WELCOME!

ACA Reporting Requirements Webinar | December 16 @ 2pm

Presenter: Sara B. Tountas, Esq., Director of Legal Compliance

Disclaimer

The information in this presentation is intended for informational purposes only and may not be considered legal advice. The content cannot be used for avoiding Federal tax-related penalties, or promoting, marketing or recommending anything that is tax related. You are strongly encouraged to consult your own legal counsel and tax advisors to ensure compliance with applicable law.

Agenda

- Big picture and background
- Who is responsible for reporting?
- What forms must be filed and when?
- What information must be reported?
- The “employer” forms: 1094-C and 1095-C
- Strategies and next steps

Big Picture and Background

MEC Reporting

- Nearly all U.S. citizens must have "minimum essential coverage" (MEC) in order to avoid individual tax penalties
- IRS needs a way to verify that individuals actually have MEC
- Code Section 6055 requires that any entity providing MEC to an individual to report that to the individual and to the IRS
  - Insurers, self-funded plan sponsors (generally, the employer)

Big Picture and Background

ALE Reporting

- "Employer shared responsibility" rule requires "applicable large employers" (ALEs) to offer health coverage to FT employees or risk penalties
  - ALE generally means 50+ FT and FTEs
- Premium tax credits on Marketplace are generally not available to individuals who are offered "adequate" employer-based coverage
- IRS needs a way to verify ESR compliance and tax credit eligibility
- Code Section 6056 requires ALE to report whether it offered adequate coverage and to whom

Big Picture and Background

- Both MEC and ALE reporting were supposed to take effect in 2014
  - Delayed one year to 2015
  - First reports due in early 2016 relating to coverage provided/offered/not-offered in 2015
    - *Note: ESR rule generally delayed to 2016 for ALEs with 50-99 FT/FTEs, but NO delay for these employers for ALE reporting*
- Reports are based on calendar year, regardless of whether plan operates on a non-calendar year basis

Big Picture and Background

Penalties for failure to file/failure to provide correct reports

- $100 per report, capped at $1.5 million per year (except for "intentional disregard")
- Transition relief for reports filed in 2016:
    - No penalty if "good faith" efforts to comply

Reporting Responsibility Matrix

	Non-ALE with Fully-Insured Plan	ALE with Fully-Insured Plan	Non-ALE with Self-Insured Plan	ALE with Self-Funded Plan
Employee Statement(s)	1095-B	1095-B and 1095-C	1095-B	1095-C (including Part III)
Responsible Party	Insurer	Insurer (1095-B) and Employer (1095-C)	Employer	Employer
IRS Return	1094-B	1094-B and 1094-C	1094-B	1094-C
Responsible Party	Insurer	Insurer (1094-B) and Employer (1094-C)	Employer	Employer

When are the reports due?

- Similar to Form W-2
  - Statements to individuals are due by January 31
  - Transmittals to IRS are due February 28 (or March 31 if filed electronically)
    - Electronic filing required if file 250 or more statements

FORMS 1094 AND 1095

- "B" Forms (1094-B and 1095-B) are for MEC reporting
  - Filed by insurers, self-insured non-ALEs and self-insured ALEs (but only with respect to non-employees)
- "C" Forms (1094-C and 1095-C)
  - Filed by all ALEs, regardless of whether self-funded or fully-insured
    - Self-insured ALEs complete additional Part III of 1095-C to report those enrolled in MEC
  - Typical IRS controlled group rules do not apply– each employer reports their own employees
    - One controlled group member can assist another, but liability is not transferred

Forms 1094-C

- 1094-C is the “transmittal form”
  - Provides employer-level information, eligibility for transition relief, MEC offers and employee counts

Form **1094-C**

Department of the Treasury
Internal Revenue Service

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/f1094c*.

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OMB No. XXXX-XXXX

2014

DRAFT AS OF July 24, 2014 DO NOT FILE

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

Lines 1-8
Name, address, and employer identification number of the ALE Member (employer). Name and telephone number of the employer's contact person.

