REVIEW OF THE REPORTING REQUIREMENTS UNDER CODE SECTIONS 6055 AND 6056

By

Larry Grudzien
Attorney at Law
(708) 717-9638
larry@larrygrudzien.com

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Introduction

The Affordable Care Act ("ACA") created new reporting requirements under Internal Revenue Code ("Code") Sections 6055 and 6056. Under these new reporting rules, certain employers must provide information to the IRS about the medical plan coverage they offer (or do not offer) to their employees.

Code Section 6055 requires insurers, insurance issuers, self-insured health plan sponsors, government agencies that administer government-sponsored health insurance programs and any other entity that provides minimum essential coverage ("MEC") to report information on that coverage to the Internal Revenue Service ("IRS") and covered individuals.

Code Section 6056 requires applicable large employers ("ALEs") subject to the employer shared responsibility rules to report information on the health coverage offered to full-time employees to the IRS and covered individuals.

The additional reporting is intended to promote transparency with respect to health plan coverage and costs. It will also provide the government with information to administer other ACA mandates, such as the large employer shared responsibility penalty and the individual mandate.

On March 5, 2014, the IRS released two final regulations on the ACA's health coverage reporting requirements.

On July 24, 2014, the IRS released draft forms relating to the information reporting requirements under Code Sections 6055 and 6056.

Summary of the Draft Forms

The draft forms operationalize the information reporting requirements under IRC Sections 6055 and 6056. The draft forms issued included:

- **1095-B Health Coverage**. Insurers and self-funded plans will provide one to each enrollee. The form provides information on the coverage provided.
- **1094-B Transmittal of Health Coverage Information Returns**. Transmittal form insurers and self-funded plans will file with IRS along with all the Forms 1095-B.
- **1095-C Employer-Provided Health Insurance Offer and Coverage**. Large employers will provide one to each enrollee. The form provides information on the coverage provided, and on to whom and when the coverage was offered.
- **1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns.** Transmittal form insurers and self-funded plans will file with IRS along with all the Forms 1095-C.
- **1095-A Health Insurance Marketplace Statement.** Exchanges will provide to their enrollees.

On August 28, 2014, the IRS released draft instructions for the above forms that employers use to report under Code Sections 6055 and 6056.

The following will review what has to be reported, when it has to be reported and to whom. In addition, the instructions for each form will be reviewed. Please remember that both the forms and the instructions have been released in draft form. Expect changes to each in the future.

Who must file?

An ALE (50 or more full-time and full-time equivalent employees during 2014) must file one or more Forms 1094-C and must file a Form 1095-C for each employee who was a full-time employee of the employer for any month of the calendar year 2015. An ALE that provided health coverage through an employer sponsored self-insured health plan must also complete Form 1095-C, Part III for any full-time employee, non-full-time employee, employee family members and others) who are enrolled in an employer-sponsored self-insured health plan. If an employer offers health coverage through a health plan, and some of the enrollment options under the plan are employer-sponsored self-insured health arrangements while others are not (for example, some of the enrollment options are insured arrangements), the employer must only complete Form 1095-C, Part III, for the employees who enrolled in the self-insured enrollment option(s) under the plan.

An employer that provides health coverage through an employer-sponsored self-insured health plan must complete Form 1095-C, Parts I and III, for any employee who enrolls in the health coverage, whether or not the employee is a full-time employee for any month of the calendar year. If the employee is a full-time employee for any month of the calendar year, the employer must also complete Part II. If, for all 12 months of the calendar year, the employee is not a full-time employee, the employer must complete only Part II, line 14, by entering code 1G in the "All 12 Months" column.

If an employer is providing health coverage in another manner, such as through an insured health plan or a multiemployer health plan, the issuer of the insurance or the sponsor of the plan providing the coverage will provide the information about their health coverage to any enrolled employees, and the employer should not complete Form 1095-C, Part III, for those employees.

An employer that provides employer-sponsored self-insured health coverage but is not subject to the employer shared responsibility provisions under Code Section 4980H (less than 50 employees) is not required to file Forms 1094-C and 1095-C and reports instead on Forms 1094-B and 1095-B for employees who enrolled in the employer-sponsored self-insured health coverage.

What has to be reported to the IRS?

