

2025



ACA Reporting

A How-To Guide for Employers

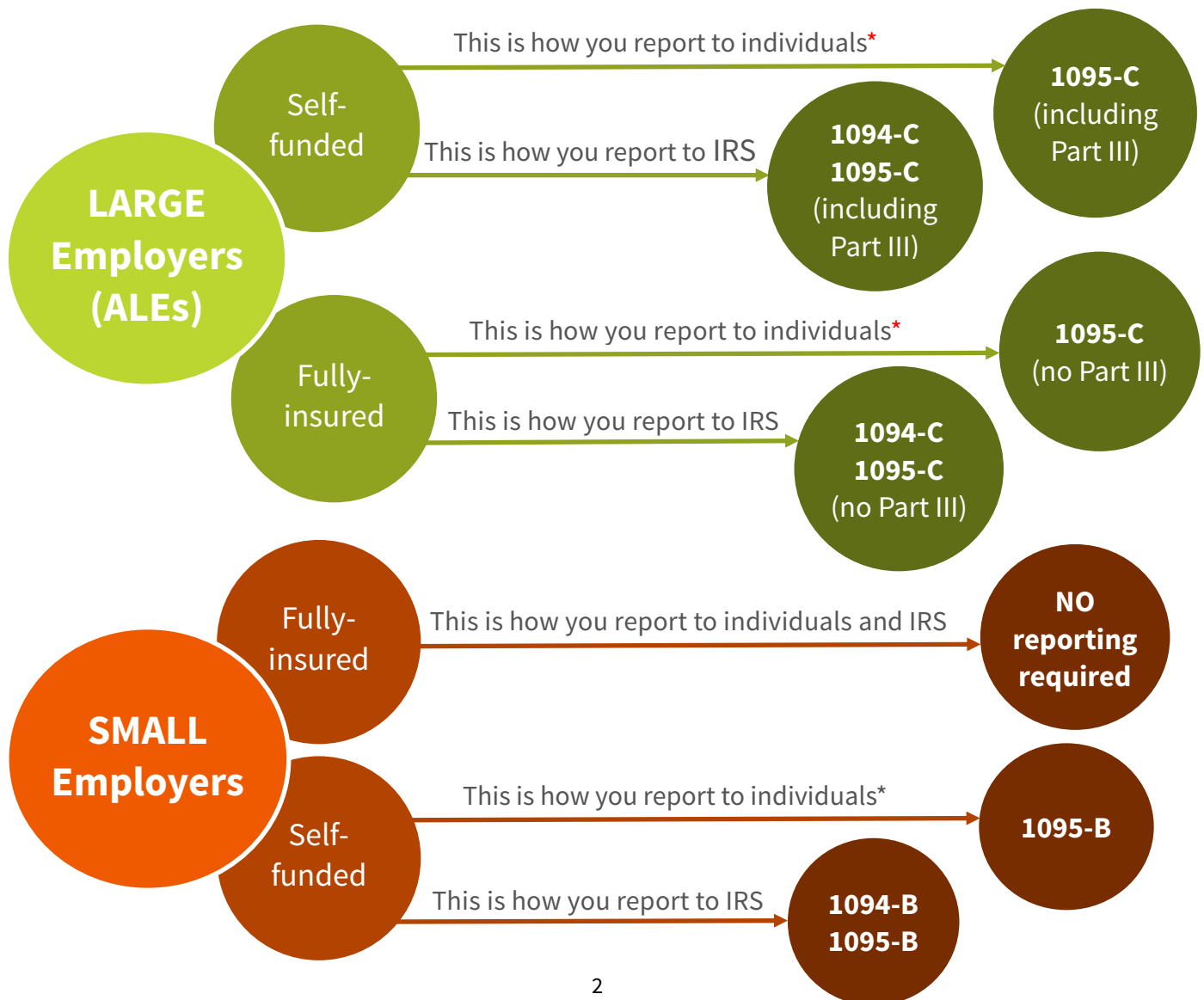
OVERVIEW

1. I hear a lot about ACA reporting — 6055/6056, minimum essential coverage, and large employer reporting. What are the reporting obligations I need to worry about?

