

# Forms 1094 & 1095 Reporting

**ALE:** Section 6056 (Forms 1094-C & 1095-C)

EMPLOYER	FULLY INSURED PLAN	SELF-INSURED PLAN
<b>Single employer (including employers in a MEWA)</b>	<ul style="list-style-type: none"> <li>» Employer completes Form 1094-C and 1095-C, except for Form 1095-C Part III, which is completed by the insurer.</li> <li>» Reports whether coverage offered to full-time employees was affordable and provided minimum value</li> <li>» Distributes 1095-C to full-time employees</li> <li>» Employers may allow other parties to report on their behalf, although employer retains liability for reporting</li> </ul>	<ul style="list-style-type: none"> <li>» Employer completes Form 1094-C and 1095-C</li> <li>» Reports on all employees who were offered MEC and whether coverage offered to full-time employees was affordable and provided minimum value</li> <li>» Distributes 1095-C to full-time employees</li> <li>» Employers may allow other parties to report on their behalf, although employer retains liability for reporting</li> </ul>
<b>Controlled Group</b>	<ul style="list-style-type: none"> <li>» Determination of ALE status is based on total number of employees in controlled group</li> <li>» Reporting is responsibility of individual employers</li> <li>» Employers must list other employer members of controlled group on 1094-C</li> <li>» Employers with no full-time employees do not have to report</li> <li>» Otherwise, follow instructions for a Single Employer</li> </ul>	
<b>Employer in multi-employer (union) plan</b>	<ul style="list-style-type: none"> <li>» Reports for employees covered under a multi-employer plan may be prepared by the plan administrator who would then file a report for each large employer that participated in the plan.</li> <li>» The employer would remain responsible for reporting with respect to its employees not covered under the union plan.</li> </ul>	
<b>Government Unit</b>	<ul style="list-style-type: none"> <li>» ALEs that are agents of an agency or unit of a government may designate another governmental unit to report on their behalf</li> <li>» The designated reporting agency assumes responsibility for timely and accurate reporting</li> <li>» The ALE retains liability for penalties for employer shared responsibility requirements under section 4980H(b)</li> <li>» Otherwise, follow instructions for a Single Employer</li> </ul>	

**ALE:** Applicable Large Employer  
**MEC:** Minimum Essential Coverage

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## NON-ALE: Section 6055 (Forms 1094-B & 1095-B)

EMPLOYER	FULLY INSURED PLAN	SELF-INSURED PLAN
<b>Single employer</b> + <b>Single employer with MEWA Coverage</b>	<ul style="list-style-type: none"> <li>» Insurer completes Form 1094-B and 1095-B</li> <li>» Insurer responsible for distributing 1095-B to covered individuals</li> </ul>	<ul style="list-style-type: none"> <li>» Employer completes Form 1094-B and 1095-B</li> <li>» Reports on all employees who were offered MEC</li> <li>» Distributes 1095-B to responsible individuals (typically covered employees)</li> <li>» Employers may allow other parties to report on their behalf, although employer retains liability for reporting</li> </ul>
<b>Controlled Group</b>	<ul style="list-style-type: none"> <li>» Insurer completes Form 1094-B and 1095-B</li> <li>» Insurer responsible for distributing 1095-B to covered individuals</li> </ul>	<ul style="list-style-type: none"> <li>» One member of a controlled group may file reports and provide statements on behalf of all members</li> <li>» Each employer remains separately liable for reporting</li> <li>» Identification of each employer in the controlled group is required on 1094-B</li> <li>» Otherwise, follow instructions for a Single Employer</li> </ul>
<b>Employer in multi-employer (union) plan</b>	<ul style="list-style-type: none"> <li>» Insurer completes Form 1094-B and 1095-B</li> <li>» Insurer responsible for distributing 1095-B to covered individuals</li> </ul>	The association, committee, board of trustees or employee organization that maintains the plan completes Form 1094-B and 1095-B and distributes 1095-B to the responsible individual.
<b>Government Unit</b>	<ul style="list-style-type: none"> <li>» Insurer completes Form 1094-B and 1095-B</li> <li>» Insurer responsible for distributing 1095-B to covered individuals</li> </ul>	<ul style="list-style-type: none"> <li>» Executive department or agency of a governmental unit that provides coverage under a government-sponsored program is responsible for reporting</li> <li>» Otherwise, follow instructions for a Single Employer</li> </ul>