Under both Code Sections 6055 and 6056, each reporting entity will be required to file all of the following with the IRS:

- A separate information return for each individual who is provided MEC (for ALEs, this includes only full-time employees); and
- A single transmittal form for all of the returns filed for a given calendar year.

When do the forms have to be filed with the IRS?

Under both Code Sections 6055 and 6056, the return and transmittal forms must be filed with the IRS on or before Feb. 28 (March 31, if filed electronically) of the year following the calendar year of coverage. However, if the regular due date falls on a Saturday, Sunday or legal holiday, entities should file by the next business day. For calendar year 2015, these forms must be filed by Feb. 29, 2016, (or March 31, 2016, if filing electronically).

These forms are not required to be filed for 2014. However, in preparation for the first required filing (in 2016 for 2015 coverage), reporting entities may voluntarily file in 2015 for 2014 in accordance with the draft forms and instructions.

What has to be provided to participants and when?

All entities reporting under Code Section 6055 or 6056 must furnish a copy of Form 1094-C or 1095-C, as applicable, to the person identified as the responsible individual named on the form. Statements must be furnished by mail, unless the recipient affirmatively consents to receive the statement electronically.

The statement must be furnished on or before Jan. 31 of the year following the calendar year of coverage. The first statements are due to individuals by Feb. 1, 2016.

Review of the Instructions for the Forms

Form 1095-B - Heath Coverage

Part 1 - Responsible individual

Indicate the name, address, date of birth and social security number of the responsible individual. The responsible individual is the primary insured employee, former employer, parent, uniformed services sponsor or other person enrolling individual.

On line 8, a letter must be entered identifying the origin of the policy:

A. Small Business Health Options Program (SHOP).
B. Employer-sponsored coverage.
C. Government-sponsored program.
D. Individual market insurance.
E. Multiemployer plan.
F. Miscellaneous minimum essential coverage.

Part II - Employer Sponsored Coverage

If letters A or B is entered on Line 8 above, this part has to be completed indicating the name address and employer identification number of the employer sponsoring the group health coverage.

Part III - Issuer of Other Coverage Provider

This part has to be completed indicating the name and address of the entity providing the coverage. If the coverage is insured, it is the insurer. If the coverage is self-insured, it is the employer or the governmental or other entity providing the coverage. On line 18, the telephone number of a contact person must be entered if there are any questions from the employee participant.

Part IV - Covered Individuals

In this part, the name and social security number of each covered person. If the social security number for the covered person cannot be obtained, then the person's date of birth must be entered. In addition, if the person was covered for twelve months, the column (d) is checked, If the person was not covered for twelve months, then months during the calendar year covered must be indicated in column (e).

Form 1094-B - Transmittal of Health Coverage Information Returns

The name, address and Employer Identification Number of the entity filing the forms must be indicated. On line 4, a contract telephone number must be indicated, if questions arise from employee participants. On line 9, the total number of Form 1095-B to be filed must be indicated. The form must be signed and dated and title of the person signing must be indicated.

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Part I - Employee

On lines 1 through 6, indicate the name, address and social security number of the employee offered coverage. On lines 7-13 indicate the name, address and employer identification number of the employer. On line 10, indicate the telephone number of the person that the employee participant can call if he or she has any questions.

Part II - Employee Offer and Coverage

On line 14, enter the applicable code for the offer of coverage of each calendar month. If the offer was made for the entire calendar year 2015, place the code in the first column. A code must be entered for each calendar month January through December, even if the employee was not a full-time employee for one or more of the calendar months. Enter the code identifying the type of health coverage actually offered by the employer (or on behalf of the employer) to the employee, if any. Do not enter a code for any other type of health coverage the employer is treated as having offered under the dependent coverage transition relief, non-calendar year transition relief, or 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) under Form 1094-C, Part III, column (a).

Applicable Codes - Offer of Coverage

- 1A. Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for individual 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. Enter code 1G in the "All 12 Months" box and do not complete the monthly boxes.
- 1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).
- 1I. Qualified Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualified offer, or received a qualified offer for less than 12 months. Solely for January 2015, if an employer offers health coverage to an employee no later than the first day of the first payroll period that begins in January 2015, the employer is treated as having offered health coverage for January 2015. An employer that is eligible for this transition relief for an employee for January 2015 should treat that employee as having been offered minimum essential coverage for January 2015 for purposes of Form 1094-C, line 23 or 24 (whichever is applicable), column (a). An employer that is eligible for this transition relief would report on Form 1095-C, line 14 that it offered its employee health coverage for the month of January. There is not a specific indicator code to reflect this transition relief.

