



ACA 6055 and 6056 Reporting

Overview of Reporting

Draft reporting forms released July 24

- Instructions by end of August
- Comments requested

Reporting used to enforce:

- Individual mandate
- Employer shared responsibility (“employer mandate”)
- Eligibility for Marketplace premium subsidies/credits

2015 first year of required reporting

- 2015 calendar year, regardless of plan year
- Individual statements by January 31, 2016
- IRS transmittal by March 31, 2016

Group Health Plan Reporting

Overview		
	Section 6055 reporting	Section 6056 reporting
What is primary purpose of reporting?	Enforce the individual mandate by reporting minimum essential coverage (MEC).	Enforce the employer shared responsibility provisions, and assist individuals in determining eligibility for premium tax credits.
To which employers does reporting apply?	All size employers who offer MEC.	Applicable large employer (ALE) – employed an average of at least 50 full-time or full-time equivalent employees on business days during prior calendar year. (For 2015 only, 100 applies instead of 50.)
	Each member of a controlled group must separately comply with these requirements. Until further guidance is issued, governmental entities and churches may apply a reasonable, good faith interpretation of the controlled group. While reporting can be coordinated by one party, each member of the controlled group has the reporting obligation.	
Who is responsible for reporting?		
Self-insured group plans	Employer	Employer
Insured group plans	Insurer	Employer
Multiemployer plans	Board of trustees, association, committee, or other similar group	Employer; but administrator can report on behalf of contributing employers

Group Health Plan Reporting

What coverage is subject to reporting?		
	Section 6055 reporting	Section 6056 reporting
What is MEC that is subject to reporting?	<p>MEC reporting includes:</p> <ul style="list-style-type: none"> • Employer-sponsored active and retiree health coverage, whether insured or self-insured, including: <ul style="list-style-type: none"> ○ COBRA coverage, severance ○ Retiree coverage, including standalone retiree-only health reimbursement accounts (HRAs) for pre-Medicare retirees <p>Non-employer sponsored MEC includes:</p> <ul style="list-style-type: none"> • Coverage purchased in the individual market • Self-funded health coverage offered to students by universities for plan or policy years that begin on or before Dec. 31, 2014. (For later years, sponsors of these programs may apply to HHS to be recognized as MEC) • Government-sponsored health programs, such as Medicare, Medicaid, CHIP and TRICARE 	<p>MEC reporting includes:</p> <ul style="list-style-type: none"> • Employer-sponsored active health coverage, whether insured or self-insured

Group Health Plan Reporting

What coverage is subject to reporting?		
	Section 6055 reporting	Section 6056 reporting
What coverage is not subject to 6055 reporting?	<p>MEC does not include excepted benefits:</p> <ul style="list-style-type: none"> • Coverage consisting solely of excepted benefits, such as: <ul style="list-style-type: none"> ○ Stand-alone vision care or dental care ○ Most health FSAs ○ Critical illness and fixed indemnity plans • On-site medical clinics • Employee assistance programs (EAPs) that don't provide significant medical benefits <p>Reporting is not required for arrangements that provide benefits in addition or as a supplement to MEC:</p> <ul style="list-style-type: none"> • Coverage that supplements a primary plan of employer • Health reimbursement accounts (HRAs) integrated with a health plan • Wellness programs integrated with a health plan • Coverage that supplements Medicare or other government-sponsored coverage 	Not applicable

Group Health Plan Reporting

What is timing and delivery of statements?		
	Section 6055 reporting	Section 6056 reporting
What is the due date for filing the return with the IRS?	A transmittal form with the individual statements is due to the IRS by the March 31 immediately following the reporting calendar year, if filed electronically. Electronic filing is required if 250 or more individual Forms 1095-C (February 28 if not electronic filing).	
For what year is reporting first required?	The first year of reporting is for the 2015 calendar year . Calendar year reporting is required, including for non-calendar year plans.	
What is the due date for furnishing individual statements?	A statement under section 6055 to the primary insured and under section 6056 to the full-time employee is required by the January 31 immediately following the reporting calendar year. Reporting entities showing good cause can apply for an extension of time not exceeding 30 days to furnish statements. Only one statement is required per address.	
Can the individual statement be delivered electronically?	Electronic delivery is permitted, but only if the individual affirmatively consents to electronic furnishing of this specific statement. The requirement that electronic distribution of the statements follow requirements similar to providing the Form W-2 electronically will likely make this of limited use.	
Who must receive the individual statement?	Responsible party, generally employee or former employee through whom coverage obtained.	Full-time employee.
What reporting forms are used?	<p>IRS/Individual statement – Form 1095-B</p> <p>IRS Transmittal Form 1094-B</p> <p>Entities reporting as health insurance insurers, sponsors of multiemployer plans, and self-insured group health plans that are not applicable large employers, will report under section 6055 on Forms 1094-B and 1095-B.</p>	<p>IRS/Employee statement – Form 1095-C</p> <p>IRS Transmittal Form 1094-C</p> <p>Applicable large employers are required to file a combined return and statement for all reporting under sections 6055 and 6056. For self-insured plans, employer will provide both 6055 and 6056 information on Form 1095-C. For insured plans the insurer will provide section 6055 information on Form 1095-B and the employer will provide section 6056 information on Form 1095-C.</p>

