information in this space in lines 16-22, including a plan contact number. Multi-employer plans must use the identification information for the plan sponsors.**

**Part III -- Covered Individuals**

List the names and identification information for all individuals covered under the Responsible Individual's plan. Select the months for which any individual had coverage. To add lines for more names, select **Add Row**.