

Form 1095-C XML Schema Elements <i>Form1095CUppstreamDetailType</i>	Form Line Number	eFile Type	eFile Type Definition	minOccurs	maxOccurs	Element Required or Optional	Description
<i>RecordId</i>	N/A	RecordIdType	nonNegativeInteger minInclusive value="1"	1	1	Required	A sequential number (non-negative integer) that uniquely identifies each record within a submission - every Form 1095-C requires a <i>RecordId</i> . <i>RecordId</i> should start at 1 and increment by 1 sequentially for each Form 1095-C in the submission.
<i>TestScenarioId</i>	N/A	TestScenarioIdType	string pattern [1-9]{1,2}-[0-9]{1,2}	0	1	Optional	The <i>TestScenarioId</i> is only applicable to transmissions submitted to AATS and identifies which test scenario the Form 1095-C represents.
<i>CorrectedInd</i>	N/A	DigitBooleanType	string enumerations allowed: "0" or "1"	1	1	Required	<i>CorrectedInd</i> is a boolean indicating if the record is an original (0) or a correction (1) to a record that the IRS has already received, processed, and accepted.
<i>CorrectedRecordInfoGrp</i>	N/A	CorrectedRecordInfoGrpType	complexType	0	1	Optional	<i>CorrectedRecordInfoGrp</i> contains information to identify the submission being corrected.
<i>CorrectedUniqueRecordId</i>	N/A	UniqueRecordIdType	token pattern .{1,80}\ [1-9]{1}[0-9]{0,15}\ [1-9]{1}[0-9]{0,15}	1	1	Required	<i>CorrectedRecordUniqueld</i> is the unique identifier of the record being corrected.
<i>CorrectedRecordPayeeName</i>	N/A	OtherCompletePersonNameType	complexType	0	1	Optional	The <i>CorrectedRecordPayeeName</i> is a complex element. It is not required. However, if it is included in the XML, the simple elements must follow the schema definition. This is the name of the person reported on the record being corrected.
<i>PersonFirstNm</i>	N/A	string	string, unbounded	1	1	Required	The <i>PersonFirstNm</i> is required if <i>CorrectedRecordPayeeName</i> is included in the XML. It is an unbounded string containing the first name of the person reported on the record being corrected.
<i>PersonMiddleNm</i>	N/A	string	string, unbounded	0	1	Optional	The <i>PersonMiddleNm</i> is not required. It is an unbounded string containing the middle name of the person reported on the record being corrected.
<i>PersonLastNm</i>	N/A	string	string, unbounded	1	1	Required	The <i>PersonLastNm</i> is required if <i>CorrectedRecordPayeeName</i> is included in the XML. It is an unbounded string containing the last name of the person reported on the record being corrected.
<i>SuffixNm</i>	N/A	string	string, unbounded	0	1	Optional	The <i>SuffixNm</i> is not required. It is an unbounded string containing the suffix name of the person reported on the record being corrected.
<i>CorrectedRecordPayeeTIN</i>	N/A	SSNType	string pattern [0-9]{9}	0	1	Optional	The <i>CorrectedRecordPayeeTin</i> is the SSN of the Payee that was reported on the record being corrected.
<i>TaxYr</i>	N/A	YearType	gYear 1000-9999 allowed	0	1	Optional	IRS <i>TaxYr</i> is the tax year for which the data on the Form 1095-C is being submitted.
<i>EmployeeInfoGrp</i>	N/A	EmployeeInformationGrpType	complexType	0	1	Optional	The <i>EmployeeInfoGrp</i> is a complex element. It contains information to identify the employee.
<i>OtherCompletePersonName</i>	N/A	OtherCompletePersonNameType	complexType	0	1	Optional	The <i>OtherCompletePersonName</i> is a complex element. It is not required. However, if it is included in the XML, the simple elements must follow the schema definition.
<i>PersonFirstNm</i>	Line 1	string	string, unbounded	1	1	Required	The <i>PersonFirstNm</i> is required if <i>OtherCompletePersonName</i> is included in the XML. It is an unbounded string containing the first name of the employee.
<i>PersonMiddleNm</i>	Line 1	string	string, unbounded	0	1	Optional	The <i>PersonMiddleNm</i> is not required. It is an unbounded string containing the middle name of the employee.

