

# **HEALTH INSURANCE INFORMATION REPORTING: Forms 1094 and 1095**

Information is reported to employees and the IRS

- × Coverage information is used to determine if **EMPLOYEE** is subject to penalties
- × Employer plan information is used to determine if **EMPLOYER** is subject to penalties

**HEALTH INSURANCE INFORMATION REPORTING: Forms 1094 and 1095**

Information is reported to employees and the IRS

- × Every employer that offers health insurance must report coverage information
- × Only the employers subject to the pay-or-play penalties must report employer plan information

**HEALTH INSURANCE INFORMATION REPORTING: Forms 1094 and 1095**

Different  
strokes for  
different folks

- × Employers not subject to penalties file forms in the “B Series”
- × Employers with 50 or more full time and full time equivalent employees file the “C Series”
- × Employers with 50-99 full time and full time equivalent employees file C Series even though not subject to penalties for 2015

**HEALTH INSURANCE INFORMATION REPORTING: Forms 1094 and 1095**



Different  
strokes for  
different folks

× **B Series: Below 50**

× **C Series: Can't think  
of anything Clever**

**HEALTH INSURANCE INFORMATION REPORTING: Forms 1094 and 1095**

# **TRANSMITTING INFORMATION TO THE IRS**

**Forms 1094-B and 1094-C**

Form 1094 is used to transmit information to the IRS

× **1094-B**

- + Basic employer information
- + Copies of employee returns (1095-B)

× **1094-C**

- + Detailed information required
- + Copies of employee returns (1095-C)
- + Electronic filing required  $\geq$  250 returns

**TRANSMITTAL OF INFORMATION:**

**Form 1094-B, Form 1094-C**

# **COVERAGE INFORMATION**

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## **Forms 1095-B and 1095-C**



# Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at [www.irs.gov/f1095c](http://www.irs.gov/f1095c).

VOID

CORRECTED

**2014**

Part I Employee				Applicable Large Employer Member (Employer)					
1 Name of employee		2 Social security number (SSN)		7 Name of employer			8 Employer identification number (EIN)		
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 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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Form 1095  
must show  
coverage  
information for  
every person  
who had  
coverage for at  
least one day in  
2015

× **Employees**

- + Including spouse and dependent child(ren)
- + Full time and part time

× **Early retirees**

- + Including spouse and dependent child(ren)

× **COBRA participants**

- + Including spouse and dependent child(ren)

**COVERAGE INFORMATION:**

**Form 1095-B, Part IV, Form 1095-C, Part III**

Form 1095  
must be  
delivered to  
the  
“responsible  
individual”

- × **Employee**
- × **Retiree**
- × **COBRA “head of household”**

**COVERAGE INFORMATION:**

**Form 1095-B, Lines 1-7, Form 1095-C, Lines 1-6**

Form 1095  
must show  
coverage for  
the month if  
person had  
coverage for  
at least one  
day that  
month

× **GBAIT coverage  
runs from first of  
month to last of  
month**

**COVERAGE INFORMATION:**

**Form 1095-B, Line 23(e); Form 1095-C, Line 17(e)**



Form 1095  
must show  
**social security**  
**numbers** for  
every covered  
person

- × If you do not have the SSN, you may use DOB **but:**
  - + Must request SSN at enrollment
  - + Must request again no later than December 31 of year enrolled
  - + Must request for 3<sup>rd</sup> time no later than December 31 of second year of enrollment
  - + Document requests

**COVERAGE INFORMATION:**

**Form 1095-B, Line 23(b); Form 1095-C, Line 17(b)**



**TIME FOR A BREAK!**

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# FORM 1095-C: PART II - THE BASICS

## Line 14: Was the employee offered coverage for each month?

<b>Part II</b>		<b>Employee Offer and Coverage</b>											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b> Offer of Coverage (enter required code)													
<b>15</b> Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Applicable Section 4980H Safe Harbor (enter code, if applicable)													

- An “offer” means the employee is eligible and was given a reasonable opportunity to enroll
- The codes that are entered in Line 14 include information about the type of coverage offered:
  - Minimum essential coverage (MEC)
  - Minimum value (MV)
  - Dependent and/or spouse coverage

**IMPORTANT NOTE:** All of the slides in this deck assume the coverage is MEC, MV, and is available to employees, spouses and dependents

# FORM 1095-C: PART II - THE BASICS

Line 14: Was the employee offered coverage for each month?

