

| STEP | | ACTION ITEMS | RESOURCES |
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| 1. | Determine whether you are an ALE (Applicable Large Employer) | Pull hours of service for all employees for the previous calendar year, on a month by month basis. Commonly-owned controlled groups need to include employees across all member companies. They will also need the names and employer identification number of each member company for Form 1094-C. | <u>Book 1: Starting with Definitions and</u> <u>Basics</u> (Page 4 for Hours of Service) <u>Final Regulations</u> Check with tax and legal advisors regarding controlled group status |
| | | Calculate full time (FT) and full time equivalent (FTE) count for each month and average for entire year. If you had seasonal workers, consider using the seasonal worker adjustment (optional) to reduce your count. | <u>Book 2: Determining Applicable Large</u> <u>Employer Status</u> |
| | | Note whether your total FT/FTE count for the year is under 50 (no further action needed), or 50-99, or 100+. | |
| 2. | Determine who is an employee | Review the definition of an "employee"; speak with legal counsel if unclear in unusual situations. | Book 1: Starting with Definitions and Basics (Page 3) |
| | | Pull total number of employees for each month; make note of that number. <i>You must use the same date each</i> <i>month to pull the count; date options are listed in the</i> <i>instructions.</i> This data will be used to complete column (c) of Part III of Form 1094-C. | <u>Form Instructions</u> (Page 9) |
| | | Confirm employee personal data is available: Employee legal name, social security number, mailing address | |
| 3. | Determine who is a full-time employee | Confirm whether you are using the monthly method or look-back method to measure hours of service for full- time status. If using the look-back method, confirm which categories of employees you use it for. | • Check your summary plan description (SPD). If you are using the look-back method, it should be detailed there. |
| | | Ensure you understand what the monthly and look- back methods are and what full time means under each method. | Book 3: Defining Full Time Employees Using Measurement Methods |
| | | Pull a report showing the total hours of service each employee had each month. You may be able to reuse the data you pulled for step 1. | Book 1: Starting with Definitions and Basics (Page 4 for Hours of Service) |



| | Identify and make note of whether each employee is full time (or not) for each month. | |
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| | Make note of the total number of full-time employees per month, for each month. This data will be used to complete column (b) in part III of Form 1094-C. | <u>Form Instructions</u> (Page 9) |
| 4. Determine the key components | Make a list of each of your medical plan options for employees. | |
| of your plans | Determine and note whether each plan is insured or self-insured. | |
| | Determine and note whether each plan covers children and spouses of employees. | Check your Summary Plan Description (SPD) |
| | Determine whether your plan provides minimum essential coverage (MEC) and whether there were any months of the year where you didn't provide MEC. | Check the Summary of Benefits and Coverage (SBC) |
| | Determine whether your plan provides minimum value. | Check the Summary of Benefits and Coverage (SBC) |
| | Determine whether your plan is affordable and if so, based on which safe harbor. | <u>Affordability for Employers –</u> <u>Determining Which Safe Harbor to</u> <u>Use</u> |
| | List the lowest monthly cost for each plan at the employee-only level. If you have different classes of employees that may be subject to different costs (for example: employees in California have one cost while employees in Kansas have another), note this as well. | Check your benefit plan documents and collateral |
| | Identify whether you have a calendar year or non- calendar year plan. | Check your Summary Plan Description (SPD) |
| | For self-insured ALEs only, pull the following data: Name, social security number and months of enrollment for individuals enrolled during the year Name, social security number or taxpayer identification number (or date of birth) and months of enrollment for all dependents enrolled during the year | Date of birth may only be used for dependents if you have made appropriate attempts to obtain social security numbers (SSNs) or taxpayer identification numbers (TINs). |



| 5. | Determine whether transition relief or a limited non- assessment period applies | For non-calendar year plans only, identify whether you meet the 50-99 FTE or 100+ FTE transition period terms. The 50-99 FTE option corresponds to Box C on Line 22 of Form 1094-C and using code (A) in column (e) of Part III of Form 1094-C. The 100+ FTE option corresponds to Box C on Line 22 of Form 1094-C and using code (B) in column (e) of Part III of Form 1094-C. | • | Book 5: Applying Transition Relief & Limited Non-Assessment Periods (Page 4) |
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| | | If you have a union workforce, confirm whether: The union employees receive health coverage from a multiemployer plan (union trust plan), and You make an ongoing contribution to the multiemployer plan on behalf of these union employees If both of the above are true you may be eligible to claim the multiemployer relief option. This relief option corresponds to code 2E for line 16 of Form 1095-C | | Book 5: Applying Transition Relief & Limited Non-Assessment Periods (Page 4) Form Instructions (Page 17 – See end of "Offer of Coverage" definition) |
| | | Review definitions for limited non-assessment periods (LNP). Determine and make note of whether any apply to your company | • | Book 5: Applying Transition Relief & Limited Non-Assessment Periods (Page 5) Form Instructions (Page 16) |
| | | Make note of which employees have a LNP which applies to them and for what months of the year. | • | Book 5: Applying Transition Relief & Limited Non-Assessment Periods (Page 5) Form Instructions (Page 16) |
| 6. | Complete Forms 1095- | Review the available codes and definitions for Lines 14 and 16 of Form 1095-C | • | Form 1095-C Code Cheat Sheet |
| | C | Consider grouping employees by code "profile" and starting with the easiest ones first. For example, all employees who were full time all year, offered coverage and enrolled in coverage All employees who were full time all year, offered coverage, and waived coverage Etc. | • | Form Instructions (Page 11) Form 1095-C Code Cheat Sheet Form Instructions (Page 11) |



| | | Complete Form 1095-C (Parts I & II) for all employees who were full time for at least one month of the year Complete Form 1095-C (Parts I, II, & III) for all employees who were full time for at least one month of the year and any non-full time individuals who were enrolled in coverage during the year (Only self-insured plan information is reported in Part III) | • | Form Instructions Form Instructions |
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| | | Ensure forms to employees and individuals are post marked no later than March 2, 2017. (Forms may furnished electronically to persons giving affirmative consent; specific criteria is required.) | • | IRS extended due date from January 31, 2017 to March 2, 2017 (see <u>IRS</u> <u>Notice 2016-70</u>) Consent to furnish statement electronically: <u>Page 6</u> |
| 7. | Complete Form 1094- C | If you are required to file electronically (if you are filing at least 250 Forms 1095-C along with your Form 1094) make sure your vendor is prepared. If self-filing electronically, start the process to prepare long before the forms are due. | • | Get started with electronic self-filing <u>here</u> . |
| | | Ensure forms are post marked no later than February 28, 2017 if filing on paper Ensure forms are filed no later than March 31, 2017 if filing electronically | • | Electronic filing waivers: <u>Page 4</u> Deadline extension request: <u>Page 3</u> |
| 8. | Evaluate Marketplace Notices | Review notices as received (ongoing throughout the year). If information is incorrect, file appeal according to directions on notice. | • | <u>What To Do and Know About</u> <u>Marketplace Notices</u> |
| 9. | Respond to Penalty Notices | The IRS has not yet provided information on the timeline for penalty notices or process for appeals. | | |