It's Time Again for Forms 1094-C and 1095-C Filing

Presented by:



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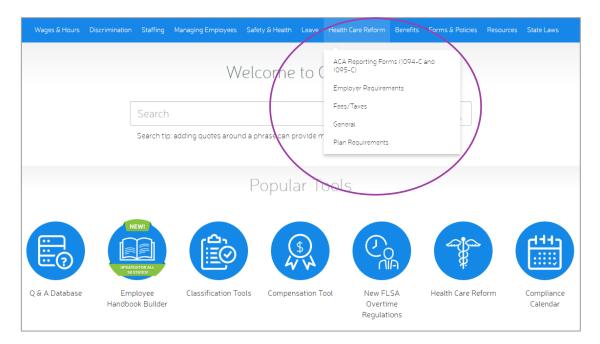


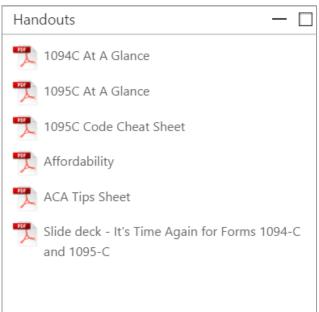
Erin DeBartelo
Principal Benefits Advisor
PHR, SHRM-CP

· · · Reminders

- » This webinar is being recorded—you will receive a link via email
- » Use the question box for any questions or logistical issues
- » You can find a copy of the slide deck in the handouts widget on the webinar console
- » The HRCI and SHRM credit codes will be provided at the end of the webinar
- » Please take our short survey at the end of the webinar—we value your feedback

Resources Available





Agenda:



Preparing to Report



Step 1: Confirm Whether You Have to Report

- » Applicable Large Employer = ALE
- » Average of 50 FT/FTE employees not just 50 employees
- » Last year's average determines this year's status

Step 1	Action Items	Resources
	Pull hours of service for all employees for the previous calendar year, on a month by month basis	Download from Comply, Book 1: Starting with Basics and Definitions guide and see definition on page 4
Determine whether you are an ALE	Perform calculations to determine FT & FTE count for each month and average for entire year	Download from Comply, Book 2: Determining Applicable Large Employer Status guide and review step by step process
	Make note of whether your total FT/FTE count for the year is less than 100 or 100+	

Step 2: Define Who You Are Reporting About

- » Who IS an employee?
 - Common law
 - Right to control and direct the individual
- » Who is NOT an employee?
 - Sole proprietors
 - LLP partners & LLC members
 - 2% + shareholders in S-Corps
 - Correctly classified independent contractors

Step 2	Action Items	Resources
Determine who is an employee	Understand the definition of an "employee" and speak with your advisors if you are unsure Pull a report for each month with the total number of employees and make note of that number (not FTEs, just total headcount)	Download from Comply, Book 1: Starting with Basics and Definitions guide and see definition on page 3

Step 2: Define Who You Are Reporting About

- » ACA definition vs. internal definition
- » What does full time really mean?
- » Tracking is key, even for regular full time employees
- » Monthly measurement method
 - Count hours of service each month and status established each month
- » Look-back measurement method
 - Count hours over 3-12 months and status established each measurement period

Step 3: Confirm Your Plan Details

Plan Option A

- Insured (YES/NO)
- Spouses Covered (YES/NO)
- Children Covered (YES/NO)
- MEC (YES/NO)
- MV (YES/NO)
- Affordable (YES/NO)
- Which Affordability Safe Harbor: Rate of Pay
- Lowest employee only monthly cost: \$145.23
- Calendar Year Plan (YES/NO)

Step 4: Confirm Whether Transition Relief Applies

- » Non-calendar year
 - 50–99 = penalty avoidance
 - 100+ = penalty reduction
 - To claim relief: Check Box C on line 22, Part II of Form 1094-C
- » Multiemployer plan relief
 - Union plan contributions
 - To claim relief: Use Code 2E on Line 16 of Form 1095-C (for applicable employees)