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

- Codes applicable to GBAIT plans include:
  - 1A - Employee offered coverage at monthly cost less than or equal to \$93.18\*
  - 1E - Employee offered coverage (at monthly cost greater than \$93.18)\*
  - 1G - Coverage offered to employee who was not a full-time employee at any time during year, and employee enrolled
  - 1H - Employee was not offered coverage

\*All references to \$93.18 are valid for 2015 only. See next slide for definition of employee's cost



# FORM 1095-C: PART II - THE BASICS

## Line 15: What was the employee's lowest cost?

Part II Employee Offer and Coverage													
14 Offer of Coverage (enter required coverage)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Section 4980H Safe Harbor (enter code, if applicable)													

- The “employee’s lowest cost” is the monthly amount the employee would have to pay for:
  - Self-only coverage
  - For the lowest cost coverage offered by the employer
  - This will NOT be the amount an employee pays if he covers dependents and/or chooses a richer plan
- Enter the amount of the employee’s lowest cost to the penny



# FORM 1095-C: PART II - THE BASICS

**Line 16: Was the employee enrolled for the month? If not, why not?**

<b>Part II</b>		<b>Employee Offer and Coverage</b>											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b> Offer of Coverage (enter required code)													
<b>15</b> Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Applicable Section 4980H Safe Harbor (enter code, if applicable)													

The following codes may be used frequently :

**2A:** Not employed on any day of the month

**2B:** Not full-time at any time during the month and did not enroll (if offered)

**2C:** Employee enrolled. **This code trumps all others that may apply!**

**2D:** Waiting period or initial measurement period

**2F:** Employee lowest cost not greater than W-2 safe harbor

**2G:** Employee lowest cost not greater than FPL safe harbor (\$93.18 for 2015)

**2H:** Employee lowest cost less than 9.5% of rate of pay

# FORM 1095-C: PART II - THE BASICS

**IMPORTANT NOTE:** The codes for Line 16 are very complex and depend upon employer- and employee-specific circumstances. The following slides illustrate the use of these codes in common scenarios, but the Form 1095-C Instructions should be consulted for possible exceptions or exclusions.

# DECODING FORM 1095-C: Part II

**QUESTION 1: WAS COVERAGE OFFERED TO THE EMPLOYEE THIS MONTH?**

YES

NO

Employee's lowest cost  $\leq$  \$93.18

Employee's lowest cost  $>$  \$93.18

LINE  
14

Use Code 1A

Use Code 1E

Use Code 1H

LINE  
15

Leave Blank

Enter Ee's  
Lowest Cost

Leave Blank

QUESTION 2: DID EMPLOYEE  
ENROLL THIS MONTH?  
YES NO

QUESTION 2: DID EMPLOYEE  
ENROLL THIS MONTH?  
YES NO

LINE  
16

Code 2C

Code 2G

Code 2C

Leave Blank

CODE 2A, 2B, 2D, 2F, OR  
2H





# FORM 1095-C: PART II - THE “EASY” ONES

## Template 1:

- Employee employed in a **part-time status** for every month
- Coverage for at least one month

<b>Part II</b>		<b>Employee Offer and Coverage</b>												
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b>	Offer of Coverage (enter required code)	<b>1G</b>												
<b>15</b>	Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b>	Applicable Section 4980H Safe Harbor (enter code, if applicable)													

- Do not complete Lines 15 or 16
- Part III should be completed to show months of coverage for employee and dependents



# FORM 1095-C: PART II - THE “EASY” ONES

## Template 2:

- Retiree or COBRA head of household with **no employment status** during the year
- Coverage for at least one month

<b>Part II</b>		<b>Employee Offer and Coverage</b>											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b> Offer of Coverage (enter required code)	<b>1G</b>												
<b>15</b> Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Applicable Section 4980H Safe Harbor (enter code, if applicable)													

- Do not complete Lines 15 or 16
- Part III should be completed to show months of coverage for employee and dependents

# FORM 1095-C: PART II - THE “EASY” ONES

## Template 3:

- Full time employee, eligible for coverage all year long
- Enrolled in coverage for every month
- Employee lowest cost is  $\leq$  \$93.18

<b>Part II</b>		<b>Employee Offer and Coverage</b>											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b> Offer of Coverage (enter required code)	<b>1A</b>												
<b>15</b> Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Applicable Section 4980H Safe Harbor (enter code, if applicable)	<b>2C</b>												

- Do not complete Line 15
- Part III should be completed to show months of coverage for employee and dependents

# FORM 1095-C: PART II - THE “EASY” ONES

Template 3A: What if the employee did not enroll at all during the year?

- Full time employee, eligible for coverage all year long
- No coverage in 2015
- Employee lowest cost is  $\leq$  \$93.18

Part II Employee Offer and Coverage		All 12	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	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)	2G													

- Code 2G: If employee had enrolled, cost would be  $\leq$  \$93.18
- Code 2I: Alternate code ????
- Do not complete Line 15
- Part III should be completed to show months of coverage for employee and dependents

# FORM 1095-C: PART II - THE “EASY-ISH” ONES

Template 3B: What if the employee was enrolled only for part of the year?

