

ACA Employer Reporting Guide

October 2023

Table of Contents

HOW TO USE THIS GUIDE..... 3

ACA EMPLOYER REPORTING BASICS..... 4

UNDERSTANDING FORM 1094 7

UNDERSTANDING FORM 1095 9

IRS RECONCILIATION..... 18

APPENDIX A – STATE INDIVIDUAL MANDATE REPORTING 20

APPENDIX B – 1095-C, PART II AND PART III EXAMPLES..... 21

While every effort has been taken in compiling this information to ensure that its contents are totally accurate, neither the publisher nor the author can accept any liability whatsoever for any inaccuracies or changed circumstances of any information herein or for the consequences of any reliance placed upon it. This publication is distributed on the understanding that the publisher is not engaged in rendering legal, accounting or other professional advice or services. Readers should always and without exception seek professional advice before entering into any commitments.

How to Use This Guide

This guide contains instructions, examples, and practical hints employers can use to comply with the Affordable Care Act (ACA) employer reporting requirements and is designed to assist employer plan sponsors in understanding those requirements. It does not address reporting requirements that apply to health insurance companies or state or federal health insurance Marketplaces.

Many employers will use a third-party vendor such as a benefits administration provider, payroll vendor, or HRIS system to assist with reporting requirements. The problem many employers face is that in most cases, no single vendor or system contains all the information necessary to complete the reporting. Therefore, it may be necessary to share information between systems or to import data into the system chosen to track information for reporting purposes. Whatever method or system the employer uses to handle the reporting, it is important for employers to track necessary information throughout the year.

To help employers understand the reporting process at a higher level, we have intentionally omitted some of the more specific rules that apply to various situations. The IRS has published detailed line-by-line instructions for all versions of Forms 1094 and 1095. Employers should use this guide as a companion to official IRS instructions, which should be consulted for more information regarding specific reporting details.

Employers may find it useful to have a copy of the IRS instructions and copies of the actual 1094-C and 1095-C for reference purposes when reviewing this guide.

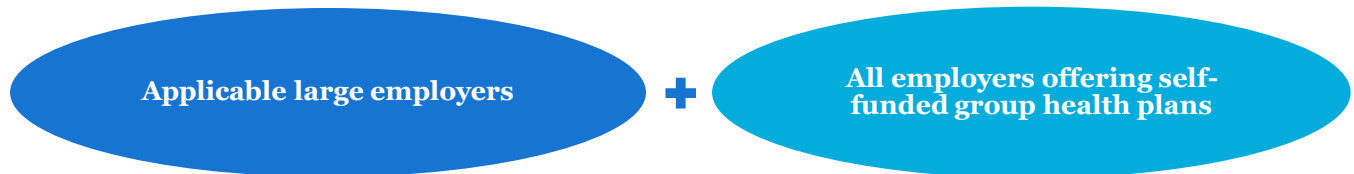
The latest versions, instructions, and additional information can be found on the IRS website at:

- <https://www.irs.gov/forms-pubs/about-form-1094-c>
- <https://www.irs.gov/forms-pubs/about-form-1095-c>
- <https://www.irs.gov/forms-pubs/about-form-1094-b>
- <https://www.irs.gov/forms-pubs/about-form-1095-b>

ACA Employer Reporting Basics

Certain employers, plan sponsors, and insurers are required to report health plan information and participant coverage data to the IRS. The IRS uses this information to administer and regulate various aspects of the ACA, including an individual's eligibility for a premium tax credit when purchasing health insurance through a public Marketplace and the §4980H employer shared responsibility rules.

Who Must Report?



Applicable Large Employers (ALEs)

All ALEs (generally those with at least 50 full-time equivalents (FTEs)) are required to comply with some portion of the reporting requirements. ALEs who sponsor self-funded group health plans are subject to additional individual participant coverage reporting. When multiple employers are part of an aggregated employer group (according to §414 Controlled Group and Affiliated Service Group rules), ALE status is based on the total number of FTEs across all employers who are members of the aggregated group. Each employer who is a member of an aggregated ALE group with 50 or more FTEs must report even if the particular member employer would not be considered an ALE on its own.

Employers Offering Self-Funded Group Health Plan Coverage

Small employers who do not meet the definition of an ALE (and who are not part of an aggregated ALE group) must report participant coverage information to the IRS if they sponsor a self-funded or level-funded group health plan. However, small employers who offer only fully-insured plans, or no coverage at all, are not subject to the reporting requirements. Health insurance companies will report individual participant coverage details to the IRS for fully-insured plans.

****Level-funded or partially self-funded plans are generally treated as self-funded for reporting purposes. Employers offering such plans should assume that coverage reporting is required unless the carrier specifically promises to handle it on behalf of the plan.*

Timing of Reporting

| | |
|-----------------------|--|
| IRS Submission | <ul style="list-style-type: none">•February 28, 2024 (if filing by mail)•April 1, 2024 (if filing electronically) |
| Copies to Individuals | <ul style="list-style-type: none">•March 1, 2024 |

Employer reporting is required annually and is done early in the year for the previous calendar year. Reporting is always based on calendar year data (even for employers with a non-calendar year medical plan). Annual employer returns must be mailed to the IRS by the last day of February (February 28, 2024); the deadline is extended to April 1, 2024 if the forms are filed electronically. NOTE: An extension of 30 days is available if the employer requests an extension by filing Form 8809 on or before the normal filing deadline.

Corresponding employee and participant statements must be provided by March 1, 2024. The 1095 can be provided by hand delivery, by mail, or can be provided electronically if consent is obtained from the individual to receive the 1095 electronically.

Electronic Filing Requirements (New for 2023 Reporting)

Beginning with the 2023 reporting, employers who file 10 or more tax forms must file the returns electronically (previously only those filing 250 or more forms were required to file electronically). The count includes not only Form 1094-C and Form 1095-Cs, but also any other information tax returns the employer may file during the year (e.g., 1099 series), and therefore, almost all employers will be required to file the returns electronically. This is also true for any corrections that may need to be filed. The IRS developed Pub. 5165, Affordable Care Act (ACA) Information Returns (AIR) Guide for Software Developers and Transmitters, which outlines the communication procedures, transmission formats, business rules, and validation procedures for returns filed electronically. However, most employers do not directly file electronically with the IRS themselves; most use the services of a vendor or use payroll or reporting software that handles the electronic transmittal to the IRS on their behalf.

Format for Reporting

In general, the reporting process works in much the same way as current W-2 reporting. A 1095-C or 1095-B is prepared for each full-time employee and/or covered participant to send to the IRS, with a copy provided to the employee/participant. The exact information required to be provided to the IRS depends on a number of factors. Of particular relevance is whether the employer plan is self-funded or fully-insured.

In addition to providing a 1095 for each full-time employee and covered individual, employers must file with the IRS at least one 1094-C or 1094-B that provides summary employer and plan information (i.e., a cover sheet or transmittal form to accompany all of the 1095s).

ALEs

File a Form 1094-C and Form 1095-Cs for each full-time employee

- All ALEs must file. The carrier will never handle this reporting on behalf of an employer.
- Forms should be prepared on a per EIN basis, even for ALEs who are part of an aggregated ALE group.

Self-Funded Plans

File a Form 1094-B or C and Form 1095-Bs or Cs for covered individuals

- Small employers (<50 employees) use 1094-B and 1095-Bs.
- ALEs generally use 1094-C and 1095-Cs (Part III). ALEs may use 1094-B and 1095-Bs instead of the “C” forms to report coverage for “non-employees” such as COBRA participants, owners or retirees.
- The 1095 can be prepared for the primary subscriber and include covered dependents.

