



What Employers Need to Know about the Final ACA Reporting Forms

We **highly recommend** that you download the slides prior to the webinar at <http://ow.ly/LCcOh> (case sensitive)



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- This session is being recorded.
- Download the slides at **<http://ow.ly/LCcOh>** (case sensitive)
- You will receive a link to the recording after the webinar.
- We will provide the HRCI code at the end of the webinar.
- Ask questions using the question box. We will send a booklet of all questions and answers to everyone next week.

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ACA updates

Download the slides at ow.ly/LCcOh

ACA Updates—Legislative

Tax credits for state and federal exchanges

- *King v. Burwell*—Supreme Court oral arguments heard 3/4/15
- At issue: Validity of IRS regulations providing premium tax credits on both state and federal exchanges
- Decision expected late June

Cadillac Tax (2018)

40% excise tax on employer-sponsored high cost health coverage exceeding thresholds of \$10,200/individual or \$27,500/family

ACA Updates—Legislative

Congressional action to repeal ACA (or portions of it)

Since 2011, 50+ challenges to ACA in Congress, including:

- Repealing the entire law
- Repealing the Individual Mandate
- Repealing the Employer Shared Responsibility Mandate
- Changing full-time employee definition to 40 hours/week
- Adding “copper” level plan with higher deductibles
- Repealing medical device and Cadillac Plan taxes

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Filing requirements for employers

Poll

How knowledgeable do you feel about the IRS/ACA reporting requirements?

Acronyms

Acronym	Meaning
ACA	Affordable Care Act
ALE	Applicable large employer
EIN	Employer identification number
FPL	Federal poverty line
FTE	Full time equivalent
LNAP	Limited non assessment period
MEC	Minimum essential coverage
MV	Minimum value coverage

Reasons for Reporting

Individual mandate reporting and penalty

Internal Revenue Code Section 6055:

- Verification of minimum essential coverage for the individual mandate

Employer mandate reporting and penalty

Internal Revenue Code Section 6056:

- Verification and enforcement of the employer shared responsibility mandate
- Confirmation of eligibility for premium tax credits

Who Needs to Report for Calendar Year 2015

Applicable Large Employers (ALEs)

- 50 or more full-time equivalent employees (FTEs)
- ALEs with 50 – 99 FTEs must also report

Self-funded employers of **ANY** size must also report.

When the Reports Are Due

1094

- Paper forms due **February 29, 2016**
- Electronic forms due **March 31, 2016**
Required if ALE filing 250+ returns under Section 6056

1095

Individual statements due **February 1, 2016** on paper unless individual consents to electronic consent (specific to 1095, not W-2)

What Needs to be Reported

Information to Report

- Applicable large employer status based on employee count and eligibility hours tracked
- Certification of minimum essential coverage (MEC), minimum value and affordability
- Offers of coverage

The Big Picture on Forms 1094 and 1095

IRS Forms

- 1095 (similar to employee W-2): Reports on individual coverage
- 1094 (similar to W-3 transmittal): Transmits the 1095 data

“A” Forms

Marketplace exchanges will issue 1094/1095-A forms

“B” Forms

Insurers, non-applicable large employer sponsors of self-funded plans will issue 1094/1095-B forms

“C” Forms

Applicable large employers will issue 1094/1095-C forms

1095-C

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 .	<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	600115 OMB No. 1545-2251 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. <input type="checkbox"/>															
(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"/>	
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.				Cat. No. 60705M				Form 1095-C (2014)							

1095-C Details

Form's intent:

- Provides documentation to individual employees about their company-provided group health insurance to file with their tax returns
- Provides documentation to the IRS regarding offers of minimum essential coverage (MEC)
- Assists the IRS in determining Employer Shared Responsibility assessments (if any)
- Assists the IRS in determining whether the company's full-time employees and dependents are eligible for premium tax credits

Applies to fully insured and self-funded large employers

Completing “C” Forms

1095-C:

- ALE’s name, Employer Identification Number (EIN) and other contact information
- Employee’s name, address, and Social Security number
- Employee share of cost for lowest-cost, employee only minimum essential coverage
- Employer certification of benefits offers to full-time employees

