

Employer Reporting Under the ACA: 2015 Final Forms & Instructions



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October 21, 2015

Today's Agenda:

- Reporting Overview:
 - Types of Annual Reporting
 - Who Reports
 - Deadlines
- 1094-C/1095-C: Line-by-Line Form Review
- Key Changes to Final Forms & Instructions

Reporting Overview

	Section 6055	Section 6056
Applies to:	Providers of minimum essential coverage (MEC): Self-insured plan sponsors; insurers	Applicable Large Employers (ALEs)
Requires reporting parties to:	<ul style="list-style-type: none">• File information with the IRS• Provide statements to covered individuals	<ul style="list-style-type: none">• File information with the IRS• Provide statements to full-time employees
Purpose is to assist:	<ul style="list-style-type: none">• IRS administer the individual mandate• Individuals show compliance with the individual mandate	<ul style="list-style-type: none">• IRS administer the employer shared responsibility rules and determine eligibility for subsidies

Self-funded ALEs must report under both sections, but will use a combined reporting method to report on a single form

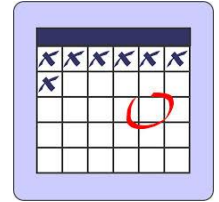
A.L.E. Determination

- Each Month throughout 2014:
 - Identify full-time employees
 - Aggregate hours of service by anyone not full-time
 - Divide aggregate hours of service by 120
 - Add the number of full-time employees to the number of equivalent employees to determine the average number of full-time equivalent employees (FTEs) you employed that month
- Determine 2014 Annual FTE average by adding up all monthly calculations and dividing by 12 → If annual average is 50+ FTEs, you are an ALE.

Annual Reporting Requirements by FTE Count

2014: Yearly FTE Count	2015: Yearly FTE Count
FTEs= 100+ annual average—comply with Employer Mandate in 2015, report in early 2016 on 2015 coverage	FTEs= 100+ annual average—comply with Employer Mandate in 2016, report in early 2017 on 2016 coverage
FTEs= 55 annual average— <u>transition relief</u> from Employer Mandate penalties, BUT must report in early 2016 on 2015 coverage	FTEs= 55 annual average—comply with Employer Mandate in 2016, report in early 2017 on 2016 coverage
FTEs= 45 annual average—not “large,” so no need to comply with Employer Mandate in 2015 or report on 2015 coverage in early 2016	FTEs= 45 annual average—not “large,” so no need to comply with Employer Mandate in 2016 or report on 2016 coverage in early 2017

Reporting Deadlines



IRS Returns

- **Annual Deadline:** Feb. 28
(March 31, if filed electronically)
- **For 2015: Feb. 29, 2016**
(March 31, if filed electronically)

Individual Statements

- **Annual Deadline:** Jan. 31
- **For 2015: Feb. 1, 2016**
- May be furnished electronically if consent requirements are met

→ Employers filing over 250 forms are required to file with the IRS electronically.

Reporting Forms

ALEs sponsoring self-insured plans

Form 1095-C:
Part I, Part II &
Part III

Form 1094-C

ALEs sponsoring insured plans

Form 1095-C:
Part I & Part II
only

Form 1094-C

**Non-ALEs
sponsoring self-insured plans**

Form 1094-B

Form 1095-B

Small employers who sponsor fully insured plans have no reporting obligations under either Section 6055 or Section 6056

Reporting Methods

1094-C: IRS transmittal form (cover sheet); Contains aggregate employer level data; Filed with *IRS only*

1095-C: Individual information sheet (*one to full-time employee/covered individual, one sent to IRS*)

- **ALEs** report information about all full-time employees (Parts I & II)
 - **Self-insured ALEs** report information about all full-time employees **AND** covered individuals (Parts I, II & III)
-
- Monthly reporting on a full calendar year basis regardless of plan year
 - Full reporting for every individual who was covered or a full-time employee for any month of the calendar year



Reporting Penalties

- ACA reporting under both sections 6055 & 6056 are subject to the Internal Revenue Code's reporting penalty provisions:
 - §6721: Failure to file correct **information returns**
 - §6722: Failure to furnish correct **individual statements**
- **The Trade Preferences Extension Act (June 2015):** Increased reporting penalties beginning for returns filed in 2016

Penalty Type	Per Violation		Annual Maximum	
	Old	New	Old	New
General	\$100	\$250	\$1.5 million	\$3 million
Intentional Disregard	\$250+	\$500+	<u>None</u>	