The following table outlines which parts of each form apply based on the size of employer and the plans offered. Note that an ALE who offers both a fully-insured and a self-funded plan to employees will complete different portions of the 1095-C depending on which plan the individual selected.

| ALE Offering a Fully-Insured Plan | ALE Offering a Self-Funded Plan |
|--|--|
| Form 1094-C (all parts) Form 1095-C (Parts I and II) <ul style="list-style-type: none"> • Part I – Employee & Employer Info • Part II – Offer of Coverage Info <i>*Insurance carrier will report coverage information for the fully-insured plan on “B” forms</i> | Form 1094-C (all parts) Form 1095-C (Parts I, II and III) <ul style="list-style-type: none"> • Part I – Employee & Employer Info • Part II – Offer of Coverage Info • Part III – Covered Individual Info |
| Small Employer Offering a Fully-Insured Plan | Small Employer Offering a Self-Funded Plan |
| No reporting required by the employer <i>*Insurance carrier will report coverage information for the fully-insured plan on “B” forms</i> | Form 1094-B Form 1095-B (Parts I, III and IV) |

Consequences for Failure to Report

The 2023 penalty for failure to file, filing late, or filing incorrect information with the IRS is \$310 per form up to \$3,783,000. The penalty may double if there is also a failure to provide copies of 1095s to full-time employees and covered individuals. The penalty is reduced to \$60 per form if correct forms are submitted within 30 days of the reporting deadline, and \$120 per form if correct forms are submitted by August 1 of the year in which the filing is due.

There was previously forgiveness available to those who made mistakes (e.g., inaccurate or incomplete reporting) if it was clear that a good faith effort was made to comply. This relief is no longer available, so employers should make sure the reporting is as complete and accurate as possible.

State Coverage Reporting

A handful of states (CA, MA, NJ and RI) and D.C. have implemented individual coverage mandates requiring residents to have minimum essential coverage or to pay a state tax penalty. To enforce these mandates, these states require group health plans, both fully-insured and self-funded, to report coverage information to the states. Employers offering group health plans with covered individuals residing in such states may be required to send in reporting to the state tax department in addition to the coverage information submitted to the IRS. See more detail in **Appendix A**.

Understanding Form 1094

Overview

Employers are required to submit at least one 1094 when sending 1095s to the IRS for all full-time employees and covered individuals. It may be helpful to think of the 1094 as the “cover sheet” to the 1095s the employer is submitting to the IRS. The 1094-C is used by ALEs to report summary information to the IRS and to transmit the employer’s 1095-Cs to the IRS. The simpler 1094-B is generally used by small employers (who are not ALEs) who sponsor a self-funded group health plan. This guide does not specifically address the 1094-B.

Form 1094-C Parts

The 1094-C has four parts that must be completed by the employer.

Part I

Basic employer information, including name, EIN number, address, contact information, etc.

Part II

Additional information on the employer, including:

- Total number of 1095s filed on behalf of the employer (Line 20);
- Indication of whether the employer is part of an aggregated ALE group based on §414 Controlled Group and Affiliated Service Group rules (Line 21); and
- Certification by the employer that it met certain offer of coverage requirements (Line 22). The employer checks any box in this line that applies to the employer. The employer is not required to check any of the boxes, or may check more than one if applicable. Checking one or more boxes allows the employer to take advantage of some simplified reporting methods. Box A indicates the employer meets the requirements for the “qualifying offer method”. Box D indicates the employer meets the requirements for the “98% offer method”. Boxes B and C are reserved and not used for 2023 reporting.

Qualifying Offer Method

The employer made a qualifying offer of coverage to one or more employees for all months during the year in which the employee was a full-time employee to whom a §4980H penalty could apply. A “qualifying offer” is made when an employer offers a minimum value plan at a cost to the employee for single coverage of less than 9.5% (indexed annually—9.12% in 2023) of FPL, approximately \$103/month in 2023, and offers at least minimum essential coverage (MEC) to spouses and children. Use of this method:

- Allows the employer to use code 1A on Line 14 and to skip completing Line 15. Completion of Line 16 is optional.
- Allows the employer to use a simplified alternative statement for any employees that received a qualifying offer for all 12 months (instead of a copy of the 1095-C) so long as they were not enrolled in a self-funded plan. However, even if the employer meets this requirement, the employer must still provide a 1095 to the IRS and cannot use it for those who enrolled in the employer’s self-funded plan, so it is likely easier for employers to provide a copy of the 1095 to all applicable employees.

98% Offer Method

The employer offered a minimum value plan to at least 98% of employees for whom a 1095-C is being filed that was affordable based on any of the affordability safe harbors (i.e., Form W-2, rate of pay, or FPL), and at least MEC was offered to the employees' dependents. Use of this method:

- Allows the employer to skip providing the number of full-time employees in Part III column (b) of the 1094-C.
- Allows the employer to report on all employees receiving a 1095-C without designating who is full-time and who is part-time (advantageous for employers who offer coverage to part-time employees). A 1095-C is still required for any employee who met the definition of full-time, so an employer should verify for any employee that is not receiving a 1095-C that the employee was truly part-time.

Part III

This section is used to report aggregate employer information for each month of the calendar year, including:

- **Column (a)** – Whether the employer offered MEC to substantially all (i.e., 95%, or all but 5, if greater) full-time employees and their dependents (children) for each month in the calendar year. **If Column (a) does not have “yes” marked for all 12 months, the IRS may assess a §4980H(a) penalty if any full-time employee received a premium tax credit toward individual Marketplace coverage.**
- **Column (b)** – The total number of full-time employees for each month.
 - The number of full-time employees will depend on the method the employer uses to define “full-time” for §4980H purposes. In general, §4980H defines a full-time employee as an employee with at least 130 hours of service in a month, but employers may also choose to use the look-back measurement method, averaging hours of service over 3-12 months.
- **Column (c)** – Total employees (both full-time and part-time) employed for each month.
 - The employer may pick either the first or the last day of the month, the first or the last day of the first payroll period for the month, or the 12th day of the month to report total employees.
- **Column (d)** – An indication of whether the employer was part of an aggregated ALE group based on the §414 Controlled Group and Affiliated Service Group rules for each month. This needs to be completed only if the employer marked “yes” on Line 21.
- **Column (e)** – Reserved (not used for 2023 reporting).

Part IV

An employer who is part of an aggregated ALE group must list other employer members of the group in Part IV (name and EIN). Only ALE members with at least 1 full-time employee must be listed. ALEs that are not part of a larger aggregated ALE group should leave Part IV blank.

Other 1094-C Reporting Issues

- Most often, employers will provide the IRS with a single 1094 in conjunction with all 1095s, but an employer could attach multiple 1094s – for example, for each department or division. If separate 1094s are submitted with the 1095s, the employer must identify one 1094 as the employer’s “authoritative transmittal” on Line 19 and provide the total count of 1095s on Line 20. Parts II, III, and IV of the 1094 are completed only on the authoritative transmittal.
- Each employer (each EIN) who is a member of an aggregated ALE group is responsible for submitting a separate 1094 authoritative transmittal and reporting for the employees of that particular employer. In addition, when determining whether coverage was offered to at least 95% of full-time employees and dependents for each month, the determination is made separately for each employer (not for the aggregated ALE group combined).

Understanding Form 1095

Overview

ALEs must provide a 1095 to any employee who was employed full-time for any month during the calendar year. A 1095 must also be provided to any individual (including non-employees) who participated in a self-funded group health plan during the year. For employees who are part-time all year and not covered under a self-funded plan, no reporting is required.

The 1095-C is used by ALEs for all full-time employees and for any non-full-time employee or non-employee covered by an ALE's self-funded plan.

The 1095-B is used by small (non-ALE) employers who sponsor self-funded plans and can optionally be used by ALEs to report for non-employees (such as retirees, COBRA participants, non-employee owners or board members, etc.) covered by the ALE's self-funded plan.

ALEs use the 1095-C for most reporting purposes, so this guide will focus on the 1095-C requirements. ALEs who choose to use the 1095-B for non-employees with self-funded coverage and small employers with self-funded plans should refer to IRS 1095-B instructions.