The ACA created two reporting requirements – **MEC reporting** and **ALE reporting**. MEC reporting requires providers of minimum essential coverage (MEC) to report information about that coverage to covered individuals and to the Internal Revenue Service (IRS). This has also been referred to as Section 6055 reporting. The second type of reporting, ALE reporting, is the requirement that applicable large employers (ALEs)—those subject to Pay or Play—identify their full-time employees and report on whether they offer these employees coverage that is affordable and provides minimum value. This has also been referred to as Section 6056 reporting. When an employer-sponsored health plan is fully-insured, the “provider of minimum essential coverage” is the insurance carrier. Where an employer-sponsored health plan is self-insured, the employer is the “provider of minimum essential coverage.”

Both MEC and ALE reporting require: (1) statements sent to individuals/employees about their coverage and (2) transmittal of required information to the IRS using certain Forms. Reporting is done in the first quarter of the calendar year following the calendar year for which information is being reported.

NOTE Beginning in 2024, under the Paperwork Reduction Act, employers are no longer required to send Form 1095-Cs to individuals as part of their MEC and/or ALE reporting obligations, unless a form is affirmatively requested, if they have given individuals timely notice of their right to request a form in accordance with pending IRS requirements. Upon request, an individual statement must be furnished by the later of January 31 or 30 days after the request. The requirement to submit 1095-C Forms annually to the IRS with a 1094-C transmittal remains unchanged.



2. How is reporting actually done?

Both MEC and ALE reporting are done using IRS Forms 1094 and 1095. Form 1094 is a transmittal form that must be sent to the IRS along with all of the individual or employee statements that are prepared. Form 1095 is the required IRS template for individual or employee statements.

MEC reporting is generally done on Forms 1094-B and 1095-B, also referred to as the “B” series forms. ALE reporting is done on Forms 1094-C and 1095-C, also referred to as the “C” series forms. ALEs sponsoring self-funded plans are responsible for both MEC and ALE reporting. Dual reporting that satisfies both MEC and ALE reporting obligations is typically done using Form 1095-C. This is discussed in detail below.

Note that this process resembles Form W-2 distribution and reporting requirements. Employees receive a copy of the Form 1095 each year, just like employees receive Form W-2s every year, and employers gather and transmit those forms to the IRS along with the Form 1094 transmittal sheet.

Note that submission of these Forms to the IRS is complicated and highly technical. We highly recommend engaging an ACA reporting vendor at least to do the submission.

3. Are the deadlines for MEC and ALE reporting the same?

Yes. For electronic returns filed with the IRS, the deadline is March 31 of the year following the year being reported (just like Form W-2s). For paper returns filed with the IRS, the deadline is February 28 of the year following the year being reported.

Filers may request an extension of time to file Forms 1094-C and 1095-C with the IRS using Form 8809, Application for Extension of Time To File Information Returns. Timely filing of Form 8809 provides an automatic 30-day extension of the filing deadline. Form 8809 may be filed online using the Filing Information Returns Electronically (FIRE) system (specifications set forth in IRS Publication 1220). A second extension of not more than 30 days may be requested by submitting another Form 8809 before the first extension expires, but the request for a second extension must include a detailed explanation of why the second extension is needed and will be granted only when extenuating circumstances are shown.

The original deadline for providing employee and individual statements was January 31 of the year following the year being reported (just like Form W-2s). With the 2021 reporting year the IRS permanently extended that deadline by 30 days (~March 2). Note that beginning in 2024, under the Paperwork Reduction Act, individual statements no longer need to be automatically furnished to individuals unless affirmatively requested, so long as employers have given

individuals timely notice of their right to request their form in accordance with IRS requirements. Employee and individual statements can only be electronically disclosed to the individual or employee if certain rules for electronic delivery are followed.

4. Do employers and carriers submit these forms to the IRS electronically?

Employers submitting 10 or more returns (including all 1095Cs, 1094C and W-2s) must file electronically. Those submitting fewer than 10 returns may file electronically or on paper.

We highly recommend that employers subject to the ACA reporting requirements engage a vendor to do Form fulfillment and submission to the IRS. Employers that have not engaged a vendor, and are required to file electronically, will have to contend with the IRS ACA Information Reporting (AIR) system, established specifically to process Forms 1094 and 1095.

The steps in the process require involvement with company executives, who are required to provide personal information, and are highly technical and administratively challenging. Information on the AIR System, including publications on electronic filing, is available [here](#).