Completing “C” Forms

1095-C: Employee information

- Name, address, Social Security number
- Months covered or offered coverage under the benefit plan
- Dependent eligibility and identifying information (including Social Security numbers if plan is self-funded)
- Whether coverage meets the MEC and MV standards
- Affordability safe harbors met

1095-C Details

Part I

Demographic information for employees and ALE

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

1095-C Details

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)													

Part II: Employee Offer and Coverage—FORM—line 14

- Line 14: Offer of coverage
Enter one of nine codes for every employee every month.
This line cannot be left blank.
- Use “All 12 months” box if code is the same for all months.
- A Line 14 offer of health coverage means coverage for the **entire month**. Partial month=No offer
- **BUT**, employees terminating mid-month can reflect “offered” if they would have had coverage for the month if not termed.

1095-C Details

	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	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Part II: Employee Share of Lowest Cost Premium

- Line 15: leave blank unless codes 1B through 1E—minimum value offers to employees—are entered in Line 14.
- Enter the actual \$\$ amount for the employee share of cost for lowest cost self-only MV coverage available. *This may not be the same as what the employee actually paid.*
- Leave this line blank if no MV offer made to employee or Code 1A was used on Line 14.
- If contribution= \$0, enter that. Don't leave blank.
- Use “All 12 Months” box if contribution is the same for all months.

1095-C Details

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 II: Actual Coverage

- Line 16: shows whether ALE is subject to penalty or whether individuals can receive premium tax credits.
- Can leave blank if no codes apply.

1095-C Details

Part III: Covered Individuals

- Complete ONLY if providing self-funded coverage.
- Must include any employees offered self-funded coverage whether full-time or not and family members.
- Use Code 1G for non-employees (directors, retirees, COBRA qualified beneficiaries).

Only one Form 1095-C can be filed per year per employee!

Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual <input type="checkbox"/>															
(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"/>

1094-C

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
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- 35

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

120315
Page 3

120215
Page 2

Form 1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns CORRECTED OMB No. 1545-2251
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

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

For Official Use Only
[Barcode]

1094-C Details

Form's intent

- Transmittal document for filing Forms 1095-C with the IRS
- Consolidates employer data
- Assists the IRS in determining Employer Shared Responsibility assessments (if any) and the amounts of the penalties
- Helps the IRS in determine whether a company's full-time employees and dependents are eligible for premium tax credits

Only one authoritative transmittal allowed per ALE

- More than one 1094-C transmittals (different companies in controlled groups, company divisions, etc.) may be filed
- Aggregated data must be in the authoritative transmittal

Completing “C” Forms

1094-C

- ALE’s name, Employer Identification Number (EIN) and other contact information
- Number of 1095-C statements attached
- Information about members of aggregated ALEs (if any)
- Full-time employee and total employee counts by month
- Eligibility for transition relief

1094-C Details

Part I: ALE Member Information

- Part I, Line 18: Enter total number of Forms 1095-C included for single transmittal form.

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		<input type="checkbox"/>
18 Total number of Forms 1095-C submitted with this transmittal		<input type="text"/>

For Official Use Only



1094-C Details

Part II: ALE Member Information

- Includes more information for aggregated reports.
- “Yes” answer on Line 21 means Part IV must be completed (listing other members of the aggregated ALE).

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 <input type="checkbox"/>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <input type="checkbox"/> 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

1094-C Details

Part II: ALE Member Information

Line 22: Certifications of eligibility—four options

- Box A: Qualifying Offer applies if ALE made MV offer to at least one FT employee for all months FT plus offered MEC to spouse and dependents costing no more than 9.5% of FPL.

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

1094-C Details

Part II: ALE Member Information

Line 22: Certifications of eligibility—four options

- Box B: Qualifying Offer Method Transition Relief (2015 only) applies if offer made to at least ~~95%~~ **70%** of FT employees for one or more months.
- If either Box A or B is checked, ALE can use simplified generic 1095-C instead of individual 1095-Cs.