Line 15 is only completed if the coverage offered to the employee provided minimum value and Code 1B, 1C, 1D or 1E is entered in line 14 in either the "all 12 Months" box or in any of the monthly boxes.

Enter into the Box the amount of the employee's share of the lowest-cost monthly premium of individual coverage minimum essential coverage providing minimum value. Enter the entire amount including cents. If no amount is required, then 0.00 must be entered. If the amount is the same for all 12 months, then the amount is entered into the first column and do not complete the monthly boxes. If the employer did not offer health coverage or it offered health coverage that was not minimum essential coverage or did not provide minimum value, do not complete line 15.

On line 16, enter the applicable code for the Code Section 4980H Safe Harbor Codes and Other Relief for Employers of each calendar month. If the offer was made for the entire calendar year, place the code in the first column.

Applicable Codes - Code Section 4980H Safe Harbor Codes and Other Relief for Employers

- 2A. Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the month. Do not use code 2A for a month if the individual is an employee of the employer on any day of the month. Do not use this code 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.

- 2C. Employee enrolled in coverage offered. Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer, regardless of whether any other code in Code Series 2 might also apply. Note. If the employee enrolled in the minimum essential coverage offered for the month, enter code 2C (employee enrolled in coverage offered), and not any other in Code Series 2 that might also apply.

- 2D. Employee in a Code 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 Code 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 Code 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 (multiemployer interim rule relief) and not code 2D (employee in a Limited Non-Assessment Period).

  In various circumstances, the final regulations provide that an employer will not be subject to a penalty under Code Section 4980H for a certain period of time. The term "limited non-assessment period" for certain employees is used to describe these periods.

  Specifically, an employer will not be subject to a penalty under Code Section 4980H(a), and in certain cases Code Section 4980H(b), with respect to an employee in the following circumstances:

  - the transition rule for an employer's first year as an applicable large employer;
  - the application of Code Section 4980H for the three full calendar month period beginning with the first full calendar month in which an employee is first otherwise eligible for an offer of coverage under the monthly measurement method;
  - the application of Code Section 4980H during the initial three full calendar months of employment for an employee reasonably expected to be a full-time employee at the start date, under the look-back measurement method;
  - the application of Code Section 4980H during the initial measurement period to a new variable-hour employee, seasonal employee, or part-time employee determined to be employed on average at least 30 hours of service per week, under the look-back measurement method;

- the application of Code Section 4980H following an employee's change in employment status to a full-time employee during the initial measurement period, under the look-back measurement method; and

- the application of Code Section 4980H to the calendar month in which an employee's start date occurs on a day other than the first day of the calendar month.

- 2E. Multiemployer interim rule relief. Enter code 2E for any month for which the multi-employer interim guidance applies for that employee.

  An employer is treated as offering health coverage to an employee if the employer is required by a collective bargaining agreement or related participation agreement to make contributions for that employee to a multi-employer plan that offers, to individuals who satisfy the plan's eligibility conditions, health coverage that is affordable and provides minimum value, and that also offers health coverage to those individuals' dependents.

- 2F. Code Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the employer used the Code 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. Code Section 4980H affordability federal poverty line safe harbor. Enter code 2G if the employer used the Code 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. Code Section 4980H affordability rate of pay safe harbor. Enter code 2H if the employer used the Code Section 4980H rate of pay safe harbor to determine affordability for purposes of Code Section 4980H(b) for this employee for any month(s).

- 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 Code Section 4980H Transition Relief for 2015 and 2015 Section 4980H(b)

Part III - Covered Individual

This part is only completed if the employer offers self-insured health coverage in which the employee is enrolled. This part must be completed for any employee who enrolled in coverage regardless of whether the employee is full-time employee If the employer is required to complete this part, an "X must be entered in the box.

For this purpose employer-sponsored self-insured health coverage does not include coverage under a multiemployer plan.

In this part, the name and social security number of each covered person must be entered. If the social security number for the covered person cannot be obtained, then the person's date of birth must be entered. In addition, if the person was covered for twelve months, column (d) is checked, If the person was not covered for twelve months, then months during the calendar year covered must be indicated in column (e).