TIP: Determining Full-Time Employee Status

To understand which employees require offer of coverage reporting in Part II of the 1095-C, the employer must determine which employees were full-time for each month. Below are several tips to assist in this determination:

- Make sure to count all hours of service, which include any time paid or payable with U.S.-source income, including vacation, sick time and paid time off.
- ALEs must choose a measurement method (monthly or look-back) and use it consistently. The rules only permit differentiating the measurement method for the following categories: (i) hourly and salaried; (ii) union and non-union; (iii) different geographic locations; or (iv) different entities within the same aggregated ALE group.
 - Under the monthly measurement method, employees with 130 or more hours of service in a month are full-time.
 - Under the look-back measurement method, employees who averaged full-time hours during the previous measurement period are generally full-time for the entire corresponding stability period, even if there is a reduction in hours or leave of absence. There is a small exception beginning the 4th month following a change to part-time status for regular full-time employees who were not subject to an initial measurement period and who meet other criteria.
- The break in service rules, which apply for both the monthly and look-back measurement methods, require that employees returning from a break in service of <13 weeks (<26 weeks for educational organizations) be treated as continuing employees and not subject to a new waiting period or initial measurement period.
- For aggregate ALE groups, any employees averaging 30 or more hours per week across the entities are considered full-time. For reporting, the entity that employed the employee for the most hours in any month should report the employee as full-time for that month. So, for example, if the employee primarily works at one entity, but puts in a few hours each month at another entity, the employee would be claimed and reported by just the one entity. However, if the employee moves amongst the entities, the entity reporting the employee as full-time may vary from month-to-month.

Form 1095-C Parts

The 1095-C contains three parts, but not all employers must complete all three parts. The specific information required depends on whether the plan is fully-insured or self-funded.

Part I

- Basic employee and employer information including names, taxpayer ID numbers, address, contact information, etc.

Part II

- Used to report the plan year, offers of coverage, employee contribution requirements, and employer safe harbors (applicable to that employee) for each month of the calendar year.

Part III

- Used to provide monthly details on covered individuals (including spouses and dependents) covered by the self-funded plan during the calendar year. Data includes name, SSN (or DOB if SSN is not available), and an indication of the calendar months for which the individual was covered by the self-funded plan.

ALEs who sponsor fully-insured plans must complete Parts I and II of the 1095-C, but are not required to complete Part III (which details the coverage provided on a monthly basis). The carrier providing the fully-insured coverage will submit a separate 1095-B to the IRS for any individuals covered under the fully-insured plan and provide a copy of the 1095-B to covered individuals.

ALEs who sponsor self-funded plans are required to fill out Parts I & II for all full-time employees, and all three parts (I, II, and III) of the 1095-C for individuals who are covered by a self-funded plan.

ALEs who sponsor both fully-insured and self-funded plans are required to fill out Parts I & II for all full-time employees, and Part III only for individuals who are covered by a self-funded plan.

1095-C Part I

Much of the information required in Part I of the 1095-C is basic employer and employee information such as address, contact information, EIN, etc., and it is not difficult for employers to complete this section.

1095-C Part II (Lines 14 – 17)

Part II is more challenging for many employers in that it requires employers (or their vendors) to develop the systems and processes necessary to keep track of employee-related information on a month-by-month basis. In addition to the details for each line provided below, see **Appendix B** for a variety of coding examples based on some of the most common reporting scenarios.

Employee Age & Plan Start Month

There is a box in the beginning of Part II that asks for the employee's age as of January 1 and for the plan start month.

- Reporting of the employee's age is required only if the employee was offered an individual coverage HRA (ICHRA). If the employee was offered an ICHRA, enter the employee's age as of January 1, 2023.
- The plan start month for the employer's group health plan must be reported on all 1095-Cs. The plan start month should reflect the beginning of the employer's group medical plan year, not necessarily the first month the employee was offered coverage.

Line 14 – Offer of Coverage

Employers must use one of the IRS defined codes to report on Line 14 the type of offer of coverage made to the employee. There must be a code for each of the 12 months regardless of whether the individual was employed for all 12 months or was offered coverage. If one code applies for the entire 12 months, the code may be entered once in the “all 12 months” column, or, alternatively, can be entered in the column for each of the 12 months separately. Nothing on Line 14 signifies whether an employee actually elected coverage. This line represents only whether an offer of coverage was made.

Offer of Coverage Tips

Most employers will only use two offer codes - 1H for the months coverage was not offered, and 1__ (the code that describes the employer’s offer of coverage) for the months that coverage was offered. The offer code does not vary based on whether the employee has a spouse or dependents, or which tier of coverage the employee enrolled in.

An offer of coverage is valid for the month only if coverage was available for every day during that month, so a month that an employee was eligible for only a portion of the month should be coded with 1H. Similarly, an employee in a waiting period or initial measurement period, prior to the coverage effective date, is not treated as being offered coverage, and should be coded with 1H for such months.

An offer of coverage that is waived may be treated as an offer of coverage for up to 12 months. Employees who waived at open enrollment, or when first eligible during the plan year, may generally be treated as having been offered coverage for the whole plan year.

An offer of COBRA is treated as an offer of coverage if the employee is still employed. For example, employees who were offered COBRA following a reduction in hours may be treated as having been offered coverage for the remainder of that plan year. However, the offer code should reflect only the individuals who were offered COBRA.

The following chart lists the available codes. Codes 1L – 1U are for an individual coverage HRA (ICHRA).

| Code | Description |
|---------|--|
| 1A | Qualifying Offer of Coverage – Offer of MV coverage to Employee at a cost for single coverage of less than 9.12% (in 2023) of FPL, and at least MEC offered to Spouse and Children |
| 1B | Offer of MV coverage to Employee only |
| 1C | Offer of MV coverage to Employee + at least MEC offered to Dependent (but not Spouse) |
| 1D | Offer of MV coverage to Employee + at least MEC offered to Spouse (but not Dependents) |
| 1E | MV coverage offered to Employee + at least MEC offered to Spouse & Dependents |
| 1F | MEC that is not MV offered to Employee |
| 1G | Self-funded plan offered to part-time Employee or Non-Employee |
| 1H | No offer of coverage |
| 1I | Reserved |
| 1J | Offer of MV to Employee + at least MEC conditionally offered to Spouse (but not Dependents) |
| 1K | Offer of MV to Employee + at least MEC offered to Dependents + at least MEC conditionally offered to Spouse |
| 1L | Individual coverage HRA (ICHRA) offered to Employee only with affordability determined by using Employee’s primary residence |
| 1M | Individual coverage HRA (ICHRA) offered to Employee + Dependent (but not Spouse) with affordability determined by using Employee’s primary residence |
| 1N | Individual coverage HRA (ICHRA) offered to Employee, Spouse & Dependent with affordability determined by using Employee’s primary residence |
| 1O | Individual coverage HRA (ICHRA) offered to Employee only with affordability determined by using Employee’s primary site of employment |
| 1P | Individual coverage HRA (ICHRA) offered to Employee + Dependent (but not Spouse) with affordability determined by using Employee’s primary site of employment |
| 1Q | Individual coverage HRA (ICHRA) offered to Employee, Spouse & Dependent with affordability determined by using Employee’s primary site of employment |
| 1R | Individual coverage HRA (ICHRA) offered that is not affordable |
| 1S | Individual coverage HRA (ICHRA) offered to part-time Employee or Non-Employee |
| 1T | Individual coverage HRA (ICHRA) offered to Employee + Spouse (but not Dependents) with affordability determined by using Employee's primary residence |
| 1U | Individual coverage HRA (ICHRA) offered to Employee + Spouse (but not Dependents) with affordability determined by using Employee's primary site of employment |
| 1V – 1Z | Reserved |

Line 15 – Employee Contribution

If an employer offered minimum value coverage to the employee, and the employer is not using the qualifying offer method for reporting (i.e., code 1A on Line 14), Line 15 must be completed indicating the monthly employee contribution (dollars and cents). If the amount is the same for the entire 12 months, the amount may be entered once in the “all 12 months” column, or, alternatively, can be entered in the column for each of the 12 months separately.