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

1094-C Details

Simplified Reporting or “Alternative Method”

- Can be used by employers who checked boxes A or B on Line 22
- Simplified reporting option is a statement and includes:
 - Name, address, and EIN for ALE
 - Contact name and phone number for employees to ask questions
 - Language indicating that this employee and their dependents (if applicable) received a qualifying offer for all 12 months of the year
 - A statement telling the employee to see *IRS Publication 974 Premium Tax Credit (PTC)* for more information on eligibility for that credit

1094-C Details

Part II: ALE Member Information

Line 22: Certifications of eligibility—four options

- Box C: Section 4980H Transition Relief— two types
- Option 1: 50-99 FT employees with no reduction in workforce or hours of work to qualify and cannot have eliminated or reduced coverage
- Option 2: ALEs with 100+ employees subject to assessable penalty reduced by 80 instead of 30 employees

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

1094-C Details

Part II: ALE Member Information

Line 22: Certifications of eligibility—Four options

Box D: 98% Offer Method where ALE offers affordable/MV coverage for all months to at least 98% of employees for whom a 1095-C is filed (enrolled FT and PT employees).

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

1094-C Details

Part III: ALE Member Information— Monthly

Column (a) – Minimum Essential Coverage Offer

Answer “Y” or “N” to whether MEC was offered to at least ~~95%~~ **70%** of FT employees and dependents.

		(a) Minimum Essential Coverage Offer Indicator	
		Yes	No
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>
28	May	<input type="checkbox"/>	<input type="checkbox"/>
29	June	<input type="checkbox"/>	<input type="checkbox"/>
30	July	<input type="checkbox"/>	<input type="checkbox"/>

1094-C Details

Part III: ALE Member Information—Monthly

- Include dependent children (not step- or foster children) through last day of 26th birthday month.
- Must provide opportunity to enroll/decline at least once per year. Evergreen elections with opt out ability permissible.
- AND – this is not required for MV offer if employee cost is \$0 or at or below the FPL for single-only plan.
- Failure to offer for 1 day = failure to offer for the month.
- Do not include employees in limited nonassessment period (waiting period, measurement period, etc.) in 95% count.
- ALEs can answer “Y” if transition relief applies.

1094-C Details

Part III: ALE Member Information— Monthly

Column (b): Employee Counts

- OK to skip if ALE selected Box D (98% offer).
- Do not include employees in limited nonassessment period (waiting period, measurement period, etc.) in count.

		(b) Full-Time Employee Count for ALE Member
23	All 12 Months	
24	Jan	
25	Feb	
26	Mar	
27	Apr	
28	May	
29	June	
30	July	

1094-C Details

Part III: ALE Member Information—Monthly

Column (c): Employee Counts

- If count is same for entire year, use “All 12 Months” box.
- If not, use consistent counting method for each month.
- Include employees in limited nonassessment period in count.

		(c) Total Employee Count for ALE Member
23	All 12 Months	
24	Jan	
25	Feb	
26	Mar	
27	Apr	
28	May	
29	June	
30	July	

1094-C Details

Part III: ALE Member Information—Monthly

Section (e): Section 4980H Transition Relief Indicator

- If ALE checked Line 22, Box C, complete this section
- Code A: 50 – 99 FT employee relief – no penalty for 2015 plan years for certain small ALEs meeting the transition relief rules
- Code B: 100+ FT employee relief

		(e) Section 4980H Transition Relief Indicator
23	All 12 Months	
24	Jan	
25	Feb	
26	Mar	
27	Apr	
28	May	
29	June	
30	July	

1094-C Details

Part IV: Other ALE Members of Aggregated ALE Group

- ALEs can skip this section unless they are filing multiple Forms 1094-Cs.
- If aggregated Line 19 checked, this section must be completed.
- Report in descending order based on ALE member with the highest number of FTEs (must list top 30 ALE members).

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		51	
37		52	
38		53	
39		54	

Summary

Summary of 1094-C and 1095-C Filing Rules

- ALE reporting applies to companies averaging 50+ employees in the preceding calendar year.
 - Employers can use any consecutive 6-month period in 2014 instead of counting all 12 months for ALE status.
- ALEs with 50–99 employees who are exempt from the Shared Responsibility Payment in 2015 **STILL MUST REPORT!**
- Self-funded plans of ANY size must report due to the individual mandate.
- There is no delay in reporting for non-calendar year plans—these reports apply on a calendar-year basis NOT on plan year.