17 Reserved . . . ☐

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

Part II ALE Member Information

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

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

Form 1094-C, Part I

- What is an ALE Member?
  - An ALE Member is an employer that employed (or is part of an IRS controlled group that employed), on average, 50 or more FT employees (including FT equivalents) in the prior calendar year
    - Specific formula for determining average FT and FTEs
    - Special rule for disregarding seasonal employees in certain circumstances
  - Reporting applies separately to each ALE member

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7 Name of person to contact

8 Contact telephone nu

9 Name of Designated Government Entity (only if applicable)

10 Employer iden

11 Street address (including room or suite no.)

12 City or town

13 State or province

14 Country and ZIP or foreign pos

15 Name of person to contact

16 Contact telephone number

17 Reserved . . . .

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

Lines 9 – 16
Used only when a Designated Governmental Entity (DGE) is filing on behalf of an employer.
DGE – Person or persons that are part of or related to the Governmental Unit that is the ALE Member and that is appropriately designated for reporting requirements.

Part II **ALE Member Information**

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

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

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form **1094-C** (2014)

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7 Name of person to contact

8 Contact telephone numb

9 Name of Designated Government Entity (only if applicable)

10 Employer identification nu

11 Street address (including room or suite no.)

12 City or town

13 State or province

14 Country and ZIP or foreign

15 Name of person to contact

16 Contact telephone number

Line 18
Enter the total number of Forms 1095-C submitted with this Form 1094-C.

17 Reserved . . . ☐

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

Part II ALE Member Information

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

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

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If "No," do not complete Part IV.

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8 Contact telephone number

9 Name of Designated Governme

10 Employer identification number (EIN)

11 Street address (including room

12 City or town

14 Country and ZIP or foreign postal code

15 Name of person to contact

16 Contact telephone number

For Official Use Only

17 Reserved . . . . ☐

18 Total number of Forms 1095-C subm... transmittal . . . . ▶

Line 19
Check if filing as the Authoritative Transmittal to report aggregate employer-level data for the employer. Lines 20-22
are only completed by employers filing as the Authoritative Transmittal.

Part II ALE Member Information

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

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):

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7 Name of person to co

Contact telephone number

9 Name of Designated

mployer identification number (EIN)

11 Street address (incl

12 City or town

Country and ZIP or foreign postal code

15 Name of person to

Contact telephone number

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Line 20
Enter the total number of Forms 1095-C that will be filed.
This includes Forms 1095-C for the employer's full-time employees and Forms 1095-C filed for non-full-time employees who enroll in the employer's employer-sponsored self-insured health plan.

17 Reserved ☐

18 Total number o ▶

Part II ALE Mem

19 Is this the authoritative transmitta ember? If "Yes," check the box and continue. If "No," see instructions ☐

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

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17 Reserved . . . ☐

18 Total number of Form . . . ▶

Part II **ALE Member**

19 Is this the authoritativ... No," see instructions . . . ☐

20 Total number of Forms ... ▶

Line 21
Check "Yes" if during any month of the calendar year the employer was a member of an Aggregated ALE Group.

21 Is ALE Member a member of an Aggregated ALE Group? If "No," do not complete Part IV. . . . ☐ **Yes** ☐ **No**

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

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11 Street address (including room or suite no.)

13

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"Yes," che...

ALE Member ▶

Yes No

Per IRS Notice 2014-37, affordability for 2015 is determined using 9.56%, not 9.5%

Line 22A
Check if employer offered MV coverage to one or more FT employees (and spouses and dependents) for all 12-months and the employee cost for self-only coverage did not exceed 9.5% of the Federal Poverty Level.