Section 6055 Reporting

Form 1095-B – Individual statement; Insurers and Multiemployer

5615

Form **1095-B** **Health Coverage** VOID CORRECTED OMB No. XXXX-XXXX

Department of the Treasury Internal Revenue Service **2014**

► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

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			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form 1095-B (2014)

Section 6055 Reporting

Form 1094-B – IRS Transmittal form; Primarily for use by insurers

Form 1094-B		Transmittal of Health Coverage Information Returns		1115 OMB No. XXXX-XXX
Department of the Treasury Internal Revenue Service		▶ Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b .		2014
1 Filer's name		2 Employer identification number (EIN)		For Official Use Only 
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 Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 61570P		Form 1094-B (2014)

Section 6055 and 6056 Reporting

Form 1095-C – Individual statement; For use by employer

6015
OMB No. XXXX-XXXX
2014

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/1095c.

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Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)	
3 Street address (including apartment no.)				9 Street address (including room or suite no.)		10 Contact telephone number	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code		11 City or town	12 State or province	13 Country and ZIP or foreign postal code	

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 607051M Form 1095-C (2014)



Section 6055 and 6056 Reporting

Form 1095-C – Part I, Employee

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/1095c.

OMB No. 1545-0047
2014

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Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

7 (Employer)
8 Employer identification number (EIN)
9 Contact telephone number
10 Contact telephone number
11 Country and ZIP or foreign postal code

12 Oct
13 Nov
14 Dec

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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2014)

Group Health Plan Reporting

What individuals are included in reporting?

	Section 6055 reporting	Section 6056 reporting
<p>Which individuals are included in reporting?</p>	<p>Individuals enrolled in MEC:</p> <ul style="list-style-type: none"> • Full-time employees • Part-time, temporary and other employees • Other enrolled individuals, whether or not an employee • Pre-Medicare retirees (Not Medicare-retirees) • COBRA beneficiaries • Dependents (children and spouses) of above, and dependents of Medicare individuals (retirees and disabled) 	<p>Individuals regardless of whether they were offered MEC:</p> <ul style="list-style-type: none"> • Full-time employees <p>To determine full-time employee status all hours for the employee across the controlled group are combined. An employee who works for more than one member of a controlled group is treated as an employee of the member where employee is credited with the most hours for that month. Each member includes the full-time employee in its 6056 reporting.</p> <ul style="list-style-type: none"> • Reporting also required for non-full-time employees who were offered and enrolled in self-insured coverage

Section 6055 and 6056 Reporting Form 1095-C – Part I, Applicable Large Employer

6015
OMB No. XXXX-XXXX
2014

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/1095c.

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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 I Employee

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

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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2014)

Section 6055 and 6056 Reporting

Form 1095-C – Part III, 6055 Reporting

6015
OMB No. XXXX-XXXX
2014

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/1095c.

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Part I Employee		Applicable Large Employer Member (Employer)											
1 Name of employee		2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)					
3 Street address (including apartment no.)		9 Street address (including room or suite no.)			10 Contact telephone number								
4 City or town	5 State or province	6 Country and ZIP or foreign postal code			11 City or town	12 State or province	13 Country and ZIP or foreign postal code						

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

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	Coverage											
				Jan	Feb	Mar	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"/>		
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"/>		
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"/>		
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"/>		
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"/>		
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"/>		

Form 1095-C (2014)

Reasonable Effort to Collect TINs

Three requests required:

- Initial solicitation when the relationship is started
- Then there needs to be two annual solicitations
 - The first has to be done by December 31 of the year the relationship began (January 31 of the following year if the relationship started in December)
 - The second annual request has to be made by December 31 of the following year
- Oral, written or electronic requests appear to be allowed
- Additional clarity/guidance on requirements specific to 6055 needed

Practical approach for 2015 reporting (by Jan 31, 2016):

- Request now; Request during next two open enrollment periods.

Section 6055 and 6056 Reporting

Form 1095-C – Part II, 6056 Reporting

6015
OMB No. XXXX-XXXX
2014

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/1095c.

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 CORRECTED

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	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)												
Months of Coverage												
	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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2014)

Section 6055 and 6056 Reporting

Form 1095-C – Part II, Line 14, Offer of Coverage Codes

Code	Full-time Employee	Spouse	Dependents (Children)
1A	Qualified Offer: Offered MV, affordable (based on FPL) MEC	Offered MEC	Offered MEC
1B	Offered MV MEC	Not offered	Not offered
1C	Offered MV MEC	Not offered	Offered MEC
1D	Offered MV MEC	Offered MEC	Not offered
1E	Offered MV MEC	Offered MEC	Offered MEC
1F	Offered non-MV MEC to employee, employee plus spouse, employee plus dependents or employee plus spouse and dependents		
1G	Offered MEC to non-full-time employee and employee enrolled in self-funded coverage for one or more months	N/A	N/A
1H	Not offered any health coverage or MEC	N/A	N/A
1I	Qualified Offer Transition Relief 2015: Employee (and spouse and dependents) received no offer of coverage, or received an offer of coverage that is not a Qualified Offer, or received a Qualified Offer for less than all 12 months.		