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## 2015 REPORTING RELIEF FOR ALEs: All Plans

TYPE OF RELIEF	REQUIREMENT	AVAILABLE RELIEF
<b>Qualifying Offer Method</b>	Certify that for all months during the year in which the employee was a full-time employee and a section 4980H penalty could apply, the employer made a Qualifying Offer	<ul style="list-style-type: none"> <li>» Can use a Qualifying Offer code rather than reporting the dollar amount required as an employee contribution for the lowest-cost employee-only coverage that provides minimum value</li> <li>» In lieu of Form 1095-C, may provide employees who received a Qualifying Offer a statement that they received a Qualifying Offer and are not eligible for a premium tax credit</li> </ul>
<b>Qualifying Offer Method Transition Relief (95%)</b>	Certify that it made a Qualifying Offer for one or more months of calendar year 2015 to at least 95% of its full-time employees.	<ul style="list-style-type: none"> <li>» Can use a Qualifying Offer code rather than reporting the dollar amount required as an employee contribution for the lowest-cost employee-only coverage that provides minimum value</li> <li>» In lieu of Form 1095-C, may provide employees who received a Qualifying Offer a statement that they received a Qualifying Offer and are not eligible for a premium tax credit</li> <li>» In lieu of Form 1095-C, may provide employees who did NOT receive a Qualifying Offer a statement that the employee and dependents may be eligible for a premium tax credit</li> </ul>
<b>Qualifying Offer Method Transition Relief (98%)</b>	Certify that it made a Qualifying Offer for one or more months of calendar year 2015 to at least 98% of its full-time employees.	<ul style="list-style-type: none"> <li>» Can use a Qualifying Offer code rather than reporting the dollar amount required as an employee contribution for the lowest-cost employee-only coverage that provides minimum value</li> <li>» Does not have to identify which employees were full-time employees (but must file a Form 1095-C for all of its full-time employees)</li> <li>» Does not need to complete Part III on Form 1094-C</li> <li>» In lieu of Form 1095-C, may provide employees who received a Qualifying Offer a statement that they received a Qualifying Offer and are not eligible for a premium tax credit</li> <li>» In lieu of Form 1095-C, may provide employees who did NOT receive a Qualifying Offer a statement that the employee and dependents may be eligible for a premium tax credit</li> </ul>

**ALE:** Applicable Large Employer

**MEC:** Minimum Essential Coverage

**Qualifying offer:** An offer of MEC to one or more full-time employees that meets minimum value and affordability guidelines and includes an offer of coverage for the employee's family.

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## 2015 PENALTY TRANSITION RELIEF FOR ALEs: All Plans

TYPE OF RELIEF	REQUIREMENT	AVAILABLE RELIEF
<b>50-99 FTEs</b>	<ul style="list-style-type: none"> <li>» ALEs with fewer than 100 employees (including full-time equivalents) in 2014</li> <li>» Between 2/9/14 and 12/31/15: <ul style="list-style-type: none"> <li>» Did not reduce workforce or hours to qualify for relief</li> <li>» Did not eliminate or materially reduce health coverage</li> </ul> </li> <li>» Report eligibility for relief on line 22, box C and lines 23-35, column (e) of Form 1094-C</li> </ul>	<ul style="list-style-type: none"> <li>» No assessable payment under section 4980H(a) or (b) will apply for any calendar month during 2015</li> <li>» For non-calendar-year plans, will not apply for the portion of the 2015 plan year that falls in 2016</li> </ul>
<b>100 or more FTEs</b>	<ul style="list-style-type: none"> <li>» ALEs subject to an assessable payment under an employer shared responsibility penalty (Section 4980H)</li> <li>» Report the relief on line 22, box C and lines 23-35, column (e) of Form 1094-C</li> </ul>	<ul style="list-style-type: none"> <li>» The assessable payment under section 4980(a) is calculated by reducing the employer's number of full-time employees by that employer's allocable share of 80 (rather than by the employer's standard allocable share of 30)</li> <li>» The aggregate amount of assessable payment determined under section 4980H(b) also may not exceed the potential assessable payment under section 4980H(a), including the reduction by the ratable portion of 80</li> <li>» For non-calendar-year plans, will apply for each month in 2015 and the portion of the 2015 plan year that falls in 2016</li> </ul>
<b>Offer of Coverage to 70% of Full-Time Employees</b>	<ul style="list-style-type: none"> <li>» Offers health coverage to at least 70% of its full-time employees and their dependents</li> <li>» Report the relief on lines 23-35, column (a) of Form 1094-C by placing an "X" in the checkbox either for all 12 months or the months during which the 70% threshold was met</li> </ul>	<ul style="list-style-type: none"> <li>» The assessable payment under section 4980(a) is calculated by reducing the employer's number of full-time employees by that employer's allocable share of 80 (rather than by the employer's standard allocable share of 30)</li> <li>» The aggregate amount of assessable payment determined under section 4980H(b) also may not exceed the potential assessable payment under section 4980H(a), including the reduction by the ratable portion of 80</li> <li>» For non-calendar-year plans, will apply for each month in 2015 and the portion of the 2015 plan year that falls in 2016</li> </ul>

