

**Needed Information for Reporting under Code Section 6056 for
Applicable Large Employers (“ALE”) with Fully Insured Health Plans**

Information Needed	Form/Lines	Comments	Answer
General Applicable Large Employer (“ALE”) Information			
ALE’s Name, Mailing Address and Employer Identification Number (“EIN”)	1094-C, lines 1-6 1095-C, lines 7-10 and 11-13	Provide information for each ALE filing forms 1094-C and 1095-C.	
Name and phone number for ALE contact	1094-C, lines 7-8 1095-C, line 10 (contact phone number only)	A third party may be named as the contact.	
Is ALE a member of an Aggregated Applicable Large Employer Group (“AALEG”)?	1094-C, line 21 1094-C, line 23-35, column (d)	Is ALE is a member a controlled group under federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, answer the next question; if No, skip it.
If ALE is a member of AALEG, insert the name and EIN of each member of the group.	1094-C, lines 36-65	Report them in order of number of employees.	List each member on a separate sheet.
Name, address and EIN of the Designated Government Entity (“DGE”)	1094-C, lines 9-16	If ALE is a governmental unit or agency, it may report on its own or may designate (in writing) another person to report on its behalf, as long as the designation meets certain criteria. The DGE must be a person or persons that are part of (or related to) the governmental unit ALE.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, skip to line 18 on Form 1094-C.
Total number of full-time employees, by month	1094-C, lines 23-35, column (b)	It is defined as an employee who, for the calendar month, is employed an average of at least 30 hours of service per week with the employer or 130 hours per month. Exclude those employees in a Limited Non-Assessment Period.	
Total number of all employees, by months	1094-C, lines 23-35, column (c)	Include all employees (full-time and part-time). This is reported on AALEG basis. Include those employees in a Limited Non-Assessment Period.	List on a separate sheet.
Number of Forms 1095-C submitted with 1094-C	1094-C, line 18 1094-C, line 20	The number is entered only on line 20 if Form 1094-C is designated as the authoritative transmittal.	

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General Health Plan Information			
Does the employer offer a group health Plan in 2015?	1094-C, lines 23-35 column (a) 1095-C, line 14	If the employer does not offer a group health plan, answer No on line 23. If the answer is No, then enter Code 1H on line 14.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the health plan provide minimum essential coverage (“MEC”) during 2015?	1094-C, lines 23-35 column (a) 1095-C, line 14	Enter No on line 23. If answer is No on line 23, enter Code 1F on line 14.	<input type="checkbox"/> Yes <input type="checkbox"/> No
During which months in 2015 did ALE offer an MEC?	1094-C, lines 23-35 column (a) 1095-C, line 14	If any months not offered, enter the codes above. Enter No on line 23, for those months not offered. Enter Code 1F on line 14 for any months not offered.	<input type="checkbox"/> All twelve months If not, indicate which months offered_____ and skip next question.
Did ALE offer an MEC to at least 70% of its full-time employees and its dependent children?	1094-C, lines 23-35 column (a) 1095-C, line 14	Answer Yes, if it did offer MEC to 70% for any months in 2015. Answer No, if it did not offer MEC to 70% for any months in 2015. Enter 1F on line 14 for that full-time employee not offered MEC for any month.	<input type="checkbox"/> Yes <input type="checkbox"/> No For any months not offered, the employer may be subject to an employer mandate penalty, unless ALE is subject to transitional relief.
Does the plan provide minimum value (“MV”) to the employee?	1095-C, lines 14, 15 and 16	If the answer is No, enter Code 1F on line 14, leave line 15 blank and enter the appropriate Series 2 code. Codes 2F, 2G and 2H will not apply if answer is No. If the answer is Yes, enter Codes 1B, 1C, 1D, 1E or 1I on line 14. (See next question) Complete line 15 and line 16.	<input type="checkbox"/> Yes <input type="checkbox"/> No An explanation of the Codes is at the end of the checklist.
To whom does ALE offer coverage during the year?	1095-C, line 14	Enter Code 1B, MEC providing minimum value (“MV”) to employee only. Enter Code 1C, MEC providing MV to employee and MEC to dependent children only. Enter Code 1D, MEC providing MV to employee and MEC to spouse only. Enter Code 1E, MEC providing minimum value (MV) to employee and MEC to spouse and dependent children. Enter Code 1I, Qualifying Offer Transition Relief 2015.	Indicate all that apply: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children An explanation of the Codes is at the end of the checklist.