Step 4: Confirm Whether Transition Relief Applies

- » Limited Non-Assessment Periods = LNAPs:
 - First year as ALE
 - Waiting period—Monthly Measurement Method
 - Waiting period—Look-Back Measurement Method
 - Initial measurement period and administrative period
 - Period following change in status during initial measurement period
 - First calendar month of employment



Completing the 1094/95 Reports



Step 5: Determine Which Form Applies

"A" Forms

- » No employer involvement
- » Relates to insurance marketplaces(Exchanges)

"B" Forms

- » Applies to insurers
- » Applies to small employers with selffunded (self-insured) plans

"C" Forms

- » Applies to applicable large employers (ALEs)
- » Self-funded ALEs can complete Part III instead of "B" forms



Form 1095 Department of the T Internal Revenue Se	reasury		► Do	not attac	Health In th to your tax re C and its sepa	turn. Keep f	or your rec	ords.	>	_			OID	ECTED		омв No. 20	1545-225	51
Part I Emp	oloyee						Applicable Large Employer Member (Employer)											
1 Name of employ	/ee			2 Soci	al security number	(SSN)	7 Name of employer 8 Employer identification number (EII)									ber (EIN)		
3 Street address (i	including apartr	ment no.)					9 Street add	dress (inc	cluding roc	m or sui	te no.)			10	Contact t	elephone	number	
							To sender temprioris married											
4 City or town	4 City or town 5 State or province 6 Country and ZIP or foreign postal					n postal code	11 City or to	vn		12 St	ate or pri	ovince		13	Country ar	nd ZIP or fo	oreign post	al code
Part II Emp	oloyee Off	er of Covera	age				Plan Sta	rt Mo	nth (Ent	er 2-di	git num	ber):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June		July		Aug	Ser	ot	Oct		Nov	D)ec
14 Offer of																		
Coverage (enter required code)																		
15 Employee																	$\overline{}$	
Required Contribution (see																		
instructions)	\$	\$	\$ \$	3	\$	\$	\$	\$		\$		\$		\$	\$		\$	
16 Section 4980H																		
Safe Harbor and																		
Other Relief (enter code, if applicable)																		
Part III Cov	ered Indiv	iduals													_		-	
			red coverage.	check the	e box and ente	r the inform	ation for e	ach inc	dividual	enrolle	d in cov	verage.	includi	na the	emplove	ee.		
					(c) DOB (If SS	N (d) Cove	_					Months						
(a) Name	of covered inc	lividual(s)	(b) SSN or o	other TIN	or other TIN is not available		ths Jan	Feb	Mar	Apr	May	June	July	Aug	Cont	Oct	Nov	Dec
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Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

- » Codes for Lines 14 and 16 updated
 - Codes 1I and 2I no longer available—related to outdated transition relief
 - Codes 1J and 1K added—related to spousal offers of coverage which are conditional
- » Label for line 15 updated to better reflect what the IRS is asking for
 - See our blog post at: https://www.thinkhr.com/blog/irs-releases-supplemental-guidance-on-employer-play-or-pay/ for more information on special Line 15 scenarios

Part Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

- » Codes are key
- » Line 14 = always required
- » Line 15 = sometimes required
 - If Codes 1B, 1C, 1D or 1E used on line 14
- » Line 16 = complete if there is an appropriate code available
 - Might be in your best interest to complete
 - Provides the IRS with information about why you shouldn't be penalized

- » Deadline: March 2, 2017
- » Extensions not available for providing form to employees
- » Paper or electronic delivery options
 - Employee consent needed for electronic delivery (see page 6 of instructions)



- » If you need to correct forms after issuing, follow IRS instructions:
 - See page 5 of instructions
- Late or incorrect statement incurs\$260 penalty per form
 - Up to maximum of \$3,193,000