5. What are the penalties for noncompliance?

The penalty for ALE and MEC reporting failures is indexed annually. For the 2023 calendar year, the penalty is \$310 per report not filed with the IRS, with a limit of \$3,783,000 per year. The penalty for failing to provide a copy of the Forms to individuals is \$310 per report, with a limit of \$3,783,000. These penalties are combined (~\$620) when forms are both not furnished to individuals and not provided to IRS. But note that the Paperwork Reduction Act of 2024 should significantly reduce, if not eliminate, the need to furnish Form 1095-Cs to individuals/employees for either MEC or ALE reporting if certain conditions are met. For 2024 the per form penalty increased to \$330 with limits of \$3,987,000 respectively. Penalties can be reduced in some situations (e.g., good faith efforts to comply) or increased in some situations (e.g., intentionally violating the requirement).

6. What reporting will impact employers most?

ALE reporting is the most significant impact for employers. Large employers that sponsor fully-insured plans are not responsible for MEC reporting, but are responsible for ALE reporting.

Large employers that sponsor self-funded plans are responsible for both MEC and ALE reporting. Where a large self-funded employer is responsible for both MEC and ALE reporting, they will generally report both MEC and ALE information on Form 1095-C.

7. Are small employers (<50 full-time employees, including equivalents) impacted by these reporting requirements?

Small employers that offer a group health plan have no ALE reporting obligations because they are not applicable large employers under Pay or Play.

Small employers that sponsor a fully-insured plan have no MEC reporting obligations because the carrier is the provider of MEC.

In the rare instance that a small employer sponsors a self-funded plan, the employer would have MEC reporting obligations that they would fulfill by using the 1094/1095 “B” series Forms. Small employers with level funded plans should discuss MEC reporting obligations with the carrier as those plans can be treated as either insured or self-funded.

8. What are the MEC reporting obligations for partially self-funded plans, also known as “level-funded plans” or “minimum premium plans”?

The terms partially self-funded, level funded, and minimum premiums plans are not defined by law or applicable regulations. We have seen inconsistent use of these terms in the marketplace, but generally the insurance carrier retains a meaningful portion of the risk. If you have this type of arrangement, verify that the carrier will do the MEC Reporting. Some carriers may require that the employer take on MEC reporting with these types of plans. ALEs with partially self-funded plans will need to perform ALE reporting.

ALE REPORTING (1095-C, Parts I & II)

9. Who is responsible for ALE reporting?

An employer that is an applicable large employer (ALE) is responsible for ALE reporting. The term “ALE” has the same meaning as it does in the Pay or Play Rule, an employer with an average of at least 50 full-time and full-time equivalent employees during the prior year.

CONTROLLED GROUP ISSUES

ALE status is determined on a controlled group basis. This means that all of the employees of any employers related by common ownership are counted to see if there are at least 50 full-time equivalent employees. If all of the employees combined meet this threshold, each employer in the controlled group (known as an ALE Member) must report, even the ALE Members that — on their own — have fewer than 50 full-time equivalent employees. The reporting forms require that each ALE know whether it is part of a controlled group and the respective sizes of the other controlled group members. The reporting forms refer to a controlled group as an “Aggregated ALE Group.”

The obligation to report applies on an ALE Member basis. Although ALE Members may delegate reporting to a specific ALE Member(s), each ALE Member remains liable for any reporting failures or errors in reporting done on its behalf. For more information see the Alliant Insight, Understanding Controlled Group Rules — ACA Reporting and Pay or Play Penalties.

USE OF THIRD PARTY VENDORS OR ADMINISTRATORS

An ALE Member may contract with third parties to facilitate filing returns with the IRS and delivering employee statements. But note that the Paperwork Reduction Act of 2024 should significantly reduce, if not eliminate, the need to furnish Form 1095-Cs to individuals/employees for either MEC or ALE reporting if certain conditions are met. This is commonplace and highly recommended for employers that have to file electronically. The ALE Member remains liable to the IRS for failure to report and furnish the required documents—for example, if the third party administrator fails to make the report. Accomplishing reporting requires coordination of information generally housed in payroll systems and benefits administration systems. Many payroll providers, benefit administrators, and software developers have developed solutions. Alliant has preferred vendor relationships and vendor selection materials available. Contact your Alliant representative if you need guidance in selecting a vendor.