- Full time employee, eligible for coverage all year long
- Coverage in place July 1 – December 31, 2015
- Employee lowest cost is  $\leq$  \$93.18

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)	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)		2G	2G	2G	2G	2G	2G	2C	2C	2C	2C	2C	2C

- Code 2G: If employee had enrolled, cost would be  $\leq$  \$93.18
- Code 2C: Employee enrolled
- Do not complete Line 15
- Part III should be completed to show months of coverage for employee and dependents



# DECODING FORM 1095-C: PART II

## Example 2:

- Employee has worked in a full time position since 2013
- Employer offers the following options:

Plan Option	Employee only	Ee + spouse	Ee + children	Ee + family
HMO 620	\$75.00	\$250.00	\$200.00	\$350.00
POS 440	\$135.00	\$400.00	\$320.00	\$600.00

- He declines enrollment in 2015
- He gets married in February and enrolls himself and spouse in the POS 440 as of March 1
- They have a baby in November and baby is enrolled effective as of DOB



# FORM 1095-C: PART II - THE “EASY” ONES

## Template 4:

- Full time employee, eligible for coverage all year long
- Enrolled in coverage for every month
- Employee lowest cost is > \$93.18. No cost change during the year

<b>Part II</b>		<b>Employee Offer and Coverage</b>											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b> Offer of Coverage (enter required code)	<b>1E</b>												
<b>15</b> Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$ <b>95.00</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Applicable Section 4980B Safe Harbor (enter code, if applicable)	<b>2C</b>												

- Code 1E – coverage offered at cost > \$93.18
- Part III should be completed to show months of coverage for employee and dependents

# FORM 1095-C: PART II - THE “EASY” ONES

Template 4A: What if the employee did not enroll at all during the year?

- Full time employee, eligible for coverage all year long
- No coverage in 2015
- Employee lowest cost is > \$93.18

<b>Part II</b>		<b>Employee Offer and Coverage</b>											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b> Offer of Coverage (enter required code)	<b>1E</b>												
<b>15</b> Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	<b>95.00</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Applicable Section 4980H Safe Harbor (enter code, if applicable)													

- Leave Line 16 blank
- Part III should not be completed (because no coverage)

# FORM 1095-C: PART II - THE “EASY-ISH” ONES

Template 4B: What if the employee was enrolled only for part of the year?

- Full time employee, eligible for coverage all year long
- Coverage in place July 1 – December 31, 2015
- Employee lowest cost is > \$93.18. No cost change during year

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)		1E												
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	95.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)									2C	2C	2C	2C	2C	2C

- Code 2C: Employee enrolled
- Part III should be completed to show months of coverage for employee and dependents

# FORM 1095-C: PART II – NOTHIN’ EASY ABOUT IT

## Template 5: Employee is hired March 15

- Full time employee, eligible for coverage beginning May 1
- Enrolls in coverage May 1 – December 31, 2015
- Employee lowest cost is > \$93.18. No cost change during year

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	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$						95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)			2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

Code 1H: No Offer of coverage

Code 1E: Coverage offered

Code 2A: Employee not employed

Code 2D: Waiting period

Code 2C: Employee enrolled

- Part III should be completed to show months of coverage for employee and dependents



# FORM 1095-C: PART II – NOTHIN’ EASY ABOUT IT

## Template 5: Employee is hired March 15

- Full time employee, eligible for coverage beginning May 1
- Enrolls in coverage June 1 – December 31, 2015
- Employee lowest cost is > \$93.18. No cost change during year

<b>Part II</b>		<b>Employee Offer and Coverage</b>												
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b>	Offer of Coverage (enter required code)		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E
<b>15</b>	Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00
<b>16</b>	Applicable Section 4980H Safe Harbor (enter code, if applicable)		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

Code 1H: No Offer of coverage

Code 1E: Coverage offered

Code 2A: Employee not employed

Code 2D: Waiting period

Code 2C: Employee enrolled

- Part III should be completed to show months of coverage for employee and dependents

# DECODING FORM 1095-C: PART II

## Example 3:

- Employee is hired into a full time position starting March 15, 2015
- Employer has a 2-month waiting period
- Employer offers the following options:

Plan Option	Employee only	Ee + spouse	Ee + children	Ee + family
HMO 620	\$105.00	\$250.00	\$200.00	\$350.00
POS 440	\$155.00	\$400.00	\$320.00	\$600.00