Form 1094-C - Transmittal of Employer - Provided Health Insurance Offer and Coverage Information Returns

Part I - Applicable Large Employer Member

The name, address and Employer Identification Number of the member filing the forms must be indicated. On lines 7 and 8, a contact person's name and telephone number must be indicated if questions arise.

Lines 9 through 16 are only completed if an entity is a Designed Governmental Entity ("DGE") filing on behalf of employer. DGE is a person or persons that are part of or related to appropriately designated for purposes of these reporting requirements.

On line 18, the total number of Form 1095-C to be filed must be indicated.

Part II - ALE Member Information

The box on line 19 is checked if this Form 1094-C is the Authoritative Transmittal to report aggregate employer-level data for the employer.

Only one Authoritative Transmittal can be filed for each employer. If only one Form 1094-C is being filed for the employer, that Form 1094-C must report aggregate employer-level data for the employer and be identified on line 19 as the Authoritative Transmittal. If multiple Forms 1094-C are being filed for an employer so that Forms 1095-C for all full-time employees of the employer are not attached to this transmittal (because Forms 1095-C for some full-time employees of the employer are being transmitted separately), one of the Forms 1094-C must report aggregate employer-level data for the employer and be identified on line 19 as the Authoritative Transmittal.

Lines 20–22 should be completed only on the Authoritative Transmittal for the employer. If this is not the Authoritative Transmittal for the employer, lines 20–22, Parts III or IV should not be completed.

The form must be signed and dated and title of the person signing must be indicated.

On line 20, enter the total number of Forms 1095-c that will be filed by and on behalf of the employer.

On line 21, indicate whether the ALE Member is a member of an Aggregated ALE Group. An Aggregated ALE Group refers to a group of ALE Members treated as a single employer under Code Section 414(b), 414(c), 414(m), or 414(o). An ALE Member is a member of an Aggregated ALE Group for a month if it is treated as a single employer with the other members of the group on any day of the calendar month. If an ALE is made up of only one person or entity, that one ALE Member is not a part of an Aggregated ALE Group. Government entities and churches or conventions or associations of churches may apply a reasonable, good faith interpretation of the aggregation rules under Code Section 414 in determining their status as an ALE or member of an Aggregated ALE Group.

If the member indicates that it is a member of an Aggregated ALE group then the Aggregated Group Indicator must be completed in Part III, column (d) and Part IV to list the other members of the Aggregated ALE Group.

If the member is not part of an Aggregated ALE Group for all twelve months of the calendar year then "No" should be checked and Part III, column (d) or Part IV is not completed.

On line 22, indicate whether the employer meets the eligibility requirements of one of the Offering Methods and/or one of the forms of Transitional Relief, as explained below: b x.

A. Qualifying Offer Method

This box is checked if the employer is eligible to use and is using the Qualifying Offer Method for one or more full-time employees. To be eligible to use the Qualifying Offer Method, the employer must certify that, for all months during the year in which the employee was a full-time employee for whom a Code Section 4980H employer shared responsibility payment could apply, the employer made a Qualifying Offer.

An employer is deemed to make a Qualifying Offer if for all months during the year in which the employee was a full-time employee to whom the Code Section 4980H penalty could apply, the applicable large employer: (1) offered minimum essential coverage, providing minimum value where the employee cost for self-only coverage did not exceed 9.5 percent of the mainland single federal poverty line to one or more full-time employee and (2) offered minimum essential coverage to the employee's spouses and dependents.

If the employer uses this method, it must not provide on Form 1095-C, line 15, the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value. It instead must use the Qualifying Offer code 1A on Form 1095-C, line 14, to indicate that the employee received a Qualifying Offer for all 12 months. Use of this method is optional and an employer may, rather than report using this method and the Qualifying Offer code 1A, report on line 14 the applicable offer code and on line 15 the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value for that month. An employer may not, for any month, use code 1A and also report the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value.

If the employer is eligible to use the Qualifying Offer Method, it may use the Qualifying Offer Code 1A for any month for which it made a Qualifying Offer to an employee, even if the employee did not receive a Qualifying Offer for all 12 months. However, the employer must furnish a copy of Form 1095-C to any employee who did not receive a Qualifying Offer for all 12 months, unless the Qualifying Offer Method Transition Relief applies.