EXAMPLE OF CONTROLLED GROUP RULES

Octopus, Inc. consists of a parent corporation with 50 full-time employees and eight subsidiaries which are 80% owned by Octopus, Inc. Four of the subsidiaries have 100 full-time employees; the other four have 20 full-time employees. Which entities must comply with ALE reporting? All of them, even the four subsidiaries with only 20 employees. Octopus, Inc. is in a controlled group with all eight subsidiaries because it owns 100% of the subsidiaries. Thus, each of the subsidiaries — even those with 20 full-time employees — will be considered an ALE subject to the ALE reporting rules. Each of the subsidiaries is an ALE Member. Each ALE Member is responsible for ALE reporting, although this obligation can be delegated to another ALE Member, as previously discussed.

MULTIEMPLOYER PLANS

Union employees are generally the common law employees of the ALE Member. Therefore, ALE Members have to include full-time union employees in their employee counts and provide them with a 1095-C (if still required under Paperwork Reduction Act). However, the Pay or Play rules provide multiemployer interim rule relief for ALEs. Under this rule, an ALE Member is treated as having made an offer of coverage to an employee if the ALE Member is required under a collective bargaining agreement to make contributions for that employee to a union plan that is affordable and minimum value. While the general reporting rules allow a multiemployer plan administrator to do the ALE reporting for the ALE Member, most unions are not taking on that task. An ALE eligible for multiemployer plan transition relief can do ALE reporting on behalf of its full-time union employees using a simple indicator code (i.e., Code 2E on Line 16 on Form 1095-C). This can be done for the months in which the ALE member makes a contribution to the union plan on behalf of the individual if the ALE member knows that the union plan is affordable and provides minimum value. Often the union will provide that information on its own, or upon request. Note that this relief is only available for the months the ALE Member makes a contribution to the union plan. If no contribution is made, the relief is not available, even if the individual is enrolled in the union plan. This relief is also not available where the union plan is not affordable or minimum value, or when the ALE Member does not know whether the union plan is affordable and minimum value. The multiemployer plan administrator will remain responsible for the MEC reporting. There is an example of how to code multiemployer transition relief in the Forms section of this Guide.

GOVERNMENTAL PLANS

A governmental employer can designate another governmental unit to do ALE reporting on its behalf. A written agreement is required and the other governmental unit must be part of (or related to) the same governmental unit as the ALE Member (for example, a political subdivision of a state may designate the state or another political subdivision of the state). If the designation is made prior to the filing deadline, the designee becomes legally obligated to do ALE reporting. In this case, the designee would be liable for any information reporting penalties (e.g., penalties for incomplete or incorrect reports). The ALE member would remain responsible for any underlying Pay or Play penalties.

FAQ guidance confirms that a separate Form 1094-C must be filed for each ALE member for which the designee is reporting. The designee would provide the name, address, and EIN of the designated entity and the ALE member for which it is reporting.

Click [here](#) for the IRS FAQ on the topic.

10. How do I find out if my organization is part of a controlled group?

Organizations that sponsor 401(k) plans have generally made a determination about their controlled group status. So contact your 401(k) provider if that's the case. Otherwise, consult with your tax advisor or tax attorney to determine whether your organization is part of a controlled group. This evaluation generally requires detailed information about the overall ownership structure of the organization.

11. What if my organization is part of a controlled group but we don't have our own EIN?

The Form 1094/5 Instructions require that each ALE Member must have an EIN to report. An ALE Member can obtain an EIN by applying online at [IRS.gov](https://www.irs.gov/ein) or by faxing or mailing a completed Form SS-4, Application for Employer Identification Number. See [Publication 1635](#), Employer Identification Number, for more information.

12. What types of health coverage must be reported?

Reporting discloses whether a full-time employee was offered the opportunity to enroll in MEC under an eligible employer-sponsored plan, and whether that MEC was affordable and minimum value. MEC includes major medical coverage (including ICHRAs) and does not include excepted benefits. Excepted benefits include limited scope dental and vision plans, most fixed dollar indemnity coverage, disease specific plans, and most health FSAs, none of which will be reported. See page 13 for information about reporting coverage under an HRA.

13. What does ALE reporting require?

IRS Reporting

An ALE Member must submit Form 1095-C to the IRS for each full-time employee, accompanied by a transmittal Form 1094-C for all of the Forms 1095-C filed for a given calendar year.