22 Certi... of Eligibility (select all that apply):

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...tact telephone number

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17 Reserved . . . ☐

18 Total number of Forms 1095-C subm... ▶

Part II ALE Member Information

19 Is this the authoritative transmittal fo... instructions ☐

20 Total number of Forms 1095-C filed ... ▶

21 Is ALE Member a member of an Agg... ☐ Yes ☐ No
If "No," do not complete Part IV.

Line 22B
Check if "Qualifying Offer" was made for one or more months of calendar year 2015 to at least 95% of full-time employees (and spouses and dependent children).

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

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16 Contact telephone number

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17 Reserved . . . .

18 Total number of Forms 1095-C submitted w ▶

Part II ALE Member Information

19 Is this the authoritative transmittal for this Al . . . .

20 Total number of Forms 1095-C filed by and/ ▶

21 Is ALE Member a member of an Aggregated . Yes No
If "No," do not complete Part IV.

Line 22C
Check if either (1) 2015 50-99 transition relief or (2) "Minus 80" transition relief apply.
If checked, employer must also complete Part III, column (e) to indicate the type of transition relief for which it is eligible.

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.

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17 Reserved . . . .

18 Total number of Forms 1095-C submitted with this transr

Part II ALE Member Information

19 Is this the authoritative transmittal for this ALE Member?

20 Total number of Forms 1095-C filed by and/or on behalf o

21 Is ALE Member a member of an Aggregated ALE Group?
If "No," do not complete Part IV.

Line 22D
Check is employer offered affordable, MV coverage to at least 98% of employees and dependents for each month during the year. If checked, employer is not required to specify number of FT employees on Part III, column (b), but is still required to file Forms 1095-Cs.

22 Certifications of Eligibility (select all that apply):

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Form 1094-C, Part III

- MEC Offer Summary
  - If employer did not offer MEC to a sufficient percentage of FT employees and dependents, annual penalty is generally $2,000 * total # of FT employees (minus 30)
    - Certain transition relief available for 2015 and must be indicated in Part III, column (e)
      - Employers with 50-99 employees
      - “Minus 80” exemption

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Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b)		...ed ...tor	(e) Section 4980H Transition Relief Indicator
		Yes	No				
23	All 12 Months	☐	☐				
24	Jan	☐	☐				
25	Feb	☐	☐				
26	Mar	☐	☐				
27	Apr	☐	☐				
28	May	☐	☐				
29	June	☐	☐				
30	July	☐	☐			☐	
31	Aug	☐	☐			☐	
32	Sept	☐	☐			☐	
33	Oct	☐	☐			☐	
34	Nov	☐	☐			☐	
35	Dec	☐	☐			☐	

Column A
Check yes on line 23 if coverage was offered to at least 95% of full-time employees and dependents for the entire calendar year enter. If not, mark the boxes on lines 24-35 as appropriate.

Also check yes on line 23 if employer did not offer coverage to at least 95% of full-time employees and dependents but is eligible for transition relief (e.g., 70% for 2015, non-calendar year plan relief)

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Part III **ALE Member Information—Monthly**

		(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member			H ndicator
		Yes	No				
23	All 12 Months	☐	☐				
24	Jan	☐	☐				
25	Feb	☐	☐				
26	Mar	☐	☐				
27	Apr	☐	☐				
28	May	☐	☐			☐	
29	June	☐	☐			☐	
30	July	☐	☐			☐	
31	Aug	☐	☐			☐	
32	Sept	☐	☐			☐	
33	Oct	☐	☐			☐	
34	Nov	☐	☐			☐	
35	Dec	☐	☐			☐	

Column B
Enter the number of full-time employees for each month.
Do not include any employee in a Limited Non-Assessment Period.
If the employer indicated that it was was eligible for the 98% Offer Method by selecting box D, on line 22, it is not required to complete column (b).