Alternative Method of Furnishing to Employees under the Qualifying Offer Method. An employer that is eligible to use the Qualifying Offer Method meets the requirement to furnish the Form 1095-C to its full-time employees who received a Qualifying Offer for all 12 months of the calendar year if it furnishes each of those full-time employees either a copy of Form 1095-C as filed with the IRS or a statement containing the following information.

- Employer name, address, and EIN.
- 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.

B. Qualifying Offer Method Transition Relief

This box is checked if the employer is eligible for and is using the Qualifying Offer Method Transition Relief for 2015. For the 2015 calendar year, to be eligible to use the Qualifying Offer Method Transition Relief the employer must certify that it made a Qualifying Offer for one or more months of calendar year 2015 to at least 95% of its full-time employees (spouse and dependent children).

If an employer uses this method, it must not provide on Form 1095-C, line 15, the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value and instead must use either the Qualifying Offer code 1A or the Qualifying Offer Method Transition Relief code 1I on Form 1095-C, line 14, to indicate the months in 2015 for which the employer is eligible for the Qualifying Offer Method Transition Relief code 1I or the months for which the employee received a Qualifying Offer code 1A. For any months for which the employee received a Qualifying Offer, the employer must report using the Qualifying Offer code 1A to indicate that the employee received a Qualifying Offer for that month.

For any month, use of this method is optional, and an employer may, rather than report using this method and the Qualifying Offer code 1A or the Qualifying Offer Method Transition Relief code 1I, report on line 14 the applicable offer code and on line 15 the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value for that month. An employer may not, for any month, use code 1A or code 1I and also report the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value.

Alternative Furnishing Methods Under the Qualifying Offer Method Transition Relief for 2015. Solely for 2015, for any employee of an employer eligible for the Qualifying Offer Method Transition Relief who does not receive a Qualifying Offer for all 12 calendar months, including employees who receive no offer, the employer may, in lieu of providing the employee with a copy of Form 1095-C, furnish a statement containing the following information.

- Employer 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.

An employer that is eligible for the Qualifying Offer Method Transition Relief for any employee who receives a Qualifying Offer for all 12 months of the calendar year may, in lieu of furnishing the employee a copy of Form 1095-C, furnish a statement as described in Alternative Method of Furnishing to Employees Under the Qualifying Offer Method, above.

C. Code Section 4980H Transition Relief

This box must be checked if either (1) 2015 Coded Section 4980H Transition Relief for ALEs with Fewer Than 100 Full-Time Employees, Including Full-Time Equivalent Employees (50-99 Transition Relief) or (2) 2015 Transition Relief for Calculation of Assessable Payments Under Code Section 4980H(a) for ALEs with 100 or More Full-Time Employees, Including Full-Time Equivalent Employees (100 or More Transition Relief) apply.

If an employer checks this box, it must also complete Form 1094-C, Part III, column (e), Code Section 4980H Transition Relief Indicator, to indicate the type of Section 4980H transition relief for which it is eligible.

D. 98% Offer Method

This box is checked if the employer is eligible for and is using the 98% Offer Method. To be eligible to use the 98% Offer Method, an employer must certify that it offered, for all months of the calendar year, affordable health coverage providing minimum value to at least 98% of its employees and their dependents for whom it is filing a Form 1095-C employee statement. The employer is not required to identify which of the employees for whom it is filing were full-time employees, but the employer is still required to file Forms 1095-C on behalf of all of its full-time employees. (For this purpose, the health coverage is affordable if the employer meets one of the Code Section 4980H affordability safe harbors.)

If an employer uses this method, it is not required to complete the "Full-Time Employee Count" in Part III, column (b).

The form must be signed and dated and title of the person signing must be indicated.

Part III - ALE Member Information- Monthly

Column (a) Minimum Essential Coverage Offer Indicator

If the employer offered minimum essential coverage under an eligible employer-sponsored plan to at least 95% of its full-time employees and their dependents for the entire calendar year, enter "X" in the "Yes" checkbox on line 23 for "All 12 Months".

If the employer offered minimum essential coverage to at least 95% of its full-time employees and their dependents only for certain calendar months, enter "X" in the "Yes" checkbox for each applicable month. For the months, if any, for which the employer did not offer minimum essential coverage to at least 95% of its full-time employees and their dependents, enter "X" in the "No" checkbox for each applicable month, or enter "X" in the "All 12 Months" box on line 23 if the employer did not offer minimum essential coverage to at least 95% of its full-time employees and their dependents for any of the 12 months. However, an employer that did not offer minimum essential coverage to at least 95% of its full-time employees and their dependents but is entitled to certain transition relief described in the instructions later under Code Section 4980H Transition Relief for 2015 should enter an "X" in the "Yes" checkbox for Part III, line 23, column (a), as applicable.

For purposes of column (a), an employee in a Limited Non-Assessment Period is not counted in determining whether minimum essential coverage was offered to at least 95% of an employer's full-time employees and their dependents.

For purposes of column (a), if the employer offered minimum essential coverage to all but five of its full-time employees and their dependents, and if five is greater than 5% of the number of full-time employees of the employer, the employer may report in column (a) as if it offered health coverage to at least 95% of its full-time employees and their dependents (even if it offered health coverage to less than 95% of its full-time employees and their dependents, for example to 75 of its 80 full-time employees and their dependents).

Column (b) Full-Time Employee Count for ALE Member

Enter the number of full-time employees for each month, but do not include any employee in a Limited Non-Assessment Period. (If the number of full-time employees (excluding employees in a Limited Non-Assessment Period) for a month is zero, enter 0.)

If the employer certified that it was eligible for the 98% Offer Method by selecting box D, on line 22, it is not required to complete column (b).

Column (c) Total Employee Count for ALE Member

Enter the total number of employees, including full-time employees and non-full-time employees, for each calendar month. An employer must choose to use either the first day of each month or the last day of each month to determine the number of employees per month and must use the same day (first or last day of the month) for all months of the year. If the total number of employees was the same for every month of the entire calendar year, enter that number in line 23 "All 12 months." If the number of employees for any month is zero, enter 0.

Column (d) Aggregated Group Indicator

An employer must complete this column if it checked "Yes" on line 21, indicating that, during any month of the calendar year; it was a member of an Aggregated ALE Group. If during each month of the calendar year the employer was a member of an Aggregated ALE Group, enter "X" in the "All 12 months" box. If the employer was not a member of an Aggregated ALE Group for all 12 months but was a member of an Aggregated ALE Group for one or more month(s), enter "X" in each month for which it was a member of an Aggregated ALE Group. If an employer enters "X" in one or more months in this column, it must also complete Part IV.

Column (e) Code Section 4980H Transition Relief Indicator

If the employer certifies by selecting box D on line 22, that it is eligible for Code Section 4980H Transition Relief and is eligible for the 50 to 99 Relief, enter code A. If the employer certifies by selecting box C on line 22, that it is eligible for Code Section 4980H Transition Relief and is eligible for the 100 or More Relief, enter code B. An employer will not be eligible for both types of relief.

Part IV - Other ALE Members of Aggregated ALE Group

An employer must complete this Section if it checks "Yes" on line 21. If the employer was a member of an Aggregated ALE Group for any month of the calendar year, enter the name(s) and EIN of up to 30 of the other Aggregated ALE Group members. If there are more than 30 members of the Aggregated ALE Group, enter the 30 with the highest monthly average number of full-time employees (as reported in Part III, column (b)) for the year or for the number of months during which the ALE Member was a member of the Aggregated ALE Group.

Regardless of the number of members in the Aggregated ALE Group, list the members in descending order listing first the member with the highest average monthly number of full-time employees. The employer must also complete Part III, column (d), to indicate which months it was part of the Aggregated ALE Group.

DRAFT FORMS

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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.*

☐ VOID
☐ CORRECTED

OMB No. 1545-2252

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(s).)

	(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

1115

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*.

OMB No. XXXX-XXX

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

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 **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.

☐ VOID
☐ CORRECTED

600115
OMB No. 1545-2251
2014

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	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered 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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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*.

☐ CORRECTED

120115

OMB No. XXXX-XXXX

2014

Part I Applicable Large Employer Member (ALE Member)

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

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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? 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

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

Version F, Cycle 10

Form 1094-C (2014)

120215

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	☐	☐			☐	

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		