A Closer Look at Form 1094-C

- Transmittal/Employer Cover Sheet:
 - Provides a summary to the IRS of aggregate employer level data
 - Discloses any Transitional Relief the employer is claiming
- Required Information:
 - Company Information (address, EIN, contact info.)
 - Information about whether an offer of coverage was made to **70%** of full-time employee & their dependents (**95% for 2016 and beyond**)
 - Total # of Form 1095-Cs issued to employees
 - Full-time employee count by month & total employee count by month
 - Controlled Group Information

**Transmittal of Employer-Provided Health Insurance Offer and
Coverage Information Returns**► Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c☐ CORRECTED**2015****Part I Applicable Large Employer Member (ALE Member)**

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)
3 Street address (including room or suite no.)		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code
7 Name of person to contact		8 Contact telephone number
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 Country and ZIP or foreign postal code
15 Name of person to contact		16 Contact telephone number

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18 Total number of Forms 1095-C submitted with this transmittal ►

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions ☐**Part II ALE Member Information**

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member | ►

21 Is ALE Member a member of an Aggregated ALE Group? ☐ Yes ☐ No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):
☐ A. Qualifying Offer Method
 ☐ B. Qualifying Offer Method Transition Relief
 ☐ C. Section 4980H Transition Relief
 ☐ D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

► _____ Signature	► _____ Title	► _____ Date
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Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

A Closer Look at Form 1095-C

- Individual Employee Statement:

- Provided to each full-time employee + copies are also filed with the IRS using the 1094-C
- Reports “offer of coverage” information and any safe harbors or other relief the employer relied on

- Required Information:

- Identifying employee information, including name & address
- Information about the health coverage offered to the employee by month
- Employee contribution for lowest-cost self-only minimum value coverage
- Months the employee was enrolled in offered coverage
- Months the employer met an affordability safe harbor with respect to an employee & whether other relief applies
- **For self-insured plans:** Information about all covered individuals (e.g. dependents, non-employee enrollees) by month.

Employer-Provided Health Insurance Offer and Coverage► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c☐ VOID☐ CORRECTED

OMB No. 1545-2251

2015

600116

Part I Employee

1 Name of employee			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)		
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number		
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code	

Applicable Large Employer Member (Employer)**Part II Employee Offer and Coverage****Plan Start Month** (Enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered IndividualsIf Employer provided self-insured coverage, check the box and enter the information for each covered individual. ☐

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Form 1095-C: Line 14

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer

7 Name of employer
8 Employer identification number (EIN)
9 Street address (including room or suite)
10 City or town
11 State or province
12 ZIP or foreign postal code

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980B Harbor (enter if applicable)													

Part III

	Oct	Nov	Dec
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2015)

**Benefit
Setup
Data**

Line 14 identifies if there was an offer of coverage, whether it provides minimum essential coverage/minimum value, and who it covers

Line 14 “Code Series 1”; for Each Month

Part II Employee Offer and Coverage													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													

- **1A** - Qualifying Offer
- **1B** - MEC providing MV offered to employee only
- **1C** - MEC providing MV offered to employee and at least MEC offered to dependent(s) (not spouse)
- **1D** - MEC providing MV offered to employee and at least MEC offered to spouse (not dependent(s))
- **1E** - MEC providing MV offered to employee and at least MEC offered to dependent(s) and spouse*
- **1F** - MEC NOT providing MV offered ([skinny plan](#))
- **1G** - Offer of coverage to employee who was not FT for any month of the calendar year and who enrolled in self-insured coverage
- **1H** - No offer of coverage
- **1I** - Qualified Offer Transition Relief 2015

Form 1095-C: Line 15

Form **1095-C** Employer-Provided Health Insurance Offer and Coverage
Department of the Treasury Internal Revenue Service
Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID CORRECTED 600116 OMB No. 1545-2251 5

Part I Employee

1 Name of employee 2 Social security number (SSN) 7 Name of employer
3 Street address (including apartment no.) 9 Street address (including room or suite no.)
4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or ZIP or foreign postal code

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number)

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													
17													
18													
19													
20													
21													
22													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2015)

Benefit Setup Data

Line 15 identifies the Cost of Coverage for this particular employee; ONLY complete if the corresponding line 14 code is 1B, 1C, 1D or 1E