- Employee enrolls in the HMO when first able

# FORM 1095-C: PART II – NOTHIN’ EASY ABOUT IT

## Template 5: Employee is hired March 15

- Full time employee, eligible for coverage beginning May 1
- Enrolls in coverage May 1 – December 31, 2015
- Employee lowest cost is > \$93.18. No cost change during year

<b>Part II</b>		<b>Employee Offer and Coverage</b>												
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b>	Offer of Coverage (enter required code)		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E
<b>15</b>	Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00
<b>16</b>	Applicable Section 4980H Safe Harbor (enter code, if applicable)		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

Code 1H: No Offer of coverage

Code 1E: Coverage offered

Code 2A: Employee not employed

Code 2D: Waiting period

Code 2C: Employee enrolled

- Part III should be completed to show months of coverage for employee and dependents

# DECODING FORM 1095-C: PART II

## Example 4:

- Employee is hired as a part time employee in 2014. Effective April 15, 2015, he is promoted to a full time position.
- Employer has a 2-month waiting period
- Employer offers the following options:

Plan Option	Employee only	Ee + spouse	Ee + children	Ee + family
HMO 620	\$105.00	\$250.00	\$200.00	\$350.00
POS 440	\$155.00	\$400.00	\$320.00	\$600.00

- Employee enrolls in the HMO when first able



# SENDING IT OFF TO THE IRS: FORM 1094-C

- × Transmits copies of 1095-C's and:
  - + Employer information
  - + Control group information
  - + Special exemptions and interim relief that apply to the employer
  - + Monthly employee census data

# SENDING IT OFF TO THE IRS: FORM 1094-C

		(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
		Did you offer GBAIT coverage to at least 70%* of full time employees**?		Count all full time employees**	Count all full time and part time employees, including employees in waiting period or initial measurement period.	See instructions and check if applicable.	Use: • Code A if you qualify for 50-99 relief (next slide)* • Code B for 100+ full time and FTE employees
		Yes	No				
23	All 12 Months	D	D			D	
24	Jan	D	D			D	
25	Feb	D	D			D	
26	Mar	D	D			D	

\* 70% for 2015 only. Standard is 95% in later years.

\*\* Full time employees: at least 30 hours per week. Do not count employees in waiting period or initial measurement period

# SENDING IT OFF TO THE IRS: FORM 1094-C

## × 50-99 Transition Relief:

- + Employer and all members in control group had between 50 and 99 full time AND full time equivalent employees in 2014
- + From 2/9/14 thru 12/31/15, employer/control group did not reduce workforce or reduce overall hours of service in order to qualify for relief
- + From 2/9/14 thru 12/31/15, employer/control group did not eliminate or materially reduce health care coverage
- + NOTE: This relief applies only in 2015

# SENDING IT OFF TO THE IRS: FORM 1094-C

## 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

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 \_\_\_\_\_

- A** – Check this box if you offered GBAIT coverage:
- ✗ To at least 1 full time employee
  - ✗ Who was covered for all 12 months of 2015
  - ✗ At employee's lowest cost  $\leq$  \$93.18
  - ✗ "Simplified" reporting to employee if this method is used

- Impact on 1095-C:**
- If you check box A you must:
- ✗ Use Code 1A on Line 14
  - ✗ Do not complete Line 15 for any such employee. (See Template 3)



# SENDING IT OFF TO THE IRS: FORM 1094-C

## 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

### 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 \_\_\_\_\_

**B** – Check this box if you offered GBAIT coverage:

- ✗ To at least 95% of full time employees (not including employees in waiting period or initial measurement period)
- ✗ For at least one month of 2015
- ✗ At employee's lowest cost  $\leq$  \$93.18
- ✗ "Simplified" reporting to employee if this method is used
- ✗ This box is optional and rules are unclear

### Impact on 1095-C:

If you check box B, you must:

- ✗ Use Code 1A on Line 14
- ✗ Do not complete Line 15
- ✗ Use Code 1I instead of Code 2G on Line 16 for months employee not covered ?????
- ✗ (Compare to Template 3A)

# SENDING IT OFF TO THE IRS: FORM 1094-C

## 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

### 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)

## BOX C –

- ✘ Employers/control groups with at least 100 full time and full time equivalent employees will check this box.
- ✘ Employers/control groups with at least 50 but fewer than 100 full time and full time equivalent employees will check this box if they meet the requirements or the “50-99 Transition Relief” (See previous slide.)

# SENDING IT OFF TO THE IRS: FORM 1094-C

## 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

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 \_\_\_\_\_

## BOX D-

- ✘ You may check this box if you offered GBAIT coverage to at least 98% of ALL (full time and part time) employees
- ✘ Coverage must meet the affordability standard for all employees
- ✘ If this box is checked, it is not necessary to complete the full time employee count in Part III, column (b)