Line 15 does not need to be completed if the employer uses code 1A, 1F, 1G, 1H, or 1S on Line 15. If the employer entered code 1A (indicating a qualifying offer) on Line 14, then nothing should be included on Line 15 since 1A indicates that the employer offered the employee a minimum value plan that cost less than 9.5% (indexed annually—9.12% in 2023) of FPL.

Line 15 should reflect the amount the employee must contribute to enroll in single minimum value coverage. The employee contribution is determined differently depending upon whether the employee is offered a traditional

group medical plan or an individual coverage HRA (ICHRA). Note: If COBRA was offered, the employee contribution should reflect the cost of single COBRA coverage.

Employee Contribution for a Traditional Group Medical Plan

The employer should enter the amount of the employee's share of the lowest-cost monthly premium for self-only minimum value coverage that was offered to the employee (single coverage). If an employee was offered more than one plan option, the employer should use the lowest-cost minimum value plan offered to the employee, not the plan the employee actually chose. When the employee contribution varies by employee (e.g., age-banded rates, different contributions by class, or determined by the employee's salary), it is necessary to calculate the employee contribution that applies separately for each full-time employee and report accordingly.

To determine the monthly employee contribution, an employer may divide the total employee contribution for single coverage for the plan year by the number of months in the plan year. For example, if the plan year begins January 1, the employer may determine the amount to report for each month by taking the total annual employee contribution for single coverage for all 12 months and dividing by 12. If the plan year begins April 1, the employer may determine the amount to report for January through March 2023 by taking the total annual employee contribution for the plan year ending March 31, 2023 and dividing by 12; and the amount to report for April through December 2023 may be determined by taking the total annual employee contribution for the plan year ending March 31, 2024 and dividing by 12.

It is also necessary to consider the following factors when calculating the employee contribution:

- **HSAs** – Contributions to a health savings account (HSA) do not affect the employee contribution.
- **HRAs** – Employer funding of a health reimbursement arrangement (HRA) offered alongside a traditional group health plan is typically not available to reimburse medical premiums (the HRA is more often designed to offset plan cost-sharing), in which case the HRA funding may count toward determining minimum value, but it does not impact (or reduce) the employee contribution for purposes of determining affordability.
- **Flex Credits** – Flex credits (or defined contributions) restricted to health coverage (e.g., medical, dental, vision, or health FSA) will decrease the employee contribution, but flex credits that can be used for non-health coverage do not decrease the employee contribution. For example, if the employer makes \$300/month available via flex credits, and the employee's cost for single medical coverage is \$500/month:
 - If the flex credit may be used only toward the medical, dental or vision premiums or a health FSA, the monthly employee contribution for Line 15 is \$200 (\$500 - \$300).
 - However, if in addition to the options mentioned above, the employee may use the \$300 toward life, disability, DCAP or taken as cash, the monthly employee contribution for Line 15 is \$500.
- **Opt-Out Credits** – If the employee has the option to either enroll in coverage or receive an amount as taxable cash (an opt-out or waiver incentive), this cash option may increase the employee contribution if the opt-out credit is “unconditional” (i.e., available to all who opt out of medical coverage rather than being limited to those who are enrolled in other group health coverage). For example, when the employee cost for health coverage is \$125 per month, but there is an unconditional opt-out credit of \$50 per month if coverage is waived, the employee contribution for affordability purposes is \$175 (\$125 + \$50). Transition relief is available to unconditional opt-out arrangements that were in place prior to December 16, 2015.
- **Wellness Incentives** – Affordability is determined assuming the individual fails to satisfy any wellness requirements, UNLESS it is tobacco-related. For example, if the required employee contribution for the month is \$200, and the potential wellness incentive reduces the cost to \$150:
 - If the incentive is not tobacco-related, \$200 (not \$150) should be reported on Line 15.
 - If the incentive is tobacco-related, \$150 (not \$200) should be reported on Line 15.

Employee Contribution for an Individual Coverage HRA (ICHRA)

An ICHRA that is “affordable” will automatically be considered minimum value so long as the ICHRA is available to reimburse individual health coverage and Medicare premiums (not just qualifying medical expenses other than premiums).

The affordability of an ICHRA is tied to the lowest cost silver plan available on the public Marketplace, which will vary by the employee’s age and location. The employee contribution is the excess of the monthly premium for the lowest cost silver plan over the monthly ICHRA amount (i.e., lowest cost silver plan – monthly ICHRA amount). To make it easier to determine affordability, the IRS provided several safe harbors:

- **Age** – Affordability can be based on the employee’s age on the first day of the plan year, or when the employee is first eligible for the ICHRA, to avoid having to make adjustments for age changes during the plan year. For a non-calendar year plan, affordability may be determined using a different age from what is listed at the beginning of Part II of the 1095-C.
- **Location** – The employer may choose to use the lowest cost plan available where the employee resides or the employee’s primary site of employment. An employee’s primary site of employment is the location at which the employer reasonably expects the employee to perform services, which may be the employee’s residence if the employee does not have a particular assigned office space or a worksite to which to report.
- **Look-Back Month** – An employer with a calendar year plan may use the monthly premium for the lowest cost silver plan for January of the prior calendar year. An employer with a non-calendar year plan may use the monthly premium for the lowest cost silver plan for January of the current calendar year.
- **Non-Tobacco Rates** – As with traditional group health plans, affordability is based on plan premiums applicable to non-tobacco users.

Line 16 – Additional (Safe Harbor) Information

Employers may use one of eight codes to report additional information about the status of employees on Line 16. This line does not always have to be completed; the employer enters a code only if one applies to the employee for that particular month. The purpose of this line is to provide the IRS with additional information that will help the agency more accurately assess liability for employer shared responsibility payments and individual tax liability. **If a code does not apply for Line 16, it suggests a possible risk of penalty under §4980H rules.**

The following chart lists the available codes.

| Code | Description |
|-----------|--|
| 2A | Employee not employed any day that month |
| 2B | Employee part-time or coverage not offered for the entire month due to termination of employment |
| 2C | Employee enrolled in coverage – Spouse and Dependent enrollment is not relevant; it is used to report the Employee’s enrollment only (use this code before any codes other than 2E) |
| 2D | Limited non-assessment period (e.g., first partial month of employment, waiting period or initial measurement period) |
| 2E | Multiemployer/union plan interim rule relief (an Employer taking advantage of the multiemployer transition relief uses this code in place of all other codes) |
| 2F | Employer using the Form W-2 affordability safe harbor |
| 2G | Employer using the Federal Poverty Line (FPL) affordability safe harbor |
| 2H | Employer using the Rate of Pay affordability safe harbor |
| 2I | Reserved |

Additional Line 16 Guidance:

If an employee elected coverage for the month, the employer should use code 2C (enrolled in coverage) even if other codes may also apply.

If the employee was in a waiting period, or an initial measurement period, but was offered coverage at the end of such period, use code 2D. Code 2D is also used in the first partial month of employment, or upon rehire or return from a leave of absence.

If the employee was offered coverage and waived, enter the applicable affordability safe harbor code (i.e., 2F, 2G, or 2H), or leave it blank if none apply. There is no specific code to indicate a waiver of coverage. Line 16 is left blank when a full-time employee is offered coverage, but does not participate in the plan, and the employer cannot use any of the affordability safe harbors.

If the employer is using code 1A on Line 14, use of any applicable code on Line 16 is optional (not necessary).

ALEs that have union employees are required to report on any such employees that are full-time. For any month in which the employer enters code 2E on Line 16 (indicating that the employer was required to contribute to a multiemployer plan on behalf of the employee for that month and therefore is eligible for multiemployer interim rule relief), the employer should use code 1H on Line 14. Code 1H may be used regardless of whether the employee was eligible to enroll in coverage under the multiemployer plan. To take advantage of the multiemployer interim rule relief, the employer must obtain assurance from the plan administrator that the plan offered provides minimum value and is affordable. NOTE: Even if the union employee is coded as not being offered coverage on Line 14 (i.e., code 1H), the employee may be treated as being offered coverage for purposes of determining whether coverage was offered to at least 95% of full-time employees if the multiemployer interim rule relief applies.