Line 15: The Cost of Coverage

15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage													
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- Indicator codes 1B, 1C, 1D, and 1E indicate that at least the employee was offered a plan that provided MEC & minimum value—we are only worried about the costs of these plans
- Cost entered is the employee's required monthly self-only premium contribution for the lowest cost plan that provides minimum value (regardless of what individual actually elects/does not elect)



Form 1095-C: Line 16

**Benefit
& HR
Data**

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

☐ VOID
☐ CORRECTION

Part I Employee

1 Name of employee

2 Social security number (SSN)

3 Street address (including apartment no.)

7 Name of employer

9 Street address (including room or suite no.)

Applicable Large Employer Measure

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

11 City or town

12 State or province

13 ZIP or foreign postal code

Line 16 identifies employer safe harbors for coverage and affordability

Coverage
 16 Applicable Section 4980H Safe Harbor (enter code, if applicable)

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Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. ☐

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2015)

Line 16 “Code Series 2”; Employer Safe Harbors

16 Applicable
Section 4980H Safe
Harbor (enter code,
if applicable)

- **2A** - Employee not employed during the month
- **2B** - Employee not a full-time employee
- **2C** - Employee enrolled in coverage offered*
- **2D** - Employee in Limited Non-Assessment Period
- **2E** - Multiemployer interim rule relief
- **2F** - Form W-2 Safe Harbor applies
- **2G** - FPL Safe Harbor applies
- **2H** - Rate of Pay Safe Harbor applies
- **2I** - Non-calendar year transition relief



**Affordability
Safe Harbors**

Code 2D: Limited Non-Assessment Period

- An employee in a Limited Non-Assessment Period (LNAP) is not considered a full-time employee
- Not subject to penalties during the period; Employee must be offered affordable MV coverage by first day after end of period
 - LNAP= Waiting Period for New FT employees: 90 days max
 - LNAP= “Look Back Safe Harbor” - Initial MP + Admin period for new variable hour/seasonal/PT employees
- Employers need not file a Form 1095-C for an individual who for each month of the calendar year is either not an employee of the employer or is in an LNAP

Reporting on Union Employees (Code 2E)

- For 2015, an employer will enter code 1H on line 14 for any month for which the employer enters code 2E on line 16 (indicating the employer is relying on the multiemployer arrangement interim guidance)
- An employer may enter code 2E on line 16 if:
 1. the employer was required by a **collective bargaining agreement** to contribute to a multiemployer plan on behalf of the employee for that month;
 2. The multiemployer plan offers health coverage to individuals (& their dependents) who satisfy the plan's eligibility conditions; and
 3. The coverage offered under the multiemployer plan is affordable and provides minimum value
- For 2015, Code 2E may be entered without regard to whether the employee was eligible to enroll or actually enrolled in coverage under the multiemployer plan

In future years employers may be required to report offers of coverage made through a multiemployer plan in a different manner

Reporting COBRA Coverage

- **Terminated Employees:** An offer of COBRA continuation coverage that is made to a former employee upon termination of employment should **not** be reported as an offer of coverage on line 14. For a terminated employee, code 1H (No offer of coverage) should be entered for any month for which the offer of COBRA continuation coverage applies.
- **Active Employees:** An offer of COBRA continuation coverage that is made to an active employee (e.g. an offer of COBRA that is made due to a reduction in the employee's hours that resulted in the employee no longer being eligible for coverage under a plan) is reported in the same manner and using the same code as an offer of that type of coverage to any other active employee.



Reporting HRA Coverage

- In certain circumstances an HRA is considered employer-sponsored self-insured health coverage which needs to be reported in Part III of the 1095-C
- An ALE Member with a **self-insured major medical plan** and a health reimbursement arrangement (HRA) is required to report the coverage of an individual enrolled in both types of minimum essential coverage in Part III under **only one** of the arrangements.
- An ALE Member with an **insured major medical plan** and an HRA is not required to report in Part III HRA coverage of an individual if the individual is eligible for the HRA because the individual enrolled in the insured major medical plan.
- An ALE Member with an HRA must report coverage under the HRA in Part III for any individual who is *not enrolled in a major medical plan* of the ALE Member (e.g. if the individual is enrolled in a group health plan of another employer such as spousal coverage).

