



## 1095-B and 1095-C File PEBA Layouts

### 1095-B

Group 7

#### **PART I - Responsible Individual**

1	First Name of responsible individual	19
1	Middle Initial of responsible individual	2
1	Last Name of responsible individual	25
1	Suffix of responsible individual	4
2	SSN	12
3	DOB	11
4	Street Address	50
5	City	22
6	State	3
7	ZIP	11
8	Origin	3
9	SHOP	2

#### **PART II - Employer Sponsored Coverage**

10	Employer Name	49
11	EIN	11
12	Street Address	13
13	City	9
14	State	3
15	ZIP	11

#### **PART IV - Covered Individuals**

*ROWS 23-42* (1:20)

(a)	First Name of covered individuals	19
(a)	Middle Initial of covered individuals	2
(a)	Last Name of covered individuals	25
(a)	Suffix of covered individuals	4
(b)	SSN	12
(c)	DOB	11
(d)	Covered all 12 months	2
(e)	Months of coverage	
	Jan	2
	Feb	2
	Mar	2
	Apr	2
	May	2
	Jun	2
	Jul	2
	Aug	2
	Sep	2
	Oct	2
	Nov	2
	Dec	2