<i>PersonLastNm</i>	Line 1	string	string, unbounded	1	1	Required	The <i>PersonLastNm</i> is required if <i>OtherCompletePersonName</i> is included in the XML. It is an unbounded string containing the last name of the employee.
<i>SuffixNm</i>	Line 1	string	string, unbounded	0	1	Optional	The <i>SuffixNm</i> is not required. It is an unbounded string containing the suffix name of the employee.
<i>PersonNameControlTxt</i>	N/A	PersonNameControlType	string length value = "4"	0	1	Optional	The <i>PersonNameControlTxt</i> is a string that conforms to the pattern described in the XML Schema.
<i>TINRequestTypeCd</i>	N/A	TINRequestTypeCodeType	enumerated string enumerations allowed: INDIVIDUAL_TIN BUSINESS_TIN UNKNOWN	0	1	Optional	The <i>TINRequestTypeCd</i> is a code used to identify the TIN Request Type of the employee. The code for the Employee should be INDIVIDUAL_TIN.
<i>SSN</i>	Line 2	SSNType	string pattern [0-9]{9}	0	1	Optional	The <i>SSN</i> is the 9 digit Social Security Number or Taxpayer Identification Number of the employee.
<i>MailingAddressGrp</i>	Lines 3-6	BusinessAddressGrpType	complexType	0	1	Optional	<i>MailingAddressGrp</i> is a choice of <i>USAddressGrp</i> or <i>ForeignAddressGrp</i> .
<i>USAddressGrp</i>	N/A	USAddressGrpType	complexType	1	1	Required	<i>USAddressGrp</i> or <i>ForeignAddressGrp</i> simple elements are only required if the XML includes <i>MailingAddressGrp</i> . Note: either <i>USAddressGrp</i> or <i>ForeignAddressGrp</i> simple elements are required - not both - depending on the address.
<i>AddressLine1Txt</i>	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-\-/])*	1	1	Required	<i>AddressLine1Txt</i> is the first line containing the street address of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>AddressLine2Txt</i>	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-\-/])*	0	1	Optional	<i>AddressLine2Txt</i> is an optional second line containing the street address of the employee.
<i>CityNm</i>	Line 4	CityType	string maxLength="22" pattern ([A-Za-z ?])*[A-Za-z]	1	1	Required	<i>CityNm</i> is the name of the city of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>USStateCd</i>	Line 5	StateType	enumerated string 2 character code required as specified in the XML schema	1	1	Required	<i>USStateCd</i> is the abbreviation for the state, US Territory, or Military designation of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>USZIPCd</i>	Line 6	USZIPCdType	string pattern [0-9]{5}	1	1	Required	<i>USZIPCd</i> is the 5-digit zip code for the address of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>USZIPExtensionCd</i>	Line 6	USZIPExtensionCdType	string pattern [0-9]{4}	0	1	Optional	<i>USZIPExtensionCd</i> is the 4-digit extension zip code for the address of the employee.
<i>ForeignAddressGrp</i>	N/A	ForeignAddressGrpType	complexType	1	1	Required	<i>USAddressGrp</i> or <i>ForeignAddressGrp</i> are only required if the XML includes <i>MailingAddressGrp</i> . Note: either <i>USAddressGrp</i> or <i>ForeignAddressGrp</i> are required - not both - depending on the address.
<i>AddressLine1Txt</i>	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-\-/])*	1	1	Required	<i>AddressLine1Txt</i> is the first line containing the street address of the employee. This simple element is required if the XML includes <i>Foreign AddressGrp</i> .
<i>AddressLine2Txt</i>	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-\-/])*	0	1	Optional	<i>AddressLine2Txt</i> is an optional second line containing the street address of the employee.