1095-C Sample 1

QRS Company offers self-insured group health coverage with a non-calendar plan year beginning in March of each year. Prior to the ACA, QRS only offered health coverage to office staff and executives. In order to comply with the Employer Mandate, QRS began offering coverage to full-time field workers beginning in March of 2015. With this change, Bob became eligible for coverage at QRS's but he declined the offer during 2015 OE as he is covered under his spouse's plan. Bob would have paid \$90 per month for self-only coverage in QRS's lowest cost MV plan, which had buy-up options for dependent/family coverage. In August, Bob terminated employment with QRS.

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number): 03

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2I	2I	2G	2G	2G	2G	2G	2G	2A	2A	2A	2A

1095-C Sample 2

XYZ Company has a fully insured group health plan. The monthly employee premium contribution for single only coverage in their lowest cost MV plan is \$150 per month. Jan has been an employee of XYZ Company for 5 years. For XYZ's 2015 calendar plan year Jan elected employee + spouse coverage within the XYZ's highest cost plan, carrying a monthly employee premium contribution of \$300. In July 2015, Jan moved to a PT position within XYZ in which she was no longer eligible for health coverage benefits. Jan was offered COBRA continuation coverage which would have cost her \$1000 per month but she declined.

Part II Employee Offer and Coverage							Plan Start Month (Enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2B	2B	2B	2B	2B

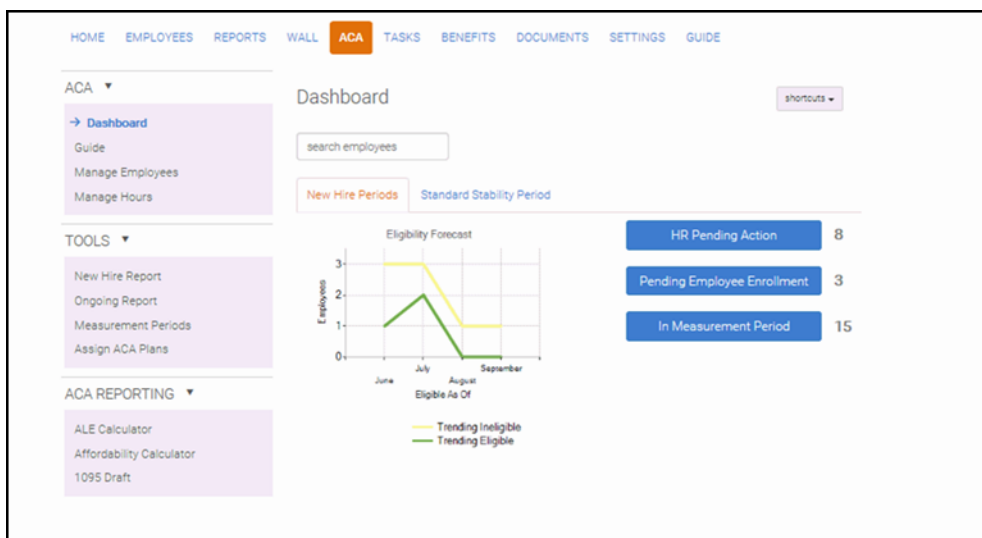
Penalty Relief for 2015 Reporting

- Employers that can show they made **good faith efforts to comply** with the information reporting requirements under section 6055/6056 will not be liable for accuracy related penalties
- Specifically, relief is provided for returns and statements filed and furnished in 2016 to report coverage in 2015 for incorrect or incomplete information reported on the return or statement
- No relief is provided to reporting entities that cannot show a good faith effort to comply with the information reporting requirements or that fail to timely file an information return or furnish a statement



Next Steps + Marshall & Sterling's ACA Dashboard

- I. Review filing forms and instructions issued by the IRS to identify data elements required for the new reporting and specific rules/relief which may apply
- II. Verify that recordkeeping systems will be able to capture the necessary data elements; Reporting may require the use of several recordkeeping systems, such as payroll and HRIS, and may require data aggregation across systems
- III. Determine which procedures you will use for filing returns with the IRS and furnishing statements to employees (e.g. prepare & deliver internally or use a vendor)



Housed within Marshall & Sterling's iNavigator HR Portal there is an integrated ACA tracking & reporting tool.

The iNavigator ACA Dashboard generates, prints and mails 1095-C forms for all your full-time employees and will electronically file with the IRS using the 1094-C form.

Deadline for 2015 Reporting: November 15th

Questions?