Information Needed	Form and Line	Comments	Answer
Each employee's share of lowest cost yearly premium for offered self-only coverage	1095-C, line 15	Enter amount for each employee. This amount does not need to be entered if either Box A or B is checked on line 22 of Form 1094-C.	Amount is for lowest offered coverage, not for the employee's actual coverage.
In determining affordability for minimum value coverage, which safe harbor is used by ALE?	1095-C, line 16	There are three harbors that are available: Enter Code 2F for Form W-2. Enter Code 2G for Federal Line. Enter Code 2H for Rate of Pay. Enter these codes only if employee waived coverage during any month.	Indicate all that apply: <input type="checkbox"/> Form W-2, <input type="checkbox"/> Federal Poverty Line, or <input type="checkbox"/> Rate of Pay An explanation of the Codes is at the end of the explanation
Was a Qualifying Offer made by ALE?	1094-C, line 22 1095-C, lines 14 and 15	If a qualifying offer is made for all months during 2015 in which the employee was a full-time employee, then check Box A on Line 22. Do not complete line 15 and enter Code 1A on line 14 for months that apply. If a qualifying offer is made for less than 12 months during 2015 in which an employee was full-time to least 95% of full-time employees, then Check Box B on line 22; do not complete line 15 and enter Code 1A on line 14 for months that apply. Enter Code 1I for any months during which the full-time employee did not receive a qualifying offer.	<input type="checkbox"/> Yes <input type="checkbox"/> No If answer is Yes, ALE may provide Form 1095-C by using one of the alternative methods. An explanation of what is a qualifying offer and what are these alternative methods is provided at the end of this checklist.
Was affordable minimum value coverage offered to at least 98% of employees for whom ALE is filing Form 1095-C and offered MEC to employees' dependents?	1094-C, line 22 and lines 23-35, column (e)	This coverage must be offered for all 12 months. If this happens, ALE is not required to complete Part III, column (b) in Form 1094-C. Check Box D on line 22.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does ALE qualify for 4980H Transitional Relief for 2015?	1094-C, line 22 and lines 23-35, column (e) 1095-C, line 16	Enter Code A in column (e) if the 100 or more employee transitional relief applies. Enter Code B, in column (e) if the 50-99 employee transitional relief applies. Enter Code 2I on line 16 if an employee waives coverage and the 100 or more employee transitional relief applies.	Indicate which applies: <input type="checkbox"/> 100 over more <input type="checkbox"/> 50-99 <input type="checkbox"/> N/A

Needed Information	Forms and Lines	Comments	Answer
Was any full-time employee offered MEC with minimum value under multi-employer plan?	1094-C line 22 and lines 23-35 1095-C, lines 14-16	Include in Columns (a) (b) and (c) Complete lines 14 and 15. Complete line 16 by entering Code 2C if covered. Enter Code 2E if waived coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No Form 1095-C may be completed by the plan or ALE.
Full-Time Employee Information (by Employee)			
List each Employee's Name, Mailing Address and Social Security Number.	1095-C, lines 1-6	Each full-time employee should receive a Form 1095-C.	List on separate sheet.
For each employee, determine what months during 2015, he or she was full-time or part-time or not employed during 2015.	1094-C, lines 23-35, column (b) or (c) 1095-C, line 16	Add to Column (b) for months full-time and in Column (c) when part-time. Enter Code 2A on line 16 of any month in which the individual was not employed on any day of the month. Enter Code 2B on line 16 to indicate if employee is not a full-time employee for any month.	
Offer of Coverage Information (by Employee)			
For what months was the employee offered MEC with minimum value?	1095-C, line 14	Enter Code 1A, 1B, 1C, 1D, or 1E depending upon which family member was offered coverage. Enter Code 1H for any month if there was no offer of coverage or the offer was not MEC.	Enter Code 1F for any month in which the coverage offered did not provide minimum value. An explanation of the Codes is at the end of the checklist.
Was MEC offered to the spouse and dependent children and for what months?	1095-C, line 14	Enter Codes 1B, if MEC providing minimum value ("MV") is offered to employee only. Enter Code 1C, if MEC providing MV offer to employee and MEC offered to dependent children only. Enter Code 1D, if MEC providing MV offered to employee and MEC offered to spouse only. Enter Code 1E, if MEC providing MV to employee and MEC offered to spouse and dependent.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children
For each month, what was the employee's share of the lowest-cost monthly premium for individual coverage?	1095-C, line 15	Complete only if Code 1B, 1C, 1D or 1E on line 14 for all 12 months or in any of the monthly boxes.	

