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**FordHarrison**

## Affordable Care Act 6055 and 6056 Reporting

Presented by:

Tiffany Downs

Brian Spring

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### Overview

- The Big Picture
  - What is the purpose of reporting?
- Overview of reporting requirements
  - Forms 1095-C and 1094-C
- Q&As

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### Code Section 6055

Reporting	Who Must Report	Applicable Forms	Purpose
Code Section 6055	All <b>providers</b> of "minimum essential coverage" ("MEC") (i.e., the NECA/IBEW Family Medical Care Plan ("FMCP"))	Form 1094-B Form 1095-B	To verify that individuals have minimum essential coverage that complies with the individual coverage requirements)

The reporting entity must:

- 1) Use a single transmittal form to file the individual information returns with the IRS
- 2) Prepare separate information returns for individuals
- 3) Furnish the individuals with copies of the information returns (or a substitute statement)

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## Who Must Report under Code Section 6055?

Type of Plan	Who must Report
Multiemployer plan	Plan Sponsor
Employer sponsored self-insured plan	Employer
Employer sponsored fully-insured plan	Insurer

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## Code Section 6055 Reporting Requirements

All providers of MEC must report certain, detailed information to the IRS regarding the individual's coverage during the preceding taxable year.

**Which individuals are included in Code Section 6055 reporting?**

- Full-time employees
- Part-time, temporary, and any other non-full-time employees
- Other enrolled individuals, whether or not an employee
- COBRA beneficiaries
- Pre-Medicare retirees
- Dependents (children and spouses) of above, and dependents of Medicare individuals (retirees and disabled)

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## What Information Must Be Reported to the IRS under Code Section 6055?

Name, address, and taxpayer identification number (TIN) of the primary insured
Name and TIN of each other individual obtaining coverage under the policy
Dates during which the individual was covered during the calendar year
If the coverage is health insurance coverage, whether the coverage is a qualified health plan (QHP) offered through a health benefit Exchange
If the coverage is health insurance coverage and that coverage is a QHP, the amount of any advance cost-sharing reduction payment or of any premium tax credit with respect to such coverage
Any other information required by the IRS

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## How Must the Code Section 6055 Information Be Reported to the IRS?

Because the primary purpose of Code Section 6055 reporting is to obtain information related to the individual mandate, the statute and regulations focus on reporting of coverage information

The Code Section 6055 reporting must be in the form set out by the IRS

Form 1094-B	Form 1095-B
Cover Sheet to Form 1095-B	Informational form containing information for <i>each</i> individual for whom MEC is provided

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**Form 1094-B**  
Department of the Treasury  
Internal Revenue Service

**Transmittal of Health Coverage Information Returns**  
Information about Form 1094-B and its separate instructions is at [www.irs.gov/form1094b](http://www.irs.gov/form1094b).

OMB No. 1545-0047  
**2014**

1. Filer's name

2. Employer identification number (EIN)

3. Name of person to contact

4. Contact telephone number

5. Street address (including room or suite no.)

6. City or town

7. State or province

8. Country and ZIP or foreign postal code

9. Total number of Forms 1095-B submitted with this transmittal

For Official Use Only

Enter 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 \_\_\_\_\_

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

OMB No. 1545-0047

Form 1094-B 2014

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**Form 1095-B**  
Department of the Treasury  
Internal Revenue Service

**Health Coverage**  
Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

☐ VOID  
☐ CORRECTED  
**2014**

**Part I Responsible Individual (Policy Holder)**  
1. Name of responsible individual  
2. Social security number (SSN)  
3. Date of birth (if SSN is not available)  
4. Street address (including apartment no.)  
5. City or town  
6. State or province  
7. Country and ZIP or foreign postal code  
8. Enter letter identifying Origin of the Policy (see instructions for codes)  
9. Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

**Part II Employer-Sponsored Coverage (If Line 8 is A or B, complete this part.)**  
10. Employer name  
11. Employer identification number (EIN)  
12. Street address (including room or suite no.)  
13. City or town  
14. State or province  
15. Country and ZIP or foreign postal code

**Part III Issuer or Other Coverage Provider**  
16. Name  
17. Employer identification number (EIN)  
18. Contact telephone number  
19. Street address (including room or suite no.)  
20. City or town  
21. State or province  
22. Country and ZIP or foreign postal code