IRS Codes for Form 1095-C: Line 14

Code	Code Meaning
1A	Qualifying Offer – MEC providing MV offered to FT employee with contribution for self-only coverage < or = to 9.5% federal poverty line <i>AND</i> MEC offered to spouse and dependents
1B	MEC providing MV offered to employee only
1C	MEC providing MV offered to employee and MEC offered to dependent
1D	MEC providing MV offered to employee and MEC offered to spouse
1E	MEC providing MV offered to employee and MEC offered to spouse and dependent
1F	MEC not providing MV offered to employee, OR employee + spouse or dependents, OR employee + spouse and dependents
1G	Offer of coverage to non-FT employee for any month of the year who is enrolled in self-funded coverage for one or more months of the year
1H	No offer of coverage (includes offer of coverage to employee that is not MEC)
1I	Qualifying Offer Transition Relief 2015: Employee and spouse or dependents received no offer or coverage, received a non qualifying offer, or received qualifying offer for less than 12 months

IRS Codes for Form 1095-C: Line 14

Code	Code Meaning
2A	Employee not employed during the month
2B	Employee not a full-time employee
2C	Employee enrolled in coverage offered. This code trumps all others that might apply.
2D	Employee in Limited Non Assessment Period
2E	Multi-employer interim relief rule
2F	Form W-2 Affordability Safe Harbor. If used, must be used for all months of the year in which employee is offered coverage.
2G	Federal Poverty Line Safe Harbor
2H	Affordability Rate of Pay Safe Harbor
2I	Non-calendar year transition relief applies to this employee.

3

Information employers should be tracking now

Employee Data Recommendations

Start tracking the data so reporting will be smoother at year-end!

Get your HR, finance, IT and legal team together

- Determine who owns this reporting requirement.
- Ensure that the entire team understands the rules.
- Determine methods and tools for tracking and measuring data from multiple sources.

Employee Data Recommendations

Start tracking the data so reporting will be smoother at year-end!

- Use benefits, payroll and time off data.
- Start collecting Social Security numbers for dependents as soon as possible (modify open enrollment materials to collect this data).
- Use 2014 forms as your guide for 2015 reporting.
- Develop process to deal with “one offs.”

If you're planning to use electronic communications/delivery, obtain consent.

Summary of Information to Collect

- ALE Employer Identification Number(s) plus ALE member and employee identifying information
- Monthly counts of total employees (month by month)
- Identification of full-time employee status and full-time employee counts by month
- Information about coverage offered for month
- Family member eligibility
- MEC/MV coverage
- Employee share of lowest-cost employee-only MV coverage

Summary of Information to Collect

- Offers of minimum essential coverage to full-time employees and dependents—Get written acceptance/declinations for your documentation
- Eligibility for qualifying transition relief
- Eligibility for “50-99” or “minus 80” transition relief
- Eligibility for 98% offer relief

Summary of Information to Collect

- If an aggregated ALE group: Information about all ALE members (if applicable)
- Enrollment information for self-funded groups:
 - Enrolled full time and non-full time employees and non-employees
 - Enrolled family members, including Social Security numbers

Forms 1094/1095-C

IRS Form 1095-C: <http://www.irs.gov/pub/irs-pdf/f1095c.pdf>

IRS Form 1094-C: <http://www.irs.gov/pub/irs-pdf/f1094c.pdf>

IRS Forms 1094-C and 1095-C Instructions:

<http://www.irs.gov/pub/irs-pdf/i109495c.pdf>

Forms issued in February 2015 still have 2014 date and reference 2015 reporting rules. Use them for now.

IRS Overview Brochure on 1094-C and 1095-C:

<http://www.irs.gov/pub/irs-pdf/p5196.pdf>

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Thursday, April 30 at 10:30 a.m. Pacific

Understanding the NLRB's New Agenda and How It Affects

Non-Union Employers (1 HRCI credit)

Steve Schuster of Constangy, Brooks, Smith & Prophete

Wednesday, May 13 at 8:30 a.m. Pacific