Needed information	Form and Lines	Comments	Answer
For any month, was the employee ineligible for coverage because of a waiting period, a measurement period or other nonassessment period?	1094-C, lines 23-35 1095-C, line 16	Do not add to Column (b) for those months in the period, but add to Column (c) to all months that the employee was employed. Enter Code 2D on line 16 to indicate months in the period.	
Was the employee covered by a plan of ALE or by a multi-employer plan?	1095-C, line 16	For any month covered, enter Code 2C. No other Code will apply.	
Did the employee waive coverage for any month during 2015?	1095-C, line 16	For any month waived, enter Codes 2F, 2G or 2H, depending what affordability safe harbor applies. If the employee was offered MEC coverage with minimum value from a multi-employer plan, enter Code 2E.	

Alternative Methods of providing Form 1095-C to full-time employees

Which Applicable Large Employers (ALE) are eligible to use these alternative methods?

To be eligible to use this alternative method of providing Form 1095-C to full-time employees, ALE must certify on Form 1094-C that, for all months during 2015 in which the employee was a full-time employee, it made a “qualifying offer.” This certification is made by selecting Box A on line 22 of Form 1094-C.

What is a “qualifying offer”?

To be considered a “qualifying offer” for this purpose, ALE must offer to its full-time employees minimum essential coverage providing minimum value at an employee cost for employee-only coverage not exceeding 9.5% of the mainland single federal poverty line (\$11,670 for 2015). This offer must be made for all months during 2015 for which the employee was a full-time employee and which are not within a limited non-assessment period. ALE must also offer minimum essential coverage to the employees’ spouses and dependents.

How is the method of providing Form 1095-C simplified for ALE?

ALE making “qualifying offers” may simplify their reporting in two ways.

First, ALE may use Code 1A on line 14 of Form 1095-C for any month in which it made a qualifying offer to a full-time employee. This use of Code 1A precludes the employer from reporting the dollar amount of the employee contribution for the lowest-cost employee-only coverage providing minimum value under ALE’s health plan.

Second, ALE will satisfy the requirement to furnish an employee statement if it provides each full-time employee who received a “qualifying offer” for all 12 months of the calendar year with a general statement in a format prescribed by the IRS with the following information:

- ALE’s name, address, and EIN;
- a contact name and telephone number;
- a statement indicating that, for all 12 months of the calendar year, the employee and his or her spouse and dependents, if any, received a qualifying offer and therefore are not eligible for a premium tax credit; and
- A statement directing the employee to see Publication 974 Premium Tax Credit (PTC), for more information on eligibility for the premium tax credit.

The deadline for furnishing employees with the general statement is the same as if ALE furnished a copy of the Form 1095-C. Use of the general statement is optional; for example, ALE can provide a copy of the Form 1095-C filed with the IRS if it wishes.

If ALE uses the alternative method, must it still file Form 1095-C with the IRS?

Yes. The alternative method of furnishing statements to employees applies only to the statement and not to the return ALE must file with the IRS.

Is there an alternative of providing Form 1095-C if a “qualifying offer” is made to a full-time employee for less than 12 months?

Yes. For each full-time employee who received a “qualifying offer” for less than 12 months of 2015, the alternative reporting method is not available for those months in which a qualifying offer was not made. ALE may have not offered coverage because the full-time employee was an employee for fewer than 12 months of the calendar year, was in a permissible waiting period, or was in a measurement period under the look-back measurement period for one or more months during the 2015. For those months, ALE cannot use Code 1A and may have to report the dollar amount of employee contributions on line 15, depending on which code is entered on line 14. ALE must furnish the employee with a copy of the Form 1095-C filed with the IRS (and cannot satisfy its obligation by providing a general statement) unless ALE qualifies for transition relief available only in 2015.

What alternative method of providing Form 1095-C is available for this situation?

Solely for 2015, ALE may use another alternative method related to qualifying offers. To utilize this method, ALE must certify that it has made a “qualifying offer” to at least 95% of its full-time employees and to their spouses and dependents. If ALE is eligible to use this alternative method, it must certify that eligibility by selecting Box B on line 22 of Form 1094-C.

ALE may furnish full-time employees with an alternative general statement in lieu of a copy of Form 1095-C. If this alternative statement is utilized, it must contain the following information:

- ALE’s name, address, and EIN;
- contact name and telephone number;

- a statement indicating that the employee and his or her spouse and dependents, if any, may be eligible for a premium tax credit for one or more months of 2015; and
- A statement directing the employee to see Publication 974 Premium Tax Credit (PTC), for more information on eligibility for the premium tax credit.

If ALE uses this method, it will complete line 14 of Form 1095-C by using Code 1A for any months in which the full-time employee actually received a qualifying offer and Code 1I for any months during which the full-time employee did not receive a qualifying offer. (Code 1A will take priority over Code 1I for any months during which a qualifying offer was actually made.) Use of either code precludes ALE from reporting employee contribution information on line 15. (If a full-time employee received a qualifying offer for all 12 calendar months, ALE may use the first qualifying offer method described above for that employee rather than this transition relief.)