Understanding Affordability

Coverage is “affordable” for purposes of satisfying §4980H(b) requirements if the required employee contribution reported on Line 15 (for single coverage under the lowest cost minimum value plan offered) does not exceed a set percentage of the employee’s household income or one of the affordability safe harbors. The affordability percentage is based on the employer’s medical plan year. For plan years beginning in 2022, the applicable percentage is 9.61%; and for plan years beginning in 2023, the applicable percentage is 9.12%. For example, an employer with a July – June plan year would use 9.61% for January – June 2023 and 9.12% for July - December 2023.

Employers may use any of the affordability safe harbors for any reasonable category of employees, provided the same safe harbor is used on a uniform and consistent basis for all employees in a category. The regulations provide that reasonable categories for this purpose generally include specified job categories, nature of compensation (hourly or salary), geographic location, and similar bona fide business criteria. The following are the three affordability safe harbors:

- FPL - Employee contribution does not exceed 9.12% of FPL for a single individual.
- Rate of Pay - Employee contribution does not exceed 9.12% of hourly rate x 130 (or monthly salary).
- Form W-2 - Employee contribution does not exceed 9.12% of 2023 Box 1 wages.

Line 17 – Zip Code Information for ICHRAs

An ALE who offers an ICHRA to an employee must complete Line 17 on the employee’s 1095-C. If the employee was not offered an ICHRA, Line 17 should be left blank. The zip code entered on Line 17 should reflect the zip code used by the employer to determine affordability for the ICHRA:

- Enter the ZIP code of the employee’s residence if Code 1L, 1M, 1N or 1T is used for Line 14.

- Enter the ZIP code of the employee’s primary site of employment if Code 1O, 1P, 1Q or 1U is used for Line 14.

1095-C Part III (Employers Offering Self-Funded or Level-Funded Coverage)

ALEs who sponsor a self-funded health plan are also required to complete Part III of the 1095-C for all employees (full-time and part-time) AND non-employees who were covered by the self-funded plan for any month during the year. This generally includes self-funded or level-funded group major medical plans, as well as HRAs. However, the employer can ignore the HRA for reporting purposes if the HRA has the same plan year and the same plan sponsor as the major medical plan. An HRA integrated with a spouse’s employer’s group medical plan, or a stand-alone HRA (e.g., a retiree HRA) may require reporting. In addition, an ICHRA is a self-funded group health plan subject to coverage reporting requirements. A qualified small employer (QSEHRA) is not subject to reporting.

Part III is not completed for individuals who are covered by a fully-insured plan. Insurance carriers will provide individuals covered by a fully-insured plan with a separate 1095-B coverage statement.

Part III is used by employers to report coverage-related information for all covered individuals, including employees, non-employees, spouses, and dependents. However, each covered individual does not receive his or her own 1095; rather, a 1095 is generally provided to the primary subscriber or responsible individual (e.g., the employee) and then the dependents are listed on the same form.

If Part III is completed for individuals who enrolled in self-funded coverage, place an X in the box at the top of Part III. Then, for each individual covered by the self-funded plan, the employer must provide the following data:

- Name;
- SSN (DOB may be used if SSN is not available, subject to rules described below); and
- Indication of whether the individual had coverage in the employer’s self-funded plan for each calendar month.

Other Part III Details

The employer should check the coverage box if an individual is covered for any day(s) during the month. This rule is different than the rule used for reporting on offer of coverage on Line 14 of Part II, where it is only considered an offer of coverage if the offer is available for the entire month.

When preparing a 1095-C solely to report self-funded coverage for individuals that were not full-time employees for any month of the year, use Code 1G in Part II for “all 12 months”, leave Lines 15 and 16 blank, and then complete Part III.

Employers must show that a reasonable attempt was made to acquire the SSNs of all covered individuals, including spouses and dependents, before using the DOB as an alternative. The IRS provided guidance on demonstrating that a reasonable attempt to acquire the SSN has been made. Employers should familiarize themselves with this guidance before choosing to use the DOB in column (c). Below is a high-level summary of the requirements to establish reasonable cause (the process differs slightly for missing versus incorrect information):

For a **missing TIN/SSN**, the following 3 steps are required:

1. Make an initial solicitation at the individual’s first enrollment (i.e., application for coverage submitted).
2. If the first solicitation is unsuccessful, make a second solicitation within 75 days of the initial solicitation.
3. If the second solicitation is unsuccessful, make a third solicitation by December 31 of the following year.

If the employer is not able to obtain a TIN/SSN using the above process, a DOB may be used instead, at least for spouses and dependents. However, the employer should maintain documentation showing that such process was followed.

For an **incorrect TIN/SSN** (typically discovered when the reporting is submitted and then returned with an error), the following three steps are required:

1. Make an initial solicitation at the individual's first enrollment (i.e., application for coverage submitted).
2. Assuming the initial solicitation took place and resulted in incorrect information, make a second solicitation by December 31 of the year in which the error is discovered.
3. If the second solicitation is unsuccessful, make a third solicitation by December 31 of the year following the first solicitation.

If at any point the employer discovers correct information, the 1095 should be corrected as soon as possible. But if the employer follows the process and is unable to obtain better information, there is nothing further to do other than to internally document the process for audit purposes.

IRS Reconciliation

The IRS is actively enforcing §4980H offer of coverage requirements and §§6055 and 6056 reporting requirements.

| Letter 5699 | Letter 226J | Letter 972CG |
|--|---|--|
| <ul style="list-style-type: none">• IRS is reaching out to employers who appear to be applicable large employers (based on Form W-2s filed) and did not report | <ul style="list-style-type: none">• IRS proposes assessments based on self-reporting of §4980H compliance and subsidized Marketplace enrollment | <ul style="list-style-type: none">• IRS is enforcing penalties for late, missed, or incorrect filings• Penalty is \$310/form for 2023 reporting |

Letter 5699

The IRS is reviewing the number of Form W-2s filed by employers each year. For employers who appear to be ALEs based on the number of Form W-2s filed, the IRS then checks to see if the 1094 and 1095s were submitted. If not, the IRS sends a Letter 5699 asking the employer to confirm status as an ALE, and also to confirm whether reporting was submitted.

The employer must then respond and indicate:

- The employer was not an ALE for the year.
- The employer was an ALE and submitted the reporting (this may require re-submitting the reporting).
- The employer was an ALE and will submit the forms (either with the response or as soon as they can be prepared).

Employers have 30 days to respond. It is possible to call or fax the IRS and request an extension if needed.

If the forms are not submitted, or are submitted late, the employer may then receive a Letter 972CG indicating that penalties of up to \$310/form are due (the penalty is doubled if the employer also failed to provide copies of the 1095s to full-time employees and covered individuals).

Letter 226J

ALEs must self-report via the 1094-C and 1095-Cs whether coverage was offered in accordance with §4980H requirements (the “employer mandate”). The IRS will consider the employer’s reporting alongside the list of employees who received subsidized coverage from a public Marketplace.

If an ALE indicates on its 1094-C that MEC was NOT offered to substantially all full-time employees for each month of the calendar year (in Part III, Column (a)), and the IRS finds at least one full-time employee received subsidized coverage from a public Marketplace, the IRS will assess a penalty under §4980H(a).

If an ALE indicates via coding on an employee’s 1095-C (Lines 14-17) that a full-time employee was not offered affordable minimum value coverage, and the IRS finds that same employee received subsidized coverage from a public Marketplace, the IRS will assess a penalty under §4980H(b) if the employer is not already subject to a penalty under §4980H(a) for the month.

If the IRS finds that a penalty is owed, the IRS will send the employer a Letter 226J proposing an assessment and offering an opportunity to appeal. You can find the IRS information page describing Letter 226J - <https://www.irs.gov/individuals/understanding-your-letter-226-j>.