**Part IV Covered Individuals (Enter the information for each covered individual.)**  
23. 24. 25. 26. 27.  
28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.  
a. Name of covered individual  
b. SSN  
c. Date of birth (MM/DD/YYYY)  
d. Covered (Y/N)  
e. Months of coverage (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec)

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## Code Section 6055 Reporting Deadlines

- The deadline for furnishing statements to individuals is January 31 of the following calendar year (for 2015 the deadline is January 31, 2016)
  - If mailed, the statement must be sent to the responsible individual's last-known permanent address or, if no permanent address is known, to the individual's temporary address.
  - Electronic Furnishing -the regulations permit electronic furnishing of statements to a responsible individual if the responsible individual affirmatively consents.
    - Consent to receive a statement in electronic format must be in a manner that reasonably demonstrates that the recipient is able to access the statement in the electronic format in which it will be furnished. A furnisher of the statement must make a number of disclosures to responsible individuals prior to, or at the time of, the individual's consent
- The deadline for filing the return (Form 1095-B) and transmittal (Form 1094-B) with the IRS is:
  - February 28 of the following year for paper copies
  - March 31 if filed electronically
- Electronic filing is required if 250 or more individual Forms

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## Code Section 6056

Reporting	Who Must Report	Applicable Forms	Purpose
Code Section 6056	Applicable large employers ("ALE") (i.e., ALEs that contribute to the FMCP)	Form 1094-C Form 1095-C	To establish employee eligibility for premium tax credits if the employer does not offer affordable and adequate coverage

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## Which Employers Are Subject to the Code Section 6056 Reporting Requirement?

- All applicable large employers ("ALE"), as defined under Code Section 4980H
- Applicable Large employer:** 50 or more FTEs for prior calendar year
- Small employer:** less than 50 FTEs for prior calendar year
  - FTE: full-time and part-time (or "full-time equivalent") employees of a controlled group of entities
- Counting FTEs:** All FTEs of all companies that are members of controlled group or an affiliated service group are treated as employed by a single employer.
  - These "aggregation rules" can turn a small employer into a large employer.

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## Reporting Requirements for Applicable Large Employers

- ALEs must report to the IRS whether they offer their full-time employees and their employees' dependents the opportunity to enroll in "minimum essential coverage" under an eligible employer-sponsored plan and to provide certain other information
- Reporting employers must also provide a written statement to their full-time employees
- *Which individuals are reported?*
  - Full-time employees regardless of whether or not they were offered MEC
  - If an employee was full-time for one or more months of the year, the employee must be reported for the full year, including pre- and postemployment

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## Code Section 6056 Forms

Form	
Form 1094-C	Cover Sheet to Form 1095-C
Form 1095-C	Informational form containing information for individual for every full-time employee (and in the case of a self-funded plan, every employee covered under the plan)

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## Form 1094-C

- To be filed by ALEs to verify their compliance with the employer "shared responsibility" mandate.
- Form 1094-C is basically the "cover sheet" to the Form 1095-C
- Consists of four Parts

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## Form 1095-C, Part I, Lines 1-6

<b>Part I Employee</b>		
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

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## Form 1095-C, Part I, Lines 7-13

<b>Applicable Large Employer Member (Employer)</b>		
7 Name of employer		8 Employer identification number (EIN)
9 Street address (including room or suite no.)		10 Contact telephone number
11 City or town	12 State or province	13 Country and ZIP or foreign postal code

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## Form 1095-C, Part II, Lines 14-16

<b>Part II Employee Offer and Coverage</b>													
	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 Full-Time Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980B Safe Harbor (enter code, if applicable)													

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# Form 1095-C, Part II, Lines 14