If ALE uses this alternative method, must it still file Form 1095-C with the IRS?

Yes. The alternative method of furnishing statements to employees applies only to the statement and not to the return ALE must file with the IRS.

Indicator Codes for Employee Offer and Coverage - Form 1095-C, Line 14

1A Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).

1B Minimum essential coverage providing minimum value offered to employee only.

1C Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).

1D Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).

1E Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.

1F Minimum essential coverage NOT providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.

1G Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year.

1H No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).

1I Qualifying Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualifying offer, or received a qualifying offer for less than 12 months.

Indicator Codes 4980H Safe Harbor Codes and Other Relief for Employers – Form 1095-C, Line 16

For each calendar month, enter the applicable code, if any, from Code Series 2. You may enter only one code from Code Series 2 per calendar month. The instructions below address which code to use for a month if more than one code from Series 2 could apply. If the same code applies for all 12 calendar months, enter the applicable Code in each monthly box or enter the code in the “All 12 Months” box. If none of the Codes apply for a calendar month, leave the line blank for that month.

An employer enters the applicable Code Series 2 indicator code, if any, on Line 16 to report for one or more months of the calendar year that one of the following situations applied to the employee: the employee was not employed or was not a full-time employee; the employee enrolled in the minimum essential coverage offered; the employee was in a Limited Non-Assessment Period with respect to Code Section 4980H(b); non-calendar year transition relief applied to the employee; the employer met one of the section 4980H affordability safe harbors with respect to this employee, or the employer was eligible for multi-employer interim rule relief for this employee. In some circumstances more than one situation could apply to the same employee in the same month. For example, an employee could be enrolled in health coverage for a particular month during which he or she is not a full-time employee. However, only one Code may be used for a particular calendar month. For any month in which an employee enrolled in minimum essential coverage, indicator Code 2C reporting enrollment is used instead of any other indicator code that could also apply. For an employee who did not enroll in health coverage, there are some specific ordering rules for which code to use;

2A Employee not employed during the month. Enter Code 2A if the employee was not employed on any day of the calendar month. Do not use Code 2A for a month if the individual was an employee of the employer on any day of the calendar month. Do not use Code 2A for the month during which an employee terminates employment with the employer.

2B Employee not a full-time employee. Enter Code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter Code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month). Also use this code for January 2015 if the employee was offered health coverage no later than the first day of the first payroll period that begins in January 2015 and the coverage offered was affordable for purposes of the employer shared responsibility provisions under section 4980H and provided minimum value.

2C Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled in health coverage offered by the employer for each day of the month, regardless of whether any other code in Code Series 2 might also apply (for example, the Code for a section 4980H affordability safe harbor).

2D Employee in a section 4980H(b) Limited Non-Assessment Period. Enter Code 2D for any month during which an employee is in a Limited Non-Assessment Period for Code Section 4980H(b).

If an employee is in an initial measurement period, enter Code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not Code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the employer is also eligible for the multiemployer interim rule relief for the month Code 2E, enter Code 2E (multi-employer interim rule relief) and not Code 2D (employee in a Limited Non-Assessment Period).

2E Multi-employer interim rule relief. Enter Code 2E for any month for which the multi-employer interim guidance applies for that employee. This relief is described under Offer of Health Coverage in the Definitions section of these instructions.

2F Section 4980H affordability Form W-2 safe harbor. Enter Code 2F if the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of Code Section 4980H(b) for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.

2G Section 4980H affordability federal poverty line safe harbor. Enter Code 2G if the employer used the section 4980H federal poverty line safe harbor to determine affordability for purposes of Code Section 4980H(b) for this employee for any month(s).

2H Section 4980H affordability rate of pay safe harbor. Enter Code 2H if the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of Code Section 4980H(b) for this employee for any month(s).

Note. Codes 2F through 2H: Although employers may use the section 4980H affordability safe harbors to determine affordability for purposes of the multi-employer interim guidance, an employer eligible for the relief provided in the multi-employer interim guidance for a month for an employee should enter Code 2E (multi-employer interim rule relief), and not a code for the section 4980H affordability safe harbors (Codes 2F, 2G, or 2H).

2I Non-calendar year transition relief applies to this employee. Enter Code 2I if non-calendar year transition relief for Code Section 4980H(b) applies to this employee for the month. See the instructions later under Section 4980H Transition Relief for 2015 and 2015 Section 4980H(b) Transition Relief for Employers with Non-Calendar Year Plans (Form 1095-C, line 16, Code 2I), for a description of this relief.

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