Employers have 30 days to either pay the proposed assessment or appeal. It is possible to call or fax the IRS and request an extension if needed. Oftentimes there are misunderstandings as to offer of coverage requirements and

mistakes in handling the reporting requirements. We strongly recommend that employers work with their benefit advisors in responding to IRS Letter 226J.

You can also visit our support website for more information and assistance in appealing any proposed assessments – <https://benefitcomply.com/irspenaltysupport/>.

Letter 972CG

Employers that fail to file, file late, or file incorrect/incomplete forms with the IRS could face penalties of up to \$310/form (for 2023 filings) under §6721. In addition, failure to provide timely, complete and accurate 1095s to full-time employees and covered individuals could result in penalties of up to \$310/form (for 2023) under §6722. If the IRS finds that a penalty is owed, the IRS will send the employer a Letter 972CG proposing a penalty and offering an opportunity to appeal. You can find the IRS information page describing Letter 972CG here - <https://www.irs.gov/payments/information-return-penalties>.

No More Good Faith Relief

Through 2020 reporting, the IRS provided relief from the reporting penalties for failing to provide complete, correct information if it was clear the employer made a good faith effort to report and submitted the reporting on a timely basis. Beginning with the 2021 reporting, this good faith relief is no longer available, and the IRS could impose penalties of up to \$310/form for missing or inaccurate information on the 1094 or 1095s. Employers should be extra careful in reviewing and approving submissions to the IRS, whether the employer self-reports or obtains help from a vendor, to make sure the reporting is complete and matches employees' status and offer of coverage information for each month of the year.

We provide an employer reporting review service to help employers with this. You can find more detail here - <https://benefitcomply.com/employerreporting/>.

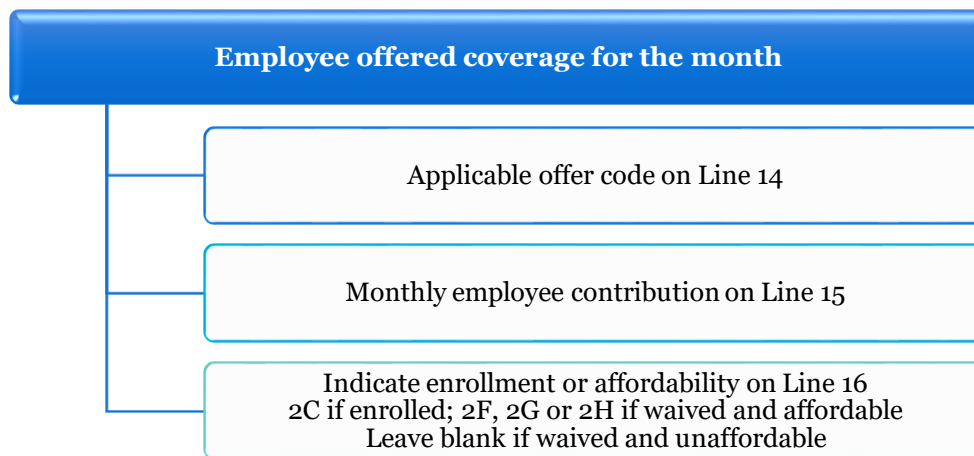
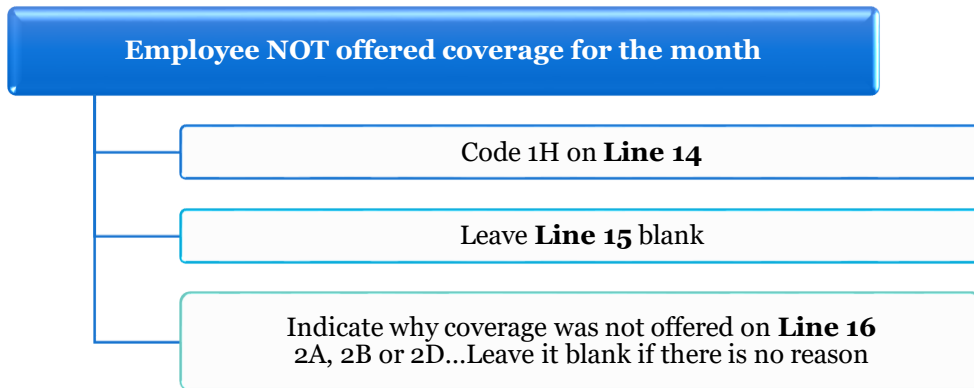
Appendix A – State Individual Mandate Reporting

The federal individual mandate tax was reduced to \$0, and therefore individuals without minimum essential coverage will not face a federal penalty, but several states have implemented their own individual mandates with associated penalties. To enforce state individual mandates, several states require employer coverage reporting similar to what is required at the federal level. High level details are captured in the table below.

| State/District | Form(s) Required | Filing Deadline | Penalties | More Information |
|--|--|--|-------------------------------------|---|
| California Employers that provide fully-insured or self-funded coverage to CA residents | Form 1094 and 1095s must be provided to the Franchise Tax Board (FTB), generally through the state's File Exchange (FX) System | 1095s to covered individuals January 31 Filing with the FTB March 31 | \$50 per applicable individual | https://www.ftb.ca.gov/file/business/report-mec-info/index.asp |
| Massachusetts Massachusetts employer or a non-Massachusetts employer who conducts business or maintains an office in Massachusetts | Form 1099-HC must be provided to employees, and a report that includes details about the 1099-HC must be provided to the Department of Revenue (DOR) | Form 1099-HC to employees January 31 Report to DOR March 31 | \$50 per individual, up to \$50,000 | https://www.mass.gov/service-details/health-care-reform-for-employers |
| New Jersey Employers that provide fully-insured or self-funded coverage to NJ residents | Form 1094 and 1095s must be provided to the Department of Revenue and Enterprise Services (DORES) via the secure filing system | 1095s to covered individuals March 2 DORES filing due March 31 | No penalty specified | https://nj.gov/treasury/njhealthinsurance/mandate/employers.shtml |
| Rhode Island Employers that provide minimum essential coverage to RI residents | Form 1094 and 1095s must be provided to the Division of Taxation (DOT) | 1095s to covered individuals March 2 DOT filing due March 31 | No penalty specified | https://tax.ri.gov/guidance/health-insurance-mandate |
| Washington D.C. Employers that provide self-funded coverage to District residents Employers that provide fully-insured coverage to at least 50 FT employees and that provide coverage to District residents | Form 1094 and 1095s must be provided to the Office of Tax and Revenue (OTR) electronically through MyTax.DC.gov | 1095s to covered individuals March 2 OTR filing 30 days after the IRS deadline for filing Form 1094 and 1095s | No penalty specified | https://otr.cfo.dc.gov/sites/default/files/dc/sites/otr/publication/attachments/FAQ%20reporting%20SRP%20Update.3.31.20.pdf |

Appendix B – 1095-C, Part II and Part III Examples

The below illustrations can be used as a framework for completing Lines 14-16 (in Part II) of the 1095-C.



Following are a number of 1095-C examples for various situations, including new hires, termination of employment, reduced hours, no benefits offered, union employees, COBRA, and switches in plan funding.

Assume a calendar year group health plan for all of the examples.