**Qualifying offer:** An offer of MEC to one or more full-time employees that meets minimum value and affordability guidelines and includes an offer of coverage for the employee's family.

**4980(a) Penalty:** Assessed on an ALE that fails to offer its full-time employees (and their dependents) the opportunity to enroll in Minimum Essential Coverage and at least one full-time employee has been certified as enrolled in Exchange coverage and received a premium tax credit or cost-sharing reduction.

**4980(b) Penalty:** Assessed on an ALE that offer its full-time employees (and their dependents) the opportunity to enroll in Minimum Essential Coverage and one or more full-time employees have been certified as enrolled in Exchange coverage and received a premium tax credit or cost-sharing reduction.

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## 2015 PENALTY TRANSITION RELIEF FOR ALEs: All Plans (continued)

TYPE OF RELIEF	REQUIREMENT	AVAILABLE RELIEF
<p><b>No Offer of Dependent Coverage</b></p>	<ul style="list-style-type: none"> <li>» Takes steps during the 2015 plan year to extend coverage to dependents not offered coverage during the 2014 plan year</li> <li>» An employer using this transition relief for a calendar year is not eligible to report using the Qualifying Offer Method (or the Qualifying Offer Transition Relief Method) for that calendar year</li> <li>» Relief is indicated for purposes of determining whether to put an "X" in the Yes checkbox on lines 23-35, column (a) of Form 1094-C</li> </ul>	<ul style="list-style-type: none"> <li>» An employer may treat, solely for purposes of section 4980H, an offer of health coverage to a full-time employee but not his or her dependents, as an offer of health coverage to the full-time employee and his or her dependents.</li> <li>» The relief is not available to the extent the employer offered dependent coverage during the plan year that begins in 2013 (2013 plan year) or the 2014 plan year; i.e., the relief is not available to the extent the employer had offered dependent coverage during either of those plan years and subsequently dropped that offer of coverage).</li> <li>» If coverage was offered to some, but not all, dependents during the 2013 or 2014 plan year, the relief applies only with respect to dependents who were not offered coverage at any time during the 2013 or 2014 plan year; i.e., the relief applies only with respect to dependents who were without an offer of coverage from the employer in both the 2013 and 2014 plan years).</li> </ul>
<p><b>Coverage for January 2015</b></p>	<ul style="list-style-type: none"> <li>» Must offer coverage to an employee no later than the first day of the first payroll that begins in January 2015</li> <li>» Report the relief on line 23 or 24, column (a) on Form 1094-C and report on line 14 of Form 1095-C that coverage was offered for the month of January</li> </ul>	<p>Employer is treated as having offered minimum essential coverage to the employee for the entire month of January</p>

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**4980(b) Penalty:** Assessed on an ALE that offer its full-time employees (and their dependents) the opportunity to enroll in Minimum Essential Coverage and one or more full-time employees have been certified as enrolled in Exchange coverage and received a premium tax credit or cost-sharing reduction.

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## 2015 PENALTY TRANSITION RELIEF FOR ALEs: Non-Calendar Year

