

## 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

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 <u>providers</u> 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 employee
- 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 disableds)

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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

## 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 Cover Sheet to Form 1095-B Informational form containing information for each individual for whom MEC is provided

1094-B	Transmittal of H	lealth Cover	age Information Returns		0M8 No. 1949-2252 2014
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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



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



### 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
  - <u>FTE</u>: 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

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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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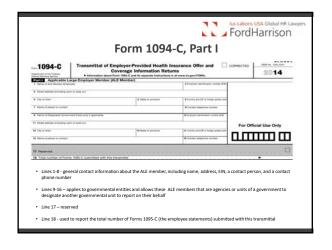
### **Code Section 6056 Forms**

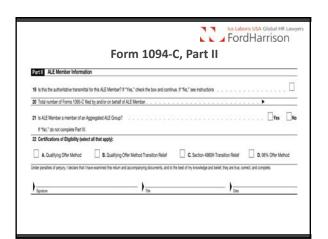
Form	
Form 1094-C	Cover Sheet to Form 1095-C
Form 1095-C	Informational form containing information for individual for every full-time employee (and in the case of a self-funded plan, every employee covered under the plan)

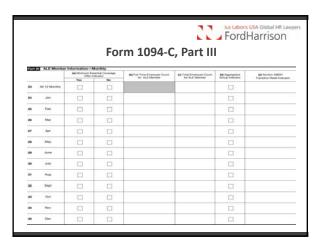
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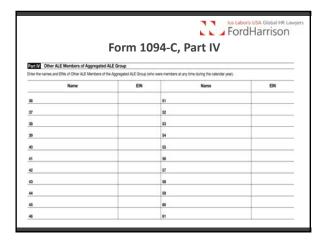
### Form 1094-C

- 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











### Form 1095-C

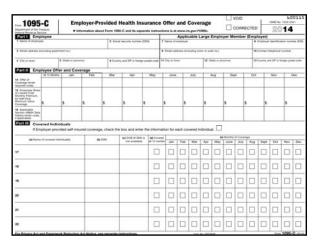
### Consists of three Parts

- Part I basic information about the full-time employee and the employer (e.g., name, SSN / EIN, contact information, etc.);
- Part II, Lines 14-16:
  - Line 14 whether the employer offered the full-time employee minimum essential coverage that was affordable and provided minimum value;

  - minimum value;

     Line 15 the full-time employee's lowest premium / cost for self-only minimum value coverage;

     Line 16 whether any applicable Code Section 4980H safe-harbor is applicable (e.g., affordability safe harbor, mid-size employer relief, non-calendar year relief, multiemployer interim relief plan, etc.); and
- Part III whether the plan covers the full-time employee's spouse and /or dependents



Form 1095-C, Part I, Lines 1-6  Part I Employee  1 Name of employee  2 Social security number (SSN)  3 Street address (including apartment no.)  4 City or town  8 State or province  6 Country and ZIP or foreign postal code			lus Laboris USA Global HR Lawyers FordHarrison				
Name of employee	Form	1095-C, Pai	t I, Lines 1-6				
3 Street address (including apartment no.)	Part I Employe	ee					
	1 Name of employee		2 Social security number (SSN)				
State or province     Country and ZIP or foreign postal code	3 Street address (includi	ng 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	t I, Lines 7-13					
	ble Large Employer Memb						
7 Name of employer		8 Employer identification number (EIN)					
9 Street address (includ	ing 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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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					
1D	Offered MV MEC	At least MEC	Not offered			
1E	Offered MV 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 "16" in "All 12 Months" box only	N/A	N/A			
1H	No coverage offered	No coverage offered	No coverage offered			
11	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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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, 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
21	Non-calendar year transition relief applies to this employee for month

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Part III Covered Individuals If Employer provided self-insur	ed coverage, check	The box and enter t	ne informatio	on for e	ach co	vened in	ndividu	. 0	ğ						5.
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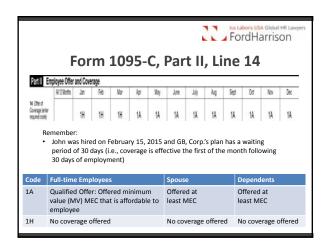
## Example Form 1095-C for Employers that *do not* contribute to a multiemployer plan

- 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, Corps. 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

### Jus Laboris USA Global HR La FordHarrison Form 1095-C, Part I, Lines 1-6 Form 1095-C **Employer-Provided Health Insurance Offer and Coverage** CORRECTED 2014 ► Information about Form 1095-C and its separate instructions is at www.irs.gov/f1095c. Part I Employee Applicable Large Employer Member (Employer) John Murphy 555-55-5555 GB, Corp. 12-123456 14 North Moore Street 55 Central Park West 212-555-2368 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 13 Country and ZIP or foreign postal code NY NY 10013 10023 New York New York

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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
16	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
11	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