New Hire Example 1
 Employee hired as full-time in mid-February and eligible for coverage May 1
 Offered fully-insured minimum value coverage that cost \$110/month for employee-only coverage
 Employee enrolled in the coverage

Form 1095-C

| Part II | Employee Offer and Coverage | | Employee's Age on January 1: | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | | |
|--|-----------------------------|-----|------------------------------|-----|-----|----------|----------|----------|---|----------|----------|----------|----------|--|
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 14 Offer of Coverage (enter required code) | | 1H | 1H | 1H | 1H | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | \$110.00 | \$110.00 | \$110.00 | \$110.00 | \$110.00 | \$110.00 | \$110.00 | \$110.00 | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2A | 2D | 2D | 2D | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | |
| 17 Zip Code | | | | | | | | | | | | | | |

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 | |
| 18 | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | |

New Hire Example 2

Employee hired as full-time May 18 and eligible for coverage May 18
 Employee, spouse and dependents offered an individual coverage HRA (ICHR) that provided \$300/month for reimbursement of insurance premiums for the single tier of coverage
 Employee was 38 years old as of Jan 1 and employer used employee's primary site of employment in MN to determine affordability (lowest silver cost plan = \$425/month)
 Employee's cost of coverage was \$125 (\$425 - \$300), and employee, spouse and dependents enrolled in the coverage

Form 1095-C

| Part II | Employee Offer and Coverage | | Employee's Age on January 1: 38 | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | | |
|--|-----------------------------|-----|---------------------------------|-----|-----|----------|----------|----------|---|----------|----------|----------|----------|--|
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 14 Offer of Coverage (enter required code) | | 1H | 1H | 1H | 1H | 1H | 1Q | 1Q | 1Q | 1Q | 1Q | 1Q | 1Q | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | \$125.00 | \$125.00 | \$125.00 | \$125.00 | \$125.00 | \$125.00 | \$125.00 | \$125.00 | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2A | 2A | 2A | 2A | 2D | 2C | 2C | 2C | 2C | 2C | 2C | 2C | |
| 17 Zip Code | | | | | | 55311 | 55311 | 55311 | 55311 | 55311 | 55311 | 55311 | 55311 | |

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 | |
| 18 John Doe | 123-45-6789 | | | | | | | | X | X | X | X | X | X | X | X |
| 19 Jane Doe | 987-65-4321 | | | | | | | | X | X | X | X | X | X | X | X |
| 20 Joey Doe | 789-12-3456 | | | | | | | | X | X | X | X | X | X | X | X |
| 21 Jill Doe | 456-78-9123 | | | | | | | | X | X | X | X | X | X | X | X |
| 22 | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | |

New Hire Example 3

Employee hired as variable hour in mid-July of the previous calendar year, determined to be full-time during the 12-month initial measurement period and eligible for coverage in September
 Offered self-funded minimum value coverage that cost \$75/month for employee-only coverage (considered a "qualifying offer")
 Employee, spouse and children enrolled in the coverage (NOTE - It would also be okay to leave Line 16 blank when using Code 1A on Line 14)

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|-----|------------------------------|-----|-----|-----|------|------|---|------|-----|-----|-----|
| Part II | Employee Offer and Coverage | | Employee's Age on January 1: | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1A | 1A | 1A | 1A |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2D | 2D | 2D | 2D | 2D | 2D | 2D | 2D | 2C | 2C | 2C | 2C |
| 17 Zip Code | | | | | | | | | | | | | |

| Part III Covered Individuals | | | | | | | | | | | | | | | |
|--|-------------|-------------------------|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-------------------------------------|-----|-----|
| If Employer provided self-insured coverage, check the box and enter the information for each covered individual. | | | | | | | | | | | | | <input checked="" type="checkbox"/> | | |
| (a) Name of covered individual(s) | (b) SSN | (c) DOB (if SSN is not) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 John Doe | 123-45-6789 | | | | | | | | | | | X | X | X | X |
| 19 Jane Doe | 987-65-4321 | | | | | | | | | | | X | X | X | X |
| 20 Joey Doe | 789-12-3456 | | | | | | | | | | | X | X | X | X |
| 21 Jill Doe | 456-78-9123 | | | | | | | | | | | X | X | X | X |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

New Hire Example 4

Employee hired as full-time March 1, but not offered coverage
 Line 16 is blank other than January and February because no safe harbor codes apply

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|-----|------------------------------|-----|-----|-----|------|------|---|------|-----|-----|-----|
| Part II | Employee Offer and Coverage | | Employee's Age on January 1: | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1H | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2A | 2A | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

A \$4980H penalty may apply for March – December if this employee enrolled in subsidized coverage through a public Marketplace.

Ongoing Employee Example

Full-time employee offered fully-insured minimum value coverage that cost \$127/month for employee-only coverage (affordable under the Form W-2 safe harbor)

Employee waived the coverage

(NOTE: It would also be correct to enter 1E and 2F separately for each of the 12 months rather than in the "All 12 Months" box)

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|------------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|
| Part II | Employee Offer and Coverage | Employee's Age on January 1: | | | | | | | | | | | |
| | | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov |
| 14 Offer of Coverage (enter required code) | 1E | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$127.00 | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2F | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

Termination Example 1

Full-time employee terminated from employment on June 13 (offer of coverage continued through the end of June)

Offered self-funded minimum value coverage that cost \$105/month for employee-only coverage

Employee and spouse enrolled in the coverage and then elected COBRA continuation coverage upon termination of employment

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|------------------------------|----------|----------|----------|----------|----------|------|------|-----|------|-----|-----|
| Part II | Employee Offer and Coverage | Employee's Age on January 1: | | | | | | | | | | | |
| | | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov |
| 14 Offer of Coverage (enter required code) | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1H | 1H | 1H | 1H | 1H | 1H |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$105.00 | \$105.00 | \$105.00 | \$105.00 | \$105.00 | \$105.00 | \$105.00 | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2A | 2A | 2A | 2A | 2A | 2A |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 John Doe | 123-45-6789 | | X | | | | | | | | | | | | |
| 19 Jane Doe | 987-65-4321 | | X | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

Termination Example 2
 Full-time employee terminated from employment on June 13 (offer of coverage ended June 13)
 Offered self-funded minimum value coverage that cost \$65/month for employee-only coverage (considered a "qualifying offer")
 Employee waived coverage (NOTE - It would also be okay to leave Line 16 blank for January thru May when using Code 1A on Line 14)

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|-----|-----|------------------------------|-----|-----|------|------|---|------|-----|-----|-----|
| Part II | Employee Offer and Coverage | | | Employee's Age on January 1: | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | | 1A | 1A | 1A | 1A | 1A | 1H | 1H | 1H | 1H | 1H | 1H | 1H |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2G | 2G | 2G | 2G | 2G | 2B | 2A | 2A | 2A | 2A | 2A | 2A |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 18 | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | |

Termination Example 3
 Employee part-time January - March, full-time April and May, part-time June and July, full-time August - October, terminated November
 Not offered coverage and employer used the monthly measurement method to determine full-time status

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|-----|-----|------------------------------|-----|-----|------|------|---|------|-----|-----|-----|
| Part II | Employee Offer and Coverage | | | Employee's Age on January 1: | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1H | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2B | 2B | 2B | | 2B | 2B | | | | | 2A | 2A |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 18 | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | |

A \$4980H penalty may apply for April, May, and August - October if this employee enrolled in subsidized coverage through a public Marketplace.