Part II Employee Offer and Coverage

14 Offer of Coverage (enter required code)

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Code	Full-time Employee	Spouse	Dependents
1A	Qualified Offer: Offered minimum value (MV) MEC that is affordable to employee	Offered at least MEC	Offered at least MEC
1B	Offered MV MEC	Not offered	Not offered
1C	Offered MV MEC	Not offered	At least MEC
1D	Offered MV MEC	At least MEC	Not offered
1E	Offered MV MEC	At least MEC	At least MEC
1F	Offered non MV MEC	Offered non MV MEC	Offered non MV MEC
1G	Offered MEC to employee who was not full-time in any month and who enrolled in self-insured coverage for one or more months. Enter "1G" in "All 12 Months" box only	N/A	N/A
1H	No coverage offered	No coverage offered	No coverage offered
1I	Qualified Offer Transition Relief 2015: Employee (and spouse and dependents) received no offer of coverage, received an offer of coverage that is not a Qualified Offer, or received a Qualified Offer for less than all 12 months	Same	Same



# Form 1095-C, Part III, Lines 15

15 Employee Share of Lowest Cost Monthly Premium, or Self-Only Minimum Value Coverage

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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[illegible][illegible]

Code	Full-time Employee
2A	Employee not employed for any day during the month
2B	Employee not a full-time employee and did not enroll in MEC
2C	Employee enrolled in coverage offered regardless of any other codes that may apply
2D	Employee in a section 4980H(b) limited assessment period. For employee in an initial measurement period enter 2D and not 2B. If the employer is also eligible for the multiemployer interim rule relief enter code 2E and not 2D
2E	Multiemployer interim rule relief. While an employer may also use one of the affordability safe harbors, an employer eligible for multiemployer relief should enter 2E
2F	Section 4980H affordability Form W-2 safe harbor used for month. To use this safe harbor it must be used for all months of the calendar year for which the employee is offered coverage
2G	Section 4980H affordability federal poverty line safe harbor used for month
2H	Section 4980H affordability rate of pay safe harbor used for month
2I	Non-calendar year transition relief applies to this employee for month

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[illegible]

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**Example Form 1095-C for Employers that *do not* contribute to a multiemployer plan**

- On February 15, 2015, John starts employment with GB, Corp. As of his start date, he is reasonably expected to be a full-time employee working at least 30 hours of service per week
- GB, Corp. is an ALE with approximately 120 employees
- GB, Corp. sponsors a self-insured medical plan for its full-time employees and their dependents, including spouses
- The monthly premium for self-only coverage is: \$150
- The waiting period for GB, Corp.'s medical plan is 30 days (i.e., coverage is effective the first of the month following 30 days of employment)
- The coverage offered through the plan is considered "minimum essential coverage" and meets the "minimum value" standards established under the ACA
- The coverage offered to John is also considered affordable under the ACA
- John is married and has two children

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**Form 1095-C, Part I, Lines 1-6**

**1095-C**

Form  
Department of the Treasury  
Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**

☐ COPY

OMB No. 1545-0047

☐ CORRECTED

**2014**

Information about Form 1095-C and its separate instructions is at [www.irs.gov/1095c](http://www.irs.gov/1095c).

Part I Employee			Applicable Large Employer Member (Employer)		
1 Name of employee John Murphy	2 Social security number (SSN) 555-55-5555	7 Name of employer GB, Corp.	8 Employer identification number (EIN) 12-123456	9 Street address (including room or suite no.) 55 Central Park West	10 Contact telephone number 212-555-2388
4 City or town New York	5 State or province NY	6 Country and ZIP or foreign postal code 10023	11 City or town New York	12 State or province NY	13 Country and ZIP or foreign postal code 10013

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**Form 1095-C, Part II, Line 14**

**Part II Employee Offer and Coverage**

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

**Remember:**

1) The coverage offered through the plan is considered "minimum essential coverage" and meets the "minimum value" standards established under the ACA

2) The coverage offered to John is also considered affordable as required under the ACA

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## Form 1095-C, Part II, Line 15

Part II Employee Offer and Coverage													
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

The Form 1095-C instructions provide that an ALE only completes line 15 only if code 1B, 1C, 1D, or 1E is entered on line 14 either in the "All 12 Months" box or in any of the monthly boxes (i.e., the codes that indicate the ALE only provided MEC that provided minimum value)


In this case, the coverage offered to John by GB, Corp. is considered affordable under the ACA