<i>CityNm</i>	Line 4	CityType	string maxLength="22" pattern ([A-Za-z ?])*[A-Za-z]	0	1	Optional	<i>CityNm</i> is the name of the city of the employee.
<i>CountryCd</i>	Line 6	CountryType	enumerated string 2 character code required as specified in the XML schema	1	1	Required	<i>CountryCd</i> is the Foreign Country Code of the employee. This simple element or <i>CountryName</i> is required if the XML includes <i>ForeignAddressGrp</i> .
<i>CountryNm</i>	Line 6	string	string, unbounded	1	1	Required	<i>CountryName</i> is the Foreign Country Name of the employee. This simple element or <i>CountryCd</i> is required if the XML includes <i>ForeignAddressGrp</i> .
<i>ForeignProvinceNm</i>	Line 5	string	string, unbounded	0	1	Optional	<i>ForeignProvinceNm</i> is the name of the Province of the address of the employee.
<i>ForeignPostalCd</i>	Line 6	string	string, unbounded	0	1	Optional	<i>ForeignPostalCd</i> is the name of the foreign postal code of the address of the employee.
The ALE Member information will be populated from Form 1094-C.	Lines 7-13	N/A	N/A	N/A	N/A	N/A	N/A
<i>ALEContactPhoneNum</i>	Line 10	ContactPhoneNumberType	string minLength="10" maxLength="15" pattern ([0-9])*	0	1	Optional	<i>ALEContactPhoneNum</i> is the phone number for the Applicable Large Employer Member who can be contacted about the information reported on the form.
<i>StartMonthNumberCd</i>	N/A	PlanStartMonthType	string maxLength="2"	0	1	Optional	<i>StartMonthNumberCd</i> is the Plan Start Month Number Code in text format (e.g "01","11")
<i>EmployeeOfferAndCoverageGrp</i>	Lines 14 - 16	EmployeeOfferAndCoverageGrpType	complexType	0	1	Optional	The complex element <i>EmployeeOfferAndCoverageGrp</i> contains the information by each month of the year to specify the type of coverage, if any, offered to an employee, the employee's spouse and the employee's dependents.
<i>AnnualOfferOfCoverageCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator that applies. Enter the applicable code in the "All 12 Months" box if it applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>MonthlyOfferCoverageGrp</i>	Line 14	OfferCoverageByMonthType	complexType	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>JanOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>FebOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>MarOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>AprOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>MayOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"

<i>JunOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the “All 12 Months” box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>JulOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the “All 12 Months” box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>AugOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the “All 12 Months” box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>SepOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the “All 12 Months” box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>OctOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the “All 12 Months” box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>NovOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the “All 12 Months” box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>DecOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the “All 12 Months” box or in each of the 12 boxes for the calendar months that apply. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"
<i>AnnIshrLowestCostMthlyPremAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in "All 12 Months" box if it was the same for every month of the year.
<i>MonthlyShareOfLowestCostMonthlyPremGrp</i>	Line 15	AmountByMonthDetailType	complexType	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>JanuaryAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>FebruaryAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>MarchAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.

<i>AprilAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>MayAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>JuneAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>JulyAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>AugustAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>SeptemberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>OctoberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>NovemberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>DecemberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>AnnualSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" maxLength="2"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in the "All 12 Months" box if it applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"
<i>MonthlySafeHarborGrp</i>	Line 16	MonthlySafeHarborCdType	complexType	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.