Reduced Hours Example 1 - Monthly Measurement Method

Full-time employee changed to part-time status May 1 (offer of coverage terminates end of April)

Offered self-funded minimum value coverage that cost \$105/month for employee-only coverage

Employee, spouse and children enrolled in the coverage and then elected COBRA continuation coverage which cost \$425/month for employee-only coverage

| Form 1095-C | | | | | | | | | | | | | | | |
|--|-----------------------------|-------------------------|---------------------------|------------------------------|----------|----------|----------|----------|---|----------|----------|----------|----------|-----|-----|
| Part II | Employee Offer and Coverage | | | Employee's Age on January 1: | | | | | Plan Start Month (enter 2-digit number): 01 | | | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| 14 Offer of Coverage (enter required code) | 1E | | | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$105.00 | \$105.00 | \$105.00 | \$105.00 | \$105.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2C | | | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | | | |
| Part III Covered Individuals | | | | | | | | | | | | | | | |
| If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| (a) Name of covered individual(s) | (b) SSN | (c) DOB (if SSN is not) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 John Doe | 123-45-6789 | | X | | | | | | | | | | | | |
| 19 Jane Doe | 987-65-4321 | | X | | | | | | | | | | | | |
| 20 Joey Doe | 789-12-3456 | | X | | | | | | | | | | | | |
| 21 Jill Doe | 456-78-9123 | | X | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

Reduced Hours Example 2 - Monthly Measurement Method

Full-time employee changed to part-time status as of May 1 (offer of coverage terminated end of April)

Offered self-funded minimum value coverage to employee, spouse and children that cost \$105/month for employee-only coverage

Employee enrolled in single coverage and then waived COBRA continuation coverage which cost \$425/month for employee-only coverage

| Form 1095-C | | | | | | | | | | | | | | | |
|--|-----------------------------|-------------------------|---------------------------|------------------------------|----------|----------|----------|----------|---|----------|----------|----------|----------|-----|-----|
| Part II | Employee Offer and Coverage | | | Employee's Age on January 1: | | | | | Plan Start Month (enter 2-digit number): 01 | | | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| 14 Offer of Coverage (enter required code) | 1E | 1E | 1E | 1E | 1E | 1B | 1B | 1B | 1B | 1B | 1B | 1B | 1B | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$105.00 | \$105.00 | \$105.00 | \$105.00 | \$105.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2C | 2C | 2C | 2C | 2C | 2B | 2B | 2B | 2B | 2B | 2B | 2B | 2B | | |
| 17 Zip Code | | | | | | | | | | | | | | | |
| Part III Covered Individuals | | | | | | | | | | | | | | | |
| If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| (a) Name of covered individual(s) | (b) SSN | (c) DOB (if SSN is not) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 John Doe | 123-45-6789 | | X | X | X | X | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

Reduced Hours Example 3 - Look-Back Measurement Method

Full-time employee is changed to part-time status as of May 1, but offer of coverage continued through December (employee considered full-time all year due to stability period)
 Offered fully-insured minimum value coverage that cost \$135/month for employee-only coverage
 Employee, spouse and children enrolled in the coverage

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|-----|------------------------------|-----|-----|-----|------|------|---|------|-----|-----|-----|
| Part II | Employee Offer and Coverage | | Employee's Age on January 1: | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1E | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$135.00 | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2C | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

Reduced Hours Example 4 - Look-Back Measurement Method

Full-time employee changed to part-time status and coverage terminated May 1 (employee considered full-time all year due to stability period)
 Offered fully-insured minimum value coverage to employee, spouse and children that cost \$135/month for employee-only coverage
 Employee and spouse enrolled in the coverage and then waived COBRA continuation coverage which costs \$425/month for employee-only coverage

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|----------|------------------------------|----------|----------|----------|----------|----------|---|----------|----------|----------|----------|
| Part II | Employee Offer and Coverage | | Employee's Age on January 1: | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1E | 1E | 1E | 1E | 1E | 1D | 1D | 1D | 1D | 1D | 1D | 1D | 1D |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | \$135.00 | \$135.00 | \$135.00 | \$135.00 | \$135.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 | \$425.00 |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2C | 2C | 2C | 2C | 2C | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

A \$4980H penalty may apply for May – December if this employee enrolled in subsidized coverage through a public Marketplace.

Break in Service Example 1 - Monthly Measurement Method

Employee worked full-time January – May. Employee was furloughed in mid-June – August. Employee returned to work full-time September – December
 Offered fully-insured minimum value coverage that cost \$140/month for single active coverage and \$470/month for single COBRA coverage
 Employee enrolled in single coverage. Coverage terminated and COBRA was waived July – August. Employee re-enrolled for September - December

Form 1095-C

| Part II | Employee Offer and Coverage | Employee's Age on January 1: | | | | | | | | | | | | Plan Start Month (enter 2-digit number): 01 | |
|---------|---|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|--|
| | | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 14 | Offer of Coverage (enter required code) | | 1E | 1E | 1E | 1E | 1E | 1E | 1B | 1B | 1E | 1E | 1E | 1E | |
| 15 | Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | \$140.00 | \$140.00 | \$140.00 | \$140.00 | \$140.00 | \$140.00 | \$470.00 | \$470.00 | \$140.00 | \$140.00 | \$140.00 | \$140.00 | |
| 16 | Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2C | 2C | 2C | 2C | 2C | 2C | 2B | 2B | 2C | 2C | 2C | 2C | |
| 17 | Zip Code | | | | | | | | | | | | | | |

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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
|-----------------------------------|---------|-------------------------|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

Break in Service Example 2 - Look-Back Measurement Method

Employee worked full-time January – April. Employee was furloughed in May – September. Employee returned to work full-time October – December (full-time all year due to stability period)
 Offered fully-insured minimum value coverage that cost \$140/month for single active coverage and \$470/month for single COBRA coverage
 Employee and spouse enrolled. Coverage terminated and COBRA was waived May – September. Employee re-enrolled in December after a waiting period

Form 1095-C

| Part II | Employee Offer and Coverage | Employee's Age on January 1: | | | | | | | | | | | | Plan Start Month (enter 2-digit number): 01 | |
|---------|---|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|--|
| | | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 14 | Offer of Coverage (enter required code) | | 1E | 1E | 1E | 1E | 1D | 1D | 1D | 1D | 1D | 1D | 1D | 1E | |
| 15 | Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | \$140.00 | \$140.00 | \$140.00 | \$140.00 | \$470.00 | \$470.00 | \$470.00 | \$470.00 | \$470.00 | \$470.00 | \$470.00 | \$140.00 | |
| 16 | Applicable Section 4980H Safe Harbor (enter code, if applicable) | | 2C | 2C | 2C | 2C | | | | | | | 2D | 2D | |
| 17 | Zip Code | | | | | | | | | | | | | | |

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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
|-----------------------------------|---------|-------------------------|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

A \$4980H penalty may apply for May - September if this employee enrolled in subsidized coverage through a public Marketplace.

Union Employee

Full-time union employee all 12 months (coverage available only under the multiemployer plan)

Employer contributed monthly to the multiemployer plan on behalf of this employee and received assurance that the multiemployer plan provided affordable minimum value coverage

Employer is not sure whether employee was offered coverage for all 12 months, what the cost for such coverage was, or whether employee actually enrolled

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|-----|------------------------------|-----|-----|-----|------|------|---|------|-----|-----|-----|
| Part II | Employee Offer and Coverage | | Employee's Age on January 1: | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1H | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2E | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

COBRA Participant

COBRA participant all 12 months in a self-funded minimum essential coverage plan

| Form 1095-C | | | | | | | | | | | | | |
|--|-----------------------------|-----|------------------------------|-----|-----|-----|------|------|---|------|-----|-----|-----|
| Part II | Employee Offer and Coverage | | Employee's Age on January 1: | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1G | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

| 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) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 John Doe | 123-45-6789 | | X | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |

Switch in Funding

Full-time employee all 12 months

Offered fully-insured minimum value coverage that cost \$80/month for employee-only coverage for January - April (considered a "qualifying offer")

Offered self-funded minimum value coverage that cost \$80/month for employee-only coverage for May - December (considered a "qualifying offer")

Employee and spouse enrolled in the coverage (NOTE - It would also be okay to leave Line 16 blank when using Code 1A on Line 14)

Form 1095-C

| Part II | Employee Offer and Coverage | | | | | | | | | | | | |
|--|------------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|---|-----|
| | Employee's Age on January 1: | | | | | | | | | | | Plan Start Month (enter 2-digit number): 01 | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1A | | | | | | | | | | | | |
| 15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage | | | | | | | | | | | | | |
| 16 Applicable Section 4980H Safe Harbor (enter code, if applicable) | 2C | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual. X

| (a) Name of covered individual(s) | (b) SSN | (c) DOB (If SSN is not) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
|-----------------------------------|-------------|-------------------------|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 John Doe | 123-45-6789 | | | X | X | X | X | X | X | X | X | X | X | | |
| 19 Jane Doe | 987-65-4321 | | | | | | | X | X | X | X | X | X | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |