6055/6056 Reporting Requirements

Susan J. Freed
Davis Brown Law Firm

Reporting Requirements

• IRC Sections 6055 & 6056
• 6055 requires reporting by any person providing minimum essential coverage to an individual
  – Insurers and self-insured employers
  – Used to assist the IRS in enforcing the individual mandate
• 6056 requires reporting by large employers (50 or more FTEs) to determine if employer penalties apply

Reporting Requirements

• Time deadlines
  – Employee statements (1095-C) due by January 31, 2016 for 2015 reporting
  – Employer filing (1094-C) due by March 31, 2016 if filing electronically; otherwise February 28, 2016
• Nothing due in 2015
  – Individual mandate requires written statement/proof of coverage provided to tax preparer
  – Does not require employer to provide
6055 Reporting

- Information regarding coverage provided to individuals
- Applies to all employers regardless of size
- But, if fully insured your insurance carrier will report
- If you are self-insured, employer is responsible

6055 Reporting

- Self-funded employers
  - Large employers subject to 6056 reporting can do a combined 6055/6056 report and do not utilize 1094-B/1095-B
  - Employers with a self-funded plan who are under 50 FTEs and who are not subject to 6056 reporting will utilize 1094-B/1095-B forms

6055 Reporting/1095-B Form

- Responsible Individual & Identifying Information – Part I
  - Covered Employee is the Responsible Individual
  - Small Self-Funded Employers use code “B” in Line 8
- Employer Sponsored Coverage – Part II
  - Completed only by carriers
  - Small self-funded employers do not complete
6055 Reporting/1095-B Form

- Insurer Information – Part III
  - Small self-funded employers identify the entity who is the plan sponsor of the self-funded plan
- Insured Individual Information- Part IV
  - Enter identifying information re: each individual insured, including employee, spouse, dependents
  - Need SSN (must make 3 attempts to get)
  - Identify months of coverage (if partial month still mark the box)

6056 Reporting

- Information regarding coverage provided by a Large Employer
- Applies only to an employer who has 50 or more FTEs
  - Includes a small employer member of a control group that has 50 or more FTEs and must comply with the mandate

6056 Reporting

- Form 1094-C is provided to the IRS only
  - Summary information for each employee
  - Transmittal of 1095-C reports
- Form 1095-C goes to the employee and IRS
  - Reports information about each full time employee
  - Used to determine whether an employee is eligible for premium tax credits
  - Used by large self funded employers to report coverage offered
6056 Reporting

- Both 1094-C and 1095-C are used to determine whether an employer owes penalties under the employer shared responsibility provisions.

6056 Reporting/1094-C

- Large Employer Information – Part I
  - Identifying information about the large employer (including an employer who is small but is a member of a control group with 50 or more FTEs).

6056 Reporting/1094-C

- ALE Member Information – Part II
  - Unless you are filing multiple 1094-Cs, you will check the box and identify how many 1095-Cs accompany the form.
  - If you are a member of a control group, check yes and complete Part IV.
  - Certification in Line 22 regarding your offer of coverage OR qualification for transitional relief.
6056 Reporting/1094-C

- Certification in Line 22
  - Qualifying Offer
    - Means that in all months you offered minimum value coverage which cost no more than 9.5% of the Federal Poverty Level AND you offered coverage to spouse/dependents
    - If you have made a “qualifying offer” then you get certain reporting relief (see next slide). IT ONLY IMPACTS REPORTING. HAS NOTHING TO DO WITH AFFORDABILITY DETERMINATION/EMPLOYER PENALTIES
    - Doesn’t mean your coverage isn’t affordable if you haven’t made a qualifying offer

6056 Reporting/1094-C

- Certification in Line 22
  - Qualifying Offer
    - Allows you to avoid issuing 1095-C to each full time employee to whom you made qualifying offers of coverage for all 12 months as long as you provide them with either a copy of the 1095-C filed with the IRS or a statement indicating that for all 12 months the employee received a qualifying offer and is not eligible for premium tax credit.
    - AND, you use code 1A on Line 14 of 1095-C and don’t fill in Line 15 on 1095-C
    - Check if it applies to one or more of your full time employees
      - Does require them all to have been made a qualifying offer but must require that during all months the individual was a full time employee they received a qualifying offer

6056 Reporting/1094-C

- Certification in Line 22
  - Qualifying Offer- Transition Relief
    - Certifying that you made a qualifying offer to at least 95% of your full time employees
    - Benefit is for any employees who did not receive a Qualifying Offer for all 12 months the employer does not have to provide those employees with a 1095-C and instead provide the statement that the employees may be eligible for a premium tax credit for one or more months in 2015
    - On Line 14 of 1095-C you would mark 1A or 1L, you would not complete Line 15
6056 Reporting/1094-C