## Form 1095-C, Part II, Line 16

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

Code	Full-time Employee
2A	Employee not employed for any day during the month
2B	Employee not a full-time employee and did not enroll in MEC
2C	Employee enrolled in coverage offered regardless of any other codes that may apply
2D	Employee in a section 4980H(b) limited assessment period. For employee in an initial measurement period enter 2D and not 2B. If the employer is also eligible for the multiemployer interim rule relief enter code 2E and not 2D
2E	Multiemployer interim rule relief. While an employer may also use one of the affordability safe harbors, and employer eligible for multiemployer relief should enter 2E
2F	Section 4980H affordability Form W-2 safe harbor used for month. To use this safe harbor it must be used for all months of the calendar year for which the employee is offered coverage
2G	Section 4980H affordability federal poverty line safe harbor used for month
2H	Section 4980H affordability rate of pay safe harbor used for month
2I	Non-calendar year transition relief applies to this employee for month



### Form 1095-C, Part II, Line 16

Part II Employee Offer and Coverage

14 Other of Coverage enter required code

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A

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

\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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16 Applicable Section 4980H(b) Code, if Applicable

	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C
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Code

Full-time Employees

2A


Employee not employed for any day during the month

2C

Employee enrolled in coverage offered regardless of any other codes that may apply

2D

Employee in a section 4980H(b) limited assessment period




### Form 1095-C, Part III

Part III Covered Individuals

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

17 Name of covered individual	18 EIN	19 DOL if EIN is not available	20 Covered (all 12 months)	21 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>




### Form 1095-C, Part III

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual. ☒


17 Name of covered individual	18 EIN	19 DOL if EIN is not available	20 Covered (all 12 months)	21 Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 Dana Murphy	55-555-5556	1/1/1982	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18 Oscar Murphy	55-555-5557	2/1/2006	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

<b>Form 1095-C</b>		<b>Employer-Provided Health Insurance Offer and Coverage</b>		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		Information about Form 1095-C and its separate instructions is at <a href="http://www.irs.gov/1095c">www.irs.gov/1095c</a> .		CORRECTED	
2014					
<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employee)</b>			
1 Name of employee John Murphy		2 Social security number (SSN) 55-555-5555		3 Name of employer GB, Corp.	
4 Street address (including apartment no.) 55 Central Park West		5 State or province NY		6 Employer identification number (EIN) 12-123456	
7 City or town New York		8 Country and ZIP or foreign postal code 10023		9 Street address (including room or suite no.) 14 North Moore Street	
10 City or town New York		11 State or province NY		12 Contact telephone number (212) 555-2368	
13 Country and ZIP or foreign postal code 10013					
<b>Part II Employee Offer and Coverage</b>					
14 All 12 months					
15 Months of coverage					
16 Months of coverage					
17 Months of coverage					
18 Months of coverage					
19 Months of coverage					
20 Months of coverage					
21 Months of coverage					
22 Months of coverage					
23 Months of coverage					
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93 Months of coverage					
94 Months of coverage					
95 Months of coverage					
96 Months of coverage					
97 Months of coverage					
98 Months of coverage					
99 Months of coverage					
100 Months of coverage					




### Example Form 1095-C for Contributing Employers

- On February 15, 2015, John starts employment with GB, Corp. As of his start date, he is reasonably expected to be a full-time employee working at least 30 hours of service per week.
- GB, Corp. is required by a collective bargaining agreement to make contributions to a calendar year multiemployer plan that offers, on behalf of individuals who satisfy the plan's eligibility conditions, health coverage.
- GB Corp. is required to make the contributions on behalf of John.
- The multiemployer plan also offers health coverage to those individuals' dependents.
- The multiemployer plan has a waiting period of 30 days (i.e., coverage is effective the first of the month following 30 days of employment).
- GB, Corp. does not charge its employees for their portion of the premium.
- The Plan provides GB, Corp. with the following information:
  - The coverage offered through the plan is considered "minimum essential coverage" and meets the "minimum value" standards established under the ACA.
  - The plan's family tier coverage offers coverage to all of the dependents it is legally required to under the ACA (i.e., children under the age of 26, regardless of employment or marital status); and
  - The Plan does not require participants to contribute any amount to the monthly cost of coverage.