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Part III ALE Membe

Column C
Enter the TOTAL number of employees for each calendar month.
Choose the first day of each month or the last day of each month consistently to determine the number of employees per month.
If the total number of employees was the same for every month of the entire calendar year, enter that number in line 23.

				nt	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
23	All 12 Months					☐	
24	Jan					☐	
25	Feb					☐	
26	Mar					☐	
27	Apr					☐	
28	May					☐	
29	June					☐	
30	July	☐	☐			☐	
31	Aug	☐	☐			☐	
32	Sept	☐	☐			☐	
33	Oct	☐	☐			☐	
34	Nov	☐	☐			☐	
35	Dec	☐	☐			☐	

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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	☐	☐			☐	
24	Jan	☐	☐			☐	
25	Feb	☐	☐			☐	
26	Mar	☐	☐			☐	
27	Apr	☐	☐			☐	
28	May	☐	☐			☐	
29	June	☐	☐			☐	
30	July	☐	☐			☐	
31	Aug	☐	☐			☐	
32	Sept	☐	☐			☐	
33	Oct	☐	☐			☐	
34	Nov	☐	☐			☐	
35	Dec	☐	☐			☐	

Column D
Check if marked "Yes" on line 21.
If one or more months are checked, must also complete Part IV.

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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	☐	☐				
24	Jan	☐	☐				
25	Feb	☐	☐				
26	Mar	☐	☐				
27	Apr	☐	☐				
28	May	☐	☐			☐	
29	June	☐	☐			☐	
30	July	☐	☐			☐	
31	Aug	☐	☐			☐	
32	Sept	☐	☐			☐	
33	Oct	☐	☐			☐	
34	Nov	☐	☐			☐	
35	Dec	☐	☐			☐	

Column E
Enter Code A if marked on line 22 that employer is eligible for Transition Relief for employers with 50-99 employees. Enter Code B to indicate the “minus 80” transition relief.

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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		

Enter names and EINs of each member in the Aggregated ALE Group. ALE Group members should be listed in descending order listing first the member with the highest average monthly number of full-time employees.

Form 1095-C

- Form 1095-C must be filed by an ALE for each FT employee (and if self-funded, any PT employee who enrolls)
  - One 1095-C for all 12-months of the year, even if employee was only FT for one month

600115

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/f1095c.*

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2014

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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)

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

Part II Employee O... and Coverage

Lines 1-6
Name, social security number and address of the employee

	Al...	...n	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offe... Coverag... required...													
15 Emp... Share of... Cost Mo... Premium, fo... Self-Only Minimum Value Coverage	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Cat. No. 60705M

Form **1095-C** (2014)

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

Employer-Provided Health Insurance Offer and Coverage

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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 Member (Employer)

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

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May	June						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)													

Lines 7-13
Name, employer identification number, address and contact number for the employer

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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

Cat. No. 60705M

Form **1095-C** (2014)

Form 1095-C, Part II

- Employee offer and coverage summary
  - Must identify type of offer (see Line 14 codes) made or not made for each month during the year
  - Depending on type of offer, must indicate lowest-cost premium for single coverage for each month
  - Must identify whether employee enrolled or whether any safe harbor relief is applicable for each month (see Line 16 codes)

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/f1095c.*

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2014

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Part I Employee

1 Name of employee
2 Social secu
3 Street address (including apartment no.)
4 City or town
5 State or province
6

Applicable Large Employer Member (Employer)

...tion number (EIN)
...ode

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb
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 Individuals
If Employer provided self-insured coverage, chec

	(a) Name of covered individual(s)	(b) SSN
17		
18		
19		
20		
21		
22		

Line 14 Codes

1A. Qualifying Offer: MEC providing MV coverage offered to employee, spouse and dependents, and is affordable based on 9.5% of FPL.

1B. MEC providing MV offered to employee only.

1C. MEC providing MV offered to employee and dependents (not spouse).

1D. MEC providing MV offered to employee and spouse (not dependents).

1E. MEC providing MV offered to employee and to dependent(s) and spouse.

1F. MEC NOT providing MV offered to employee, or employee and spouse or dependents, or employee, spouse and dependents.