• Certification in Line 22
  — Section 4980H Transition Relief
    • This is where you report the employer shared responsibility transitional relief for 2015
      — 50-99 FTEs
      — Reduction in assessable penalty by 80 rather than 30
      — Offer to at least 70% of full time employees
      — Dependent Coverage
      — Non-Calendar Year Plans
    • On page 2 of 1094-C, Part III, Column (e) you would mark either A or B
      — A if 50-99
      — B if 100 plus

6056 Reporting/1094-C

• Certification in Line 22
  — 98% Method
    • Employer offered affordable health coverage providing minimum value to at least 98% of its full time employees for whom it is filing a 1095-C statement and their dependents
    • Not required to identify which of the employees were full time employees
    • Not required to complete Part III, column (b) regarding Full-Time Employee Count

6056 Reporting/1094-C

• Monthly Information- Part III
  — Minimum Essential Coverage offered to at least 95% of full time employees. Report annually “yes” or “no” or if varied by month report by month
  — Full time employee count
    • By month/don’t include employees in non-assessment period
      — January-March of ALE’s first year as an ALE but only if employee not offered coverage in the prior calendar year
      — Waiting Periods
      — Initial measurement period/administrative period
      — 3 month period following qualifying change in status
      — First calendar month of employment if starts mid-month
6056 Reporting/1094-C

- Monthly Information- Part III
  - Total employee count
    - Full time and non-full time using first day of the month or last day of the month but using the same day for each month
  - Aggregate group indicator
    - Required if you are part of a control group
  - 4980H Transition Relief Indicator
    - "A" if you qualify for the 50-99 relief
    - "B" eligible for relief applicable to employers with 100 or more FTEs

6056 Reporting/1094-C

- Control Group Information- Part IV
  - List the other employers in your control group in descending order from most employees to least employees

6056 Reporting/1095-C

- Provided on full time employees
  - What if full time during calendar month but they are not treated as full time because of look-back measurement period or initial assessment period?
    - Looks like you fill one out for full time employees in initial assessment period but not those in ongoing assessment periods that weren’t considered full time
    - Need more guidance
  - If Self-Funded Employer, also provide on non-full time employees who were offered coverage
6056 Reporting/1095-C

• Employee & Employer Information - Part I

• Employee Offer/Coverage – Part II
  – Offer of Coverage
  – Employee Share of Cost
  – Applicable 4980H safe harbor

6056 Reporting/1095-C

• Offer of Coverage - Indicator Codes
  – 1A MEC offered to employee with cost of self-only coverage equal to or less than 9.5% of FPL and MEC offered to spouse and dependents
  – 1B MEC providing minimum value offered to employee only
  – 1C MEC providing minimum value offered to employee and at least MEC offered to dependents (not spouse)
  – 1D MEC providing minimum value offered to employee and at least MEC offered to spouse (not dependents)
  – 1E MEC providing minimum value offered to employee and MEC offered to dependents and spouse
  – 1F MEC not providing minimum value offered to employee, employee and spouse or dependents, or employee, spouse, dependents
  – 1G Offer of coverage to employee who was not a full time employee for any month and who enrolled in self-insured coverage for one or more months (example: COBRA/retirees)
  – 1H No offer of coverage (employee not offered any health coverage or employee offered coverage not MEC)
  – 1I Employee received no offer of coverage, received an offer that is not a qualified offer or received a qualified offer for less than 12 months

6056 Reporting/1095-C

• Offer of Coverage - Cost of Coverage
  – Only if minimum value coverage AND used indicator code 1B, 1C, 1D, or 1E
6056 Reporting/1095-C

• 4980H Safe Harbor Codes/Choose only 1:
  – 2A Employee not employed during any day of the month
  – 2B Employee not a full time employee and did not enroll in MEC if offered
  – 2C Employee enrolled in coverage offered
    • Always use this one if it applies for employees actually enrolled in coverage, even if others could apply
  – 2D Employee in a limited non-assessment period
  – 2E Multiemployer interim rule relief
  – 2F Affordability W-2 safe harbor, must use for each of the months offered
  – 2G Affordability FPL safe harbor
  – 2H Affordability Rate of Pay safe harbor
  – 2I Non-calendar year transitional relief

6056 Reporting/1095-C

• Covered Individuals – Part III
  – Only if you sponsor self-funded health coverage
  – Identifying information on the insureds, including SSN
    • Must make 3 attempts to get SSN
  – If covered at least one day per month, mark the month

Thank you

Susan J. Freed
(515) 246-7891
susanfreed@davisbrownlaw.com
Transmittal of Health Coverage Information Returns

Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

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

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

Form 1094-B (2014)
# Health Coverage

**Part I  Responsible Individual (Policy Holder)**

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<td>1</td>
<td>Name of responsible individual</td>
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<td>2</td>
<td>Social security number (SSN)</td>
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<td>Date of birth (if SSN is not available)</td>
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<td>Street address (including apartment no.)</td>
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<td>Country and ZIP or foreign postal code</td>
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<td>8</td>
<td>Enter letter identifying Origin of the Policy (see instructions for codes):</td>
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<td>9</td>
<td>Small Business Health Options Program (SHOP) Marketplace identifier, if applicable</td>
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**Part II  Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)**