### Form 1095-C, Part I, Lines 1-6

<b>Form 1095-C</b>		<b>Employer-Provided Health Insurance Offer and Coverage</b>		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		Information about Form 1095-C and its separate instructions is at <a href="http://www.irs.gov/1095c">www.irs.gov/1095c</a> .		CORRECTED	
2014					
<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee John Murphy		2 Social security number (SSN) 555-55-5555		3 Name of employer GB, Corp.	
4 Street address (including apartment no.) 55 Central Park West		5 State or province NY		6 Employer identification number (EIN) 12-123456	
7 City or town New York		8 Country and ZIP or foreign postal code 10023		9 Street address (including room or suite no.) 14 North Moore Street	
10 City or town New York		11 State or province NY		12 Contact telephone number 212-555-2368	
13 Country and ZIP or foreign postal code 10013					



## Form 1095-C, Part II, Line 14

**Part II Employee Offer and Coverage**

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

**Remember:** the Plan provided GB, Corps with the following information:

- The coverage offered through the plan is considered "minimum essential coverage" and meets the "minimum value" standards established under the ACA
- The plan's family tier coverage offers coverage to all of the dependents it is legally required to under the ACA (i.e., children under the age of 26, regardless of employment or marital status); and
- The Plan does not require participants to contribute any amount to the monthly cost of coverage

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Code	Full-time Employee	Spouse	Dependents
1A	Qualified Offer: Offered minimum value (MV) MEC that is affordable to employee	Offered at least MEC	Offered at least MEC
1B	Offered MV MEC	Not offered	Not offered
1C	Offered MV MEC	Not offered	At least MEC
1D	Offered MV MEC	At least MEC	Not offered
1E	Offered MV MEC	At least MEC	At least MEC
1F	Offered non MV MEC	Offered non MV MEC	Offered non MV MEC
1G	Offered MEC to employee who was not full-time in any month and who enrolled in self-insured coverage for one or more months. Enter "1G" in "All 12 Months" box only	N/A	N/A
1H	No coverage offered	No coverage offered	No coverage offered
1I	Qualified Offer Transition Relief 2015: Employee (and spouse and dependents) received no offer of coverage, received an offer of coverage that is not a Qualified Offer, or received a Qualified Offer for less than all 12 months	Same	Same

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## Form 1095-C, Part II, Line 14

**Part II Employee Offer and Coverage**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A

The Form 1095-C instructions provide that an ALE should not enter a code for health coverage the employer is treated as having offered (but did not actually offer) under the multiemployer arrangement interim guidance (if the employer is contributing on behalf of an employee but the employee is not eligible for coverage under the multiemployer plan), even if the employee is included in the count of full-time employees offered minimum essential coverage for purposes of Form 1094-C, Part III

Code	Full-time employee	Spouse	Dependents
1A	Qualified Offer: Offered minimum value (MV) MEC that is affordable to employee	Offered at least MEC	Offered at least MEC
1H	No coverage offered	No coverage offered	No coverage offered

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## Form 1095-C, Part II, Line 15

[illegible]

Because GB, Corps does not charge its employees for their portion of the premium, Line 15 can be left blank

[illegible]**Form 1095-C, Part II, Line 16**[illegible]

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Code	Full-time Employee
2A	<b>Employee not employed for any day during the month</b>
2B	Employee not a full-time employee and did not enroll in MEC
2C	Employee enrolled in coverage offered regardless of any other codes that may apply
2D	<b>Employee in a section 4980H(b) limited assessment period. For employee in an initial measurement period enter 2D and not 2B. If the employer is also eligible for the multiemployer interim rule relief enter code 2E and not 2D</b>
2E	<b>Multiemployer interim rule relief. While an employer may also use one of the affordability safe harbors, an employer eligible for multiemployer relief should enter 2E</b>
2F	Section 4980H affordability Form W-2 safe harbor used for month. To use this safe harbor it must be used for all months of the calendar year for which the employee is offered coverage
2G	Section 4980H affordability federal poverty line safe harbor used for month
2H	Section 4980H affordability rate of pay safe harbor used for month
2I	Non-calendar year transition relief applies to this employee for month

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## Code Section 6056 Reporting Deadlines