The Form 1094-C transmittal includes general information about the ALE member, and whether the ALE member offered minimum essential coverage to substantially all of their full-time employees for each month of the year, and whether they are using any simplified reporting methods. Generally, each ALE member will provide a single Form 1094-C transmittal form to the IRS. However, if multiple Forms 1094-C are being filed for an ALE Member (i.e., Forms 1095-C for all full-time employees of the ALE Member are not attached to a single Form 1094-C transmittal because Forms 1095-C for some full-time employees of the ALE Member are being transmitted separately), one of the Forms 1094-C must report aggregate employer-level data for the ALE Member and be identified in Part I, Line 19 as the "authoritative transmittal."

The Form 1095-C individual statement includes information about the months in which the employee worked full-time, what months the employee was covered, as well as specific information about what coverage the employee is eligible for and its cost. This is discussed in detail below.

ALE Members submitting 10 or more returns (including all 1095Cs, 1094C and W-2s) must submit forms to the IRS electronically. See previous information on electronic filing. ALE Members submitting fewer than 10 returns may file electronically or on paper.

Individual Employee Statements

ALE reporting also requires statements to full-time employees about their coverage. However, as noted above, the Paperwork Burden Reduction Act now permits employers to only provide individual statements upon request. While ALE Members can create their own statements that contain all the required information, most ALE Members will provide full-time employees with a copy of the 1095-C submitted to the IRS on their behalf, much in the way employees are provided with a copy of the Form W-2 submitted to the IRS.

Electronic distribution of Form 1095 to employees/individuals requires consent in a specified format that mentions Form 1095-C by name. This would include furnishing a 1095-C upon request under the Paperwork Burden Reduction Act.

In addition to identifying the Form 1095 by name, the ALE Member must inform the recipient:

- That they can have a paper option if they do not consent to receive it electronically;
- Of the scope and duration of the consent;
- Of any procedure for obtaining a paper copy;
- When an employer will cease furnishing statements electronically to the recipient;
- On how to update contact information;
- Of the hardware/software required to access the statement, and the date it will no longer be available;
- That the statement may be required to be printed and attached an income tax return;
- That they may withdraw consent by writing the person/department whose contact information is provide in the disclosure statement; and
- That the withdrawal (if any) is confirmed and the date it takes effect.

See Alliant's FAQ on Electronic Distribution for additional information and a sample consent form.

14. What information do the 1094-C and 1095-C forms require?

An ALE member will report on its full-time employees using Forms 1094-C and 1095-C.

FORM 1094-C — TRANSMITTAL FORM

Form 1094-C is the transmittal form.

Part I

Section I of Form 1094-C requires general information about the ALE member—name, address, and contact information. It also asks the number of Forms 1095-C submitted with the transmittal and whether this Form 1094-C is the “authoritative transmittal” for the ALE Member.

Part II

Part II asks, the total number of 1095-C forms filed by the ALE Member and whether the ALE Member is part of an aggregated ALE group (controlled group).

Part II also contains the fields where ALE Members will note whether they are using any simplified reporting methods (e.g., Qualifying Offer Method or 98% Offer Method).

Part III

Part III requires a full-time employee count as well as a total employee count by month. ALE Members must also indicate whether it was part of controlled group (referred to as an Aggregated ALE Group). The information reported in Part III allows the IRS to evaluate whether the ALE member has met its Pay or Play obligations to offer MEC to substantially all full-time employees.

Part IV

Part IV is the final section of the Form 1094-C and requires the ALE Member to list up to 30 other ALE Members in its Aggregated ALE Group (controlled group) from largest to smallest by number of employees. This requires employers to understand their overall corporate and ownership structure.

FORM 1095-C — EMPLOYEE INFORMATION

ALE Members use Form 1095-C to report information on their full-time employees to the IRS. ALE Members also use this form to fulfill their requirement to provide individual statements to employees. In some cases, the regulations allow a “simplified statement” to be provided to employees. However, most ALE Members will simply provide their full-time employees with a copy of the 1095-C they sent to the IRS, much in the same way the Form W-2 process works. Simplified reporting is discussed below.

Part I

Part I requires information on the employee, including social security number and contact information (see Q&A #15 for a discussion of SSNs). It also requires basic information about the ALE Member.

Part II

Part II reports information about an ALE Member's offer of coverage to the full-time employee and the employee's

share of the monthly premium for self-only minimum value coverage. The cost sharing that is reported is the employee only premium for the lowest cost minimum value plan for which the employee is eligible, which is not necessarily the cost of the coverage in which the employee enrolls.