Form 1094-C	Transmittal of Employer-P	rovided Health In	nsurance Offer and	CORRECTED	OMB No. 1545-2251
Department of the Treasury	Coverage	2016			
Internal Revenue Service	► Information about Form 1094-C and				
Part I Applicable L	arge Employer Member (ALE Member)				
1 Name of ALE Member (Emp	loyer)		2 Employer identification number (EIN)		
3 Street address (including room	om 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 Govern	ment Entity (only if applicable)		10 Employer identification number (EIN)		
11 Street address (including roo	om or suite no.)			For Offi	icial Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign postal code		200 0 ,
12 City or town		13 State of province	14 Country and 21P or foreign postal code	\neg	
15 Name of person to contact			16 Contact telephone number	шш	шш
17 Reserved	ns 1095-C submitted with this transmittal .				<u> </u>
19 Is this the authoritation	e transmittal for this ALE Member? If "Yes," o	check the box and continu	ue. If "No," see instructions		
Part II ALE Membe	r Information				
20 Total number of Form	ns 1095-C filed by and/or on behalf of ALE Me	ember			. •
21 Is ALE Member a me	mber of an Aggregated ALE Group?				Yes No
If "No," do not comp	lete Part IV.				
22 Certifications of Elig	gibility (select all that apply):				
A. Qualifying Offer	Method B. Reserved	C. Section 4980H Transit	tion Relief D. 98% Offer Met	had	
Under penalties of perjury, I o	declare that I have examined this return and accom	panying documents, and to t	he best of my knowledge and belief, they are	true, correct, and	complete.
Signature		-) Title)	Date	
	vork Reduction Act Notice, see separate instruc		Cat. No. 61571A	Date	Form 1094-C (2016)
. o. r .ivacy Act and Paperv	TOTAL TROUBLESS AND THE STRUCT	uono.	Oat. 110. 0107 IA		Form 1094-0 (2016)

- » Deadline:
 - On paper: February 28, 2017
 - Electronically: March 31, 2017 (electronic required for 250+ forms)
- » Will you use a vendor to file or self-file?
 - If self-filing, you must follow a registration and testing process
 - Multi-step, start now
- » Extensions may be possible
 - 30-day automatic extension using Form 8809
 - Must file on or before form due date
 - May be able to extend beyond 30 days for extreme hardship



- » Corrections require following IRS process
- » Electronic filing learnings from 2015
 - Employer Name/EIN No Match
 - Employee Name/Social Security No Match
- » Late filing incurs \$260 penalty per form up to \$3,193,000





After Filing Is Complete



Step 8: Continue the Cycle

- » Exchange notices will arrive throughout the year
 - Appeal if information is incorrect
 - 90 days to appeal
 - This is NOT a notice of a penalty
- » IRS penalty assessments are a separate process
 - No information about timing or process specifics



MARKETPLACE NOTICES (§ 1411 CERTIFICATIONS)

Guide for Employers:

What to Know and Do About a Marketplace Notice Hint: It is **not** a penalty notice from the IRS!



Edition: October 2016

Action Plan: What to Do Next



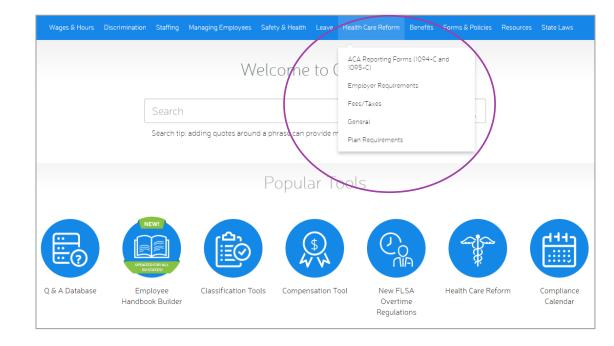
Step 9: Hit the Ground Running

- » Prepare!
- » Create a timeline for yourself
- » Identify roles
 - What will you do?
 - What will your vendor do?



Step 9: Hit the Ground Running

- » Resources
 - Checklist
 - IRS instructions
 - IRS Q&A
 - Resources in Comply (webinars, checklists and more)
 - Live team



Questions & Answers



• • • Continuing Education Credits

HRCI: 294099

SHRM: 16-RFW4A