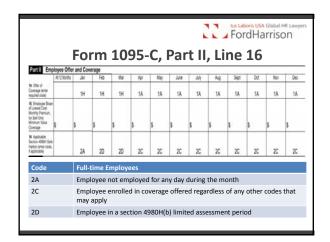


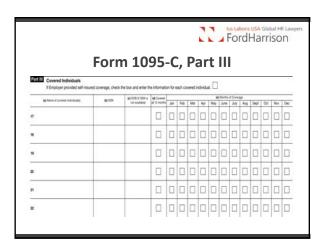
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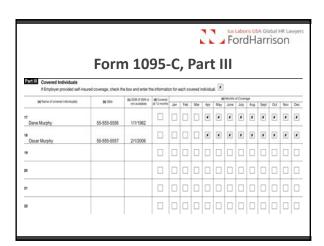
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15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	s	\$	s	\$	\$	\$	\$	\$	\$	\$	s	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

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
21	Non-calendar year transition relief applies to this employee for month







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Ex	ample 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, Cop. is required by a collective bargaining agreement to make contributions to a calendar year multiumployer plan that offers, on behalf of individuals who satisfy the plan's eligibility conditions, health coverage
٠	GB Corp. is required to make the contributions on behalf of John
٠	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)
٠	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 plant'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 martial status); and  iii. The Plan does not require participants to contribute any amount to the monthly cost of coverage.

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1095-C		LO95-C, F		rolu					
Form I UJU U Department of the Treasury Internal Revenue Service	SIST   Noticemention about Form 1005.C and its sensarate instructions is at warm ins possiff/095c   CORRECTED   2014								
Part I Employee			Applicable Large Employer Member (Employer)						
1 Name of employee		2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)				
John Murphy		555-55-5555	GB, Corp. 12-123456						
3 Street address (including a	partment no.)		9 Street address (including room or suite no.) 10 Contact telephone number						
55 Central Park West			14 North Moore S	Street	212-555-2368				
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				
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Part II Em	ployee Offe	r and Cove	erage										
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14 Offer of Coverage (enter required code)													
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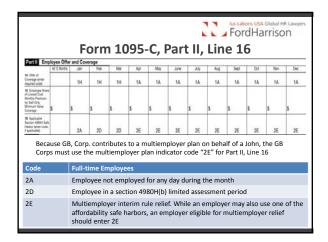
Code	Full-time Employee	Spouse	Dependents
1A	Qualified Offer: Offered minimum value (MV) MEC that is affordable to employee	Offered at least MEC	Offered at least MEC
1B	Offered MV MEC	Not offered	Not offered
1C	Offered MV MEC	Not offered	At least MEC
1D	Offered MV MEC	At least MEC	Not offered
1E	Offered MV MEC	At least MEC	At least MEC
1F	Offered non MV MEC	Offered non MV MEC	Offered non MV MEC
16	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
11	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

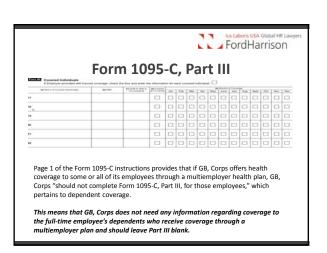
	Form 1095-C, Part II, Line 14												
Part II Em	plovee Offe	r and Cove				<u> </u>	-	•••,			_		_
	All 12 Monts	Jan	Feb .	Mar	Apr	May	Jure	Joly	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage jenter required code)		111	1H	1H	1A	14	1A	1A	1A	1A	14	14	1A
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1H		No cov	verage	offere	t		No cov	erage	offere	d No	cover	age off	ered

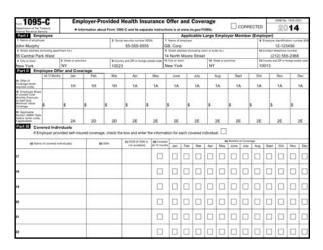
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Employee Share owest Cost dby Premium, led-Only mum Value erage	s	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	s

		Fo	rm	10	95-	·C,	Par	t II	, Li	ne	16		
Part II Emp	Al 12 Norts	r and Co	verage Feb	Mar	Acr	May	June	July	Aug	Sept	0.0	Nov	Dec
14 Offer of Coverage letter required code		1H	1H	18	1A	1A	1A	1A	1A	1A	1A	14	1A
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Yalue Coverage	5	\$	\$	s	s	\$	s	s	\$	s	\$	\$	5
16 Applicable Section 4980H Safe Harbor jenter 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, 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
21	Non-calendar year transition relief applies to this employee for month









### **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 aff 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



### 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



### 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

## 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

# Potential Changes to Form 1095-C for Contributing Employers | Part | Employer Offer and Coverage | Total Part | Total Par

# 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 H No coverage offered No coverage offered No coverage offered

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Potential Changes to Form 1095-C for	-
Contributing Employers	
Employee Offer and Coverage	
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<u>REMINDER</u> : Until the draft instructions are finalized and published, contributing employers should <u>NOT</u> rely on the draft instructions	
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Summary	
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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	
<ul><li>timely</li><li>Determine how employee statements will be</li></ul>	
distributed	
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lus Laboris USA Global HR Lawyers FordHarrison	
Questions?	
Questions:	
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### Thank you!

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