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**Part III  Issuer or Other Coverage Provider**

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<td>Employer identification number (EIN)</td>
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<td>Country and ZIP or foreign postal code</td>
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**Part IV  Covered Individuals (Enter the information for each covered individual(s).)**

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<td>(a) Name of covered individual(s)</td>
<td>(b) SSN</td>
<td>(c) DOB (if SSN is not available)</td>
<td>(d) Covered all 12 months</td>
<td>(e) Months of coverage</td>
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form 1095-B (2014)
Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse, and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who do not have minimum essential coverage and do not qualify for an exemption may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and miscellaneous coverage designated by the Department of Health and Human Services. For more information on minimum essential coverage, see Pub. 974, Premium Tax Credit (PTC).

Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to individuals covered under the policy if they request it for their records.

Part I. Responsible Individual, lines 1–9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.

If you don’t provide your SSN and the SSNs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

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

If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange) that coverage will be reported on a Form 1095-A rather than a Form 1095-B.

Line 9. This line will be blank for 2014.

Part II. Employer-Sponsored Coverage, lines 10–15. This part will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. It provides information about the employer sponsoring the coverage. If your coverage is not insured employer coverage, this part will be blank.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.

Part IV. Covered Individuals, lines 23–28. This part reports the name, SSN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if an SSN is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, you will receive one or more additional Forms 1095-B that continue Part IV.
Form 1094-C
Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

Part I  Applicable Large Employer Member (ALE Member)

<table>
<thead>
<tr>
<th>1</th>
<th>Name of ALE Member (Employer)</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Employer identification number (EIN)</td>
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<tr>
<td>3</td>
<td>Street address (including room or suite no.)</td>
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<td>4</td>
<td>City or town</td>
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<td>State or province</td>
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<td>Country and ZIP or foreign postal code</td>
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<td>Name of person to contact</td>
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<td>Contact telephone number</td>
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<td>Name of Designated Government Entity (only if applicable)</td>
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<td>Employer identification number (EIN)</td>
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<td>Name of person to contact</td>
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<td>16</td>
<td>Contact telephone number</td>
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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.

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

Cat. No. 61571A  Form 1094-C (2014)
<table>
<thead>
<tr>
<th>Month</th>
<th>Yes</th>
<th>No</th>
<th>(b) Full-Time Employee Count for ALE Member</th>
<th>(c) Total Employee Count for ALE Member</th>
<th>(d) Aggregated Group Indicator</th>
<th>(e) Section 4980H Transition Relief Indicator</th>
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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).

<table>
<thead>
<tr>
<th>Name</th>
<th>EIN</th>
<th>Name</th>
<th>EIN</th>
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Form 1094-C (2014)
**Employer-Provided Health Insurance Offer and Coverage**

- **Part I: Employee**
  - Name of employee
  - Social security number (SSN)

- **Part II: Employee Offer and Coverage**
  - Offer of Coverage (enter required code)
  - Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage

- **Part III: Covered Individuals**
  - Name of covered individual(s)
  - SSN
  - DOB (if SSN is not available)
  - Covered all 12 months
  - Months of Coverage

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
Instructions for Recipient
You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the Form. If your employer is not an Applicable Large Employer it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer’s health plan and that plan is a type of plan referred to as a “self-insured” plan, Form 1095-C, Part III provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as “minimum essential coverage”) for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

Part I. Employee
Lines 1–6. Part I, lines 1–6, reports information about you, the employee.
Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the issuer is required to report your complete SSN to the IRS.

If you do not provide your SSN and the SSNs of all covered individuals to the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN.

Part I. Applicable Large Employer Member (Employer)
Lines 7–13. Part I, lines 7–13, reports information about your employer.
Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form.

Part II. Employer Offer and Coverage, Lines 14–16
Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. This information relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.
1A. Minimum essential coverage providing minimum value offered to you with an employee contribution for self-only coverage equal to or less than $1,108.65 (9.5% of the 48 contiguous states single federal poverty line) and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year.
1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).
1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.
1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).
1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.
1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).
1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code is entered in the ‘All 12 Months’ box on line 14.
1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).
1I. Your employer claimed "Qualifying Offer Transition Relief" for 2015 and for at least one month of the year you (and your spouse or dependent(s)) did not receive a Qualifying Offer. Note that your employer has also provided a contact number at which you may request further information about the health coverage, if any, you were offered (see line 10).

Line 15. This line reports the employee share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, or 1E is entered on line 14. If you were offered coverage but not required to contribute any amount towards the premium, this line will report a "0.00" for the amount.

Line 16. This line provides the IRS information to administer the employer shared responsibility provisions. None of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see IRS.gov.

Part III. Covered Individuals, Lines 17–22
Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee’s family members) covered under the employer’s health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (c) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, you will receive one or more additional Forms 1095-C that continue Part III.