One set of indicator codes (“1” series codes) will be used on Line 14 to specify what type of coverage was offered (e.g., minimum value coverage offered to dependents and spouse). There must be a code for each month. A second set of indicator codes for Line 16 (“2” series codes) allows ALE Members to communicate to the IRS why they should not be subject to penalties for certain months. These codes tell the IRS whether a full-time employee is in a Limited Non-Assessment Period (e.g., waiting period or an initial measurement period), that the ALE Member uses an affordability safe harbor, or if an employee is enrolled in the coverage offered. If an employee enrolls in MEC the ALE Member will not be subject to penalties for that employee under any circumstance. ALE Members offering MEC only plans may have more complex “2” series code reporting during Limited Non-Assessment Periods.

Although Part II was revised to require information about the employee’s age and zip code this must be completed only when offered an ICHRA.

What if an employee is eligible but does not enroll?

If the employee is offered coverage but does not enroll, Line 16 may be left blank or Codes 2F (W-2 safe harbor), 2G (FPL safe harbor), or 2H (rate of pay safe harbor) may be entered if the ALE Member is using an affordability safe harbor. Otherwise, there is no specific code to indicate that an employee declined an offer of coverage.

Part III (Only for ALE members sponsoring self-funded plans)

ALE Members that sponsor self-funded plans are also required to complete Part III of the 1095-C. As discussed below, ALE Members with self-funded plans are also responsible for MEC reporting because they are the provider of MEC in that situation. ALE Members with self-funded plans do combined ALE and MEC reporting on the 1095-C Form. Part III of the 1095-C form is the MEC portion of the form.

On Part III, the ALE Member lists by month all covered individuals, including the full-time employee who is reported on the 1095-C, as well as any dependents the full-time employee covers on the ALE’s self-funded plan. Historically, the dependents’ social security numbers were required and only after adequate effort has been made, the ALE member could use the individual’s date of birth. However, beginning in 2024, the Employer Reporting Improvement Act allows the use of date of birth in lieu of a social security number or taxpayer information number for MEC reporting, if SSNs/TINs are generally unavailable.

15. What if the employee won’t provide Social Security Numbers/TINs?

In general terms, ALE members must make a reasonable effort to collect SSN/TINs. Historically, a reasonable effort to collect involved three requests. However, beginning in 2024, the Employer Reporting Improvement Act allows the use of date of birth in lieu of SSNs/TINs for MEC reporting, if SSNs/TINs are generally unavailable.

16. How is ALE reporting different for self-funded and fully-insured plans?

For an ALE member with a fully-insured plan, the insurance carrier is responsible for MEC reporting because the insurance carrier is the coverage provider in that situation. The insurance carrier will use Form 1094-B and 1095-B to identify individuals who are covered under the ALE Member’s insured plan, including the employees’ dependents.

ALE members that sponsor a fully-insured plan remain responsible for ALE reporting, which is discussed above. ALE members with fully-insured plans complete only Parts I and II of the 1095-C form, and leave Part III blank.

17. If ALE members only have to report on full-time employees, do they have any obligations to report when they provide coverage for part-time employees and non-employees (retirees, partners, or COBRA participants)?

The answer depends on whether the ALE member sponsors a fully-insured or self-funded plan. Where part-time employees, retirees, partners, or COBRA participants are covered by a fully-insured employer sponsored group health plan for any month of the calendar year, MEC reporting will be done by the carrier on the Form 1095-B. The ALE member does not have any other reporting obligation with respect to these individuals unless they were a full-time employee for any month of the calendar year, in which case a Form 1095-C, Parts I and II would need to be completed.

Where the plan is self-funded, the ALE member can complete MEC reporting for covered part-time employees and non-employees using the 1095-C forms. Indicator codes will note their part-time or non-employee status. Interestingly, the code is the same for covered part-time employees and covered non-employees. Covered non-employees could include partners in a partnership, retirees, or COBRA participants.