- The deadline for furnishing statements to individuals is January 31 of the following calendar year (for 2015 the deadline is January 31, 2016)
  - Statements may be furnished to employees in any manner permitted for delivery of Form W-2—this includes hand-delivery
  - Electronic Furnishing -the regulations permit electronic furnishing of statements to a responsible individual if the responsible individual affirmatively consents so long as required disclosures are made prior to, or at the time of, the recipient's consent.
    - The regulations explicitly allow statement recipients to provide consent and to access statements in response to a notice on a website.
    - If the electronic statements are furnished through a website, they must be retained on the website through October 15 of the year following the calendar year to which they relate
- The deadline for filing the return (Form 1095-C) and transmittal (Form 1094-C) with the IRS is:
  - February 28 of the following year for paper copies
  - March 31 if filed electronically
- Electronic filing is required if 250 or more individual Forms

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## Potential Changes to Form 1095-C for Contributing Employers

- On August 6, 2015, the IRS released proposed draft instructions for 2015 reporting year that may simplify the reporting requirements for contributing employers using the multiemployer interim guidance
- According to the draft instructions, a contributing employer relying on the multiemployer arrangement interim guidance should enter code 1H on line 14 for any month for which the employer enters code 2E on line 16 (indicating that the employer was required to contribute to a multiemployer plan on behalf of the employee for that month and therefore is eligible for multiemployer interim rule relief)
- For reporting for 2015, Code 1H may be entered without regard to whether the employee was eligible to enroll in coverage under the multiemployer plan. For 2016 and future years, reporting for offers of coverage made through a multiemployer plan may be reported in a different manner
- Until the draft instructions are finalized and published, contributing employers should continue to rely on the current instructions

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## Example Form 1095-C for Contributing Employers Based on Draft Instructions

- On January 1, 2015, John starts employment with GB, Corp. As of his start date, he is reasonably expected to be a full-time employee working at least 30 hours of service per week
- GB, Corps is required by a collective bargaining agreement to make contributions to a calendar year multiemployer plan that offers, on behalf of individuals who satisfy the plan's eligibility conditions, health coverage that is affordable and provides minimum value
- The multiemployer plan also offers health coverage to those individuals' dependents, or is eligible for Section 4980H transition relief regarding offers of coverage to dependents
- John satisfied the plan's eligibility conditions at the beginning of the calendar year and enrolled himself, his spouse, and his two children in the plan. John was covered for all 12 months

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## Potential Changes to Form 1095-C for Contributing Employers

Because GB, Corps is relying on the multiemployer interim guidance it should enter **code 2E on line 16** indicating that it was required to contribute to a multiemployer plan on behalf of John for that month and therefore is eligible for multiemployer interim rule relief

**Part II, Line 16 Codes**

Code	Full-time employee
2E	Multiemployer interim rule relief. While an employer may also use one of the affordability safe harbors, and employer eligible for multiemployer relief should enter 2E

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## Potential Changes to Form 1095-C for Contributing Employers

**Part II Employee Offer and Coverage**

14 Offer of Coverage enter required code	15 Employee Share of Lowest Cost Monthly Premium, for Self Only Minimum Value Coverage	16 Applicable Section 5009(b) Safe Harbor enter code, if applicable	12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	\$														
		2E													

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## Potential Changes to Form 1095-C for Contributing Employers

Because GB, Corps is relying on the multiemployer interim guidance and entered 2E on line 16 it should enter code 1H on line 14 for each month it entered code 2E on line 16 for John

**Part II, Line 14 Codes**

Code	Full-time Employee	Spouse	Dependents
1H	No coverage offered	No coverage offered	No coverage offered

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## Potential Changes to Form 1095-C for Contributing Employers

**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 (Indicate if offered to all employees)	TH												
15. Employee Share of Lowest Cost Monthly Premium, or Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16. Applicable Section 4089A Safe Harbor (enter code if applicable)	ZE												

**REMINDER:** Until the draft instructions are finalized and published, contributing employers should **NOT** rely on the draft instructions

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## Summary

- Determine your reporting obligations:
  - Which forms
  - Who will prepare forms
- Prepare checklist of information needed and determine sources of information
- Ensure that reporting obligations will be made timely
- Determine how employee statements will be distributed

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## Questions?

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Thank you!

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