Section 6055 and 6056 Reporting

Alternative reporting methods

	Section 6056 reporting
What alternative optional methods are available for simplified 6056 reporting to the IRS and employee?	
Qualifying Offer Method	This alternative method is on an employee-by-employee basis. Employer must certify that it made a “qualifying offer” of health insurance coverage to a full-time employee for all twelve months of the calendar year. A “qualifying offer” is (1) offering the employee coverage that provides 60% minimum value at an employee cost for employee-only coverage of no more than 9.5% of the mainland single federal poverty line, and (2) also offering minimum essential coverage to employees’ spouses and dependents. For employees for whom the qualifying offer was made for all 12 months of the calendar year, the employer may be able to use a code indicating that fact. Employees who received a qualifying offer for less than twelve months are reported under the general method.
Qualifying Offer Method Transition Relief	Under a special transition rule for 2015 only, this alternative method can be used for employees who received a qualifying offer for less than twelve months. Employer must certify that it has made a “qualifying offer” to at least 95% of its full-time employees and their spouses and dependents.
98% Offer Method	Under this alternative, employers that offer coverage to all or substantially all employees, including employees who average less than 30 hours of service a week, may report to the IRS without identifying or specifying the number of full-time employees. An employer would be required to certify that it offered coverage to at least 98% of the employees included in the reporting, and that the coverage provides 60% minimum value and is affordable. The determination of affordability can be made using any of the affordability safe harbors in the shared responsibility regulations.
Section 4980H Transition Relief	For 2015, employers with at least 50, but fewer than 100 full-time employees, are not subject to the employer shared responsibility requirements (employer mandate). However, the 6056 reporting will still apply for 2015. As part of the 6056 transmittal form the employer will certify that it is eligible for the employer shared responsibility transition relief.

Section 6055 and 6056 Reporting

Form 1095-C – Part II, Line 16, Safe Harbor/Relief Codes

Code	Full-time Employee
2A	Employee not employed during month
2B	Employee not a full-time employee
2C	Employee enrolled in coverage offered
2D	Employee in a section 4980H(b) limited assessment period
2E	Multiemployer interim rule relief
2F	Section 4980H affordability Form W-2 safe harbor
2G	Section 4980H affordability federal poverty line safe harbor
2H	Section 4980H affordability rate of pay safe harbor
2I	Non-calendar year transition relief applies to this employee

More than one code could apply to an employee

Section 6055 and 6056 Reporting Form 1094-C – Employer Transmittal Form

120115
OMB No. 1545-0047
2014

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

Department of the Treasury
Internal Revenue Service

CORRECTED

► Information about Form 1094-C and its separate instructions is at www.irs.gov/1094c.

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	
17 Reserved			

For Official Use Only
[Barcode]

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

Part II ALE Member Information

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

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

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

22 Certifications of Eligibility (select all that apply):
 A. Qualifying Offer Method
 B. Qualifying Offer Method Transition Relief
 C. Section 4980H Transition Relief
 D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

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

Section 6055 and 6056 Reporting

Form 1094-C – Employer Transmittal Form – Part I

120115
OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service **2014**

▶ Information about Form 1094-C and its separate instructions is at www.irs.gov/1094c.

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
17 Reserved		

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

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

22 Certifications of Eligibility (select all that apply):


A. Qualifying Offer Method B. Qualifying Offer Method Transition Relief C. Section 4980H Transition Relief D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

Section 6055 and 6056 Reporting

Form 1094-C – Employer Transmittal Form – Part II

Form 1094-C <small>Department of the Treasury Internal Revenue Service</small>	Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns <small>► Information about Form 1094-C and its separate instructions is at www.irs.gov/1094c.</small>	<input type="checkbox"/> CORRECTED	120115 <small>OMB No. 1545-0047</small> 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	
For Official Use Only			
			
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):			
<input type="checkbox"/> A. Qualifying Offer Method <input type="checkbox"/> B. Qualifying Offer Method Transition Relief <input type="checkbox"/> C. Section 4980H Transition Relief			
Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.			
Signature		Title	Date

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

Section 6055 and 6056 Reporting

Form 1094-C – Employer Transmittal Form – Part III

Version F, Cycle 10

120215

Page 2

Form 1094-C (2014)

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	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Form 1094-C (2014)

Section 6055 and 6056 Reporting

Form 1094-C – Employer Transmittal Form – Part IV

Version F, Cycle 10

120315
Page 3

Form 1094-C (2014)

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				
37				
38				
39				
40				
41				
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43				
44				
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47				
48				
49				
50				

Form 1094-C (2014)