1G. Coverage offered 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 (enter in “All 12 Months” box only).

1H. No offer of coverage or coverage offered is not MEC

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

Employer-Provided ...

▶ Information about Form 10...

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Part I Employee ... **Member (Employer)**

1 Name of employee | 2 So... | 8 Employer identification number (EIN)

3 Street address (including apartment no.) | 10 Contact telephone number

4 City or town | 5 State or province | 6 Cou... | 13 Country and ZIP or foreign postal code

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	...	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)									

Line 15

Only used if the coverage offered provided MV and 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.

Enter the amount of the employee share of the lowest-cost monthly premium for self-only MEC providing MV.

If coverage is not offered, or coverage did not provide MEC or did not provide MV, do not complete this line.

Part III Covered Individuals

If Employer provided self-insured coverage, check the box a...

	(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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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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/f1095c.*

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Part I Employee

1 Name of employee | 2 Social se...
3 Street address (including apartment no.)
4 City or town | 5 State or province | 6 C...

Applicable Large Employer Member (Employer)

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar
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)				

Line 16 Codes

2A. Employee was not employed on any day of the month.

2B. Employee was not a FT employee for the month and did not enroll in in MEC, if offered.

2C. Employee enrolled in health coverage, regardless of whether any other code might also apply. (2C trumps all other codes.)

2D. Employee is in a "Limited Non-Assessment Period" for the month (e.g., initial measurement period or first three calendar months after hire if MEC offered thereafter).

2E. Multiemployer interim rule relief.

2F. Form W-2 affordability safe harbor.

2G. FPL affordability safe harbor.

2H. Rate of pay affordability safe harbor.

2I. Non-calendar year transition relief.

Part III Covered Individuals
If Employer provided self-insured coverage, check ...

	(a) Name of covered individual(s)	(b) SSN
17		
18		
19		
20		
21		
22		

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

Cat. No. 60705M

Form **1095-C** (2014)

Form 1095-C, Part III

- Reports information about individuals who were enrolled in (vs. offered) coverage– MEC reporting
- Only required if ALEs sponsors a self-funded health plan
  - Basically replicates information that would otherwise be reported on Form 1095-C
    - Employer may still be required to file Forms 1094-B and 1095-B if self-funded plan covers any non-employees (directors, retirees, COBRA beneficiaries)
  - Required to identify each individual enrolled and for which months
    - Need SSNs for all covered individuals
      - Must make reasonable efforts to collect SSNs
        - Initial attempt + 2 follow-up attempts

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

Employer-Provided Health Insurance Offer and Coverage

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2014

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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)

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

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)													
15 Employee Share of Lowest ...					$	$	$	$	$	$	$	$	$
... Safe ... (enter co... applicable)													

Lines 17 – 22
Complete Part III ONLY for self-insured plans.

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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

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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)
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

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)		1H	1H	1H	1H	1H	1H	1H	1H	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)		2A	2D	2D	2D	2D	2D	2D	2D	2C	2C	2C	2C

Joe is hired by ALE as a variable hour employee on Feb. 1
ALE has a 6 mo. initial measurement period and 2 mo. administrative period.
Joe averages 30+ hours/week during the initial measurement period.
Joe is offered coverage and enrolls effective September 1
Coverage is fully-insured, MEC, MV and affordable under FPL standard.

...rmation for each covered individual.

...ed ...ths	(e) Months of Coverage											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22 ☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Strategies and Next Steps

- A LOT of information needs to be tracked!
- Evaluate current recordkeeping and determine whether upgrades/changes are necessary
- Coordinate internally and with outside vendors
  - Some vendors are developing solutions that will aggregate data from various sources and generate reports BUT will still require a lot of work on employer's part
- Perform "controlled group" analysis and evaluate impact on reporting
- Consider communication issues
  - Name and contact number for questions needs to be included on forms
- Shouldn't rely on possibility of further delays

Thank you

ACRISURE
Benefits Group