TYPE OF RELIEF	REQUIREMENT	AVAILABLE RELIEF
<p><b>Non-Calendar Year Plans</b></p>	<ul style="list-style-type: none"> <li>» Employer maintained a non-calendar year plan as of 12/27/12 and did not modify it to begin after this date</li> <li>» Employee must be offered coverage no later than the first day of the 2015 plan year under the eligibility terms of the plan as in effect on February 9, 2014</li> <li>» Relief is indicated for purposes of determining whether to put an "X" in the Yes checkbox on lines 23-35, column (a) of Form 1094-C for months in 2015 prior to the beginning of the non-calendar plan year</li> </ul>	<p>An employer may treat the employee (and his or her dependents) for purposes of section 4980(a) penalties as having been offered health coverage for the months in 2015 prior to the 2015 plan year</p>
<p><b>Non-Calendar Year Plans</b></p> <p><b>Significant Percentage Relief for Treatment of Employees Not Eligible for Coverage (All Employees)</b></p>	<p>In addition to requirements for non-calendar year plan relief, an employer is eligible for non-calendar-year relief if it:</p> <ul style="list-style-type: none"> <li>(1) had at least 1/4 of its employees enrolled in health coverage under the non-calendar year plan as of any date in the 12 months ending on February 9, 2014; or</li> <li>(2) offered health coverage under the non-calendar year plan to at least 1/3 of its employees during the open enrollment that ended most recently before February 9, 2014</li> </ul>	<p>An employer may treat the employee (and his or her dependents) for purposes of section 4980(a) penalties as having been offered health coverage for the months in 2015 prior to the 2015 plan year, provided that the employer does offer coverage to all but 5% (or 30%, if applicable) full-time employees and their dependents by the first day of the 2015 plan year.</p>

**Qualifying offer:** An offer of MEC to one or more full-time employees that meets minimum value and affordability guidelines and includes an offer of coverage for the employee's family.

**4980(a) Penalty:** Assessed on an ALE that fails to offer it's full-time employees (and their dependents) the opportunity to enroll in Minimum Essential Coverage and at least one full-time employee has been certified as enrolled in Exchange coverage and received a premium tax credit or cost-sharing reduction.

**4980(b) Penalty:** Assessed on an ALE that offer it's full-time employees (and their dependents) the opportunity to enroll in Minimum Essential Coverage and one or more full-time employees have been certified as enrolled in Exchange coverage and received a premium tax credit or cost-sharing reduction.

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## 2015 PENALTY TRANSITION RELIEF FOR ALEs: Non-Calendar Year (continued)

TYPE OF RELIEF	REQUIREMENT	AVAILABLE RELIEF
<p><b>Non-Calendar Year Plans</b></p> <p><b>Significant Percentage Relief for Treatment of Employees Not Eligible for Coverage (Full-Time Employees)</b></p>	<ul style="list-style-type: none"> <li>» Employer maintained a non-calendar year plan as of 12/27/12 and did not modify it to begin after this date</li> <li>» Employee must be offered coverage no later than the first day of the 2015 plan year under the eligibility terms of the plan as in effect on February 9, 2014</li> <li>» Relief is indicated for purposes of determining whether to put an "X" in the Yes checkbox on lines 23-35, column (a) of Form 1094-C for months in 2015 prior to the beginning of the non-calendar plan year</li> </ul>	<p>An employer may treat the employee (and his or her dependents) for purposes of section 4980(a) penalties as having been offered health coverage for the months in 2015 prior to the 2015 plan year and will not be subject to an assessable penalty under Section 4980(a) for those months provided that the employer does offer coverage to all but 5% (or 30%, if applicable) full-time employees and their dependents by the first day of the 2015 plan year.</p>
<p><b>Non-Calendar Year Plans</b></p> <p><b>Employer Shared Responsibility</b></p>	<ul style="list-style-type: none"> <li>» Meets the requirements described in Non-Calendar Year Plans relief</li> <li>» Coverage offered to employee by beginning of 2015 plan year was affordable and provided minimum value</li> <li>» Report the relief eligibility on line 16, code 21 for each applicable full-time employee on Form 1095-C</li> </ul>	<p>An employer may treat the employee for purposes of section 4980H(b) penalties as having received a Qualifying Offer for the months prior to the 2015 plan year.</p>

**Qualifying offer:** An offer of MEC to one or more full-time employees that meets minimum value and affordability guidelines and includes an offer of coverage for the employee's family.

**4980(a) Penalty:** Assessed on an ALE that fails to offer its full-time employees (and their dependents) the opportunity to enroll in Minimum Essential Coverage and at least one full-time employee has been certified as enrolled in Exchange coverage and received a premium tax credit or cost-sharing reduction.

**4980(b) Penalty:** Assessed on an ALE that offer its full-time employees (and their dependents) the opportunity to enroll in Minimum Essential Coverage and one or more full-time employees have been certified as enrolled in Exchange coverage and received a premium tax credit or cost-sharing reduction.

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