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<i>DecSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" maxLength="2"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"
<i>CoveredIndividualInd</i>	N/A	DigitBooleanType	string enumerations allowed: "0" or "1"	0	1	Optional	Enter "0" for false or "1" for true to indicate if the employer offers employer-sponsored self-insured health coverage in which the employee or other individual is enrolled.
<i>CoveredIndividualGrp</i>	Lines 17-22	EmployerCoveredIndividualType	complexType	0	99	Optional	<i>EmployerCoveredIndividual</i> is a complex element. It allows for up to 99 covered individuals to be submitted for each employee listed.
<i>CoveredIndividualName</i>	N/A	OtherCompletePersonNameType	complexType	0	1	Optional	Enter the name of each covered individual.
<i>PersonFirstNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	1	1	Required	The <i>PersonFirstNm</i> is required if <i>CoveredIndividualName</i> is included in the XML. It is an unbounded string containing the first name of the covered individual.
<i>PersonMiddleNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	0	1	Optional	The <i>PersonMiddleNm</i> is not required. It is an unbounded string containing the middle name of the covered individual.
<i>PersonLastNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	1	1	Required	The <i>PersonLastNm</i> is required if <i>CoveredIndividualName</i> is included in the XML. It is an unbounded string containing the last name of the covered individual.
<i>SuffixNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	0	1	Optional	The <i>SuffixNm</i> is not required. It is an unbounded string containing the suffix name of the contact person.
<i>PersonNameControlTxt</i>	N/A	PersonNameControlType	string length value = "4"	0	1	Optional	The <i>PersonNameControlTxt</i> is a string that conforms to the pattern described in the XML Schema.
<i>TINRequestTypeCd</i>	N/A	TINRequestTypeCodeType	enumerated string enumerations allowed: INDIVIDUAL_TIN BUSINESS_TIN UNKNOWN	0	1	Optional	The <i>TINRequestTypeCd</i> is a string that conforms to the pattern described in the XML Schema. The enumeration for the covered individual should be INDIVIDUAL_TIN.
<i>SSN</i>	Lines 17(b)- 22(b)	SSNType	string pattern [0-9]{9}	0	1	Optional	Enter the 9-digit <i>SSN</i> for each covered individual. For covered individuals who are not the employee listed in Part I, a Taxpayer Identification Number (TIN), rather than an SSN, may be entered if the covered individual does not have an SSN.
<i>BirthDt</i>	Lines 17(c)- 22(c)	DateType	date pattern [1-9][0-9]{3}\-.*	0	1	Optional	Enter a date of birth for the covered individual only if SSN in column (b) is blank.
<i>CoveredIndividualAnnualInd</i>	Lines 17(d)- 22(d)	DigitBooleanType	string enumerations allowed: "0" or "1"	0	1	Optional	Enter "0" for false or "1" for true to indicate if the individual was covered for at least one day per month for all 12 months of the calendar year.
<i>CoveredIndividualMonthlyIndGrp</i>	N/A	MonthIndGrpType	complexType	0	1	Optional	<i>CoveredIndividualMonthlyInd</i> is a complex element. It shows each month the individual was covered for at least one day in each month listed.
<i>JanuaryInd</i>	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations allowed: "0" or "1"	0	1	Optional	If the individual was not covered for all months, include this element with the enumeration of "0" or "1". Use "0" if the individual was not covered during the month. Use "1" if the individual was covered for at least one day of the month.
<i>FebruaryInd</i>	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations allowed: "0" or "1"	0	1	Optional	If the individual was not covered for all months, include this element with the enumeration of "0" or "1". Use "0" if the individual was not covered during the month. Use "1" if the individual was covered for at least one day of the month.
<i>MarchInd</i>	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations allowed: "0" or "1"	0	1	Optional	If the individual was not covered for all months, include this element with the enumeration of "0" or "1". Use "0" if the individual was not covered during the month. Use "1" if the individual was covered for at least one day of the month.
<i>AprilInd</i>	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations allowed: "0" or "1"	0	1	Optional	If the individual was not covered for all months, include this element with the enumeration of "0" or "1". Use "0" if the individual was not covered during the month. Use "1" if the individual was covered for at least one day of the month.

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