18. How do we code a conditional offer of coverage to spouses?

There are two 1 series codes that apply to conditional offers of spousal coverage on Line 14. These conditional offers are often referred to as “spousal carve outs” and describe a plan design where only spouses that are not eligible for their

own employer sponsored coverage can enroll in the spouse's employer's plan. Code 1J describes an offer of coverage to an employee and a conditional offer of coverage to spouses but no coverage offered to other dependents. This code is not likely to be used because such offers would not meet the basic Pay or Play requirement to offer coverage to employees and dependents. Note that for Pay or Play purposes dependents required to be covered include children and not an employee's spouse. Code 1K describes an offer of coverage to an employee and dependent children and a conditional offer of coverage to spouses.

19. How do we code COBRA offers of coverage?

ALE Members will always code COBRA offers of coverage related to terminations of employment as "no offer" of coverage (i.e., Code 1H on Line 14) for any month that COBRA was offered, regardless of whether the individual enrolled in coverage. Generally, the Line 16 applicable safe harbor is Code 2A for full months of COBRA and 2B for partial months of COBRA, for example where a qualifying event and loss of coverage occur mid-month. However, where an individual's qualifying event happens mid-month and active coverage extends through the end of the month, the active coverage offer code (Line 14) and safe harbor code (Line 16) from the prior month will be used for the month during which the separation occurred.

ALE Members will code COBRA offers resulting from a reduction in hours differently. The Line 14 code (indicating the type of coverage offered) may be the same as the active coverage (e.g., Code 1E). If, however, the employee only enrolled in self-only coverage when coverage was initially offered the Line 14 offer code may need to be modified to reflect that only the employee is offered COBRA coverage (e.g., Code 1B). The Line 15 cost sharing information will change to reflect the single COBRA premium for that particular coverage, rather than the active employee premium.

Example. During open enrollment ALE Member makes an offer of coverage to Employee and Employee's spouse and dependents. Employee elects to enroll in employee-only coverage starting January 1. On June 1, Employee experiences a reduction in hours that results in loss of eligibility for coverage. As of June 1, ALE Member makes an offer of COBRA coverage to Employee, but does not make an offer to Employee's spouse and dependents because they were not covered under the plan when the qualifying event occurred. ALE Member should enter Code 1E (coverage offered to employee and dependent(s) and spouse) on Line 14 for months January – May, and should enter Code 1B (coverage offered to employee only) on Line 14 for months June – December.

20. For MEC reporting done by self-funded plans, what months should we check when coverage is provided for only some months of the year?

On Part III of the 1094-C Form, check the applicable box(es) for the month(s) in which the individual was covered for at least 1 day in the month.

21. Are there alternative or simplified reporting methods?

There are two "simplified" reporting methods, both of which are completely optional for ALE Members to use:

- (1) Qualifying Offer Alternative
- (2) 98% Offer Alternative.

The Qualifying Offer Alternative has two separate components: (1) relief from providing cost-sharing information on Form 1095-C; and (2) permitting ALEs to provide simplified statements to employees.

Note that IRS will not accept any "simplified statements" in lieu of Form 1095-Cs. As a result, most ALE Members fulfill their individual/employee statement requirement by providing a copy of their Form 1095-C. Preparing a simplified statement would simply create additional work.

Simplified reporting may, however, remain an attractive option for some ALE Members or their vendors in that it requires less information on Forms 1094/5-C.

Following are descriptions of the alternative methods.

QUALIFYING OFFER ALTERNATIVE

This method is available if the ALE Member:

- (1) Offered MEC providing minimum value that is affordable under the federal poverty level safe harbor (using mainland figures); and
- (2) Offered MEC to the employee's spouse and dependents.

Note that Form 1095-C still must be completed for submission to the IRS. IRS will not accept any "simplified statements" in lieu of Form 1095-Cs. The other benefit to the Qualifying Offer alternative method is that cost-sharing information is not required on Line 15 of the 1095-C Form as submitted to the IRS. Completion of line 16 is also optional.

98% OFFER ALTERNATIVE

Under this method, an ALE Member certifies to the IRS that it offered coverage to at least 98% of the full-time employees on whom it reports. The coverage must be minimum value, must be affordable (under any of the safe harbor options), and must be offered to full-time employees and dependents (children under the age of 26, not spouses). The 98% Offer Alternative does not include an option to provide simplified statements.

The primary appeal of this simplified reporting option is that in theory ALE Members would not have to determine who is full-time under the ACA. There is a significant disadvantage in not determining who is full-time under the ACA. IRS guidance is very clear that an ALE Member may still need to, in the future, verify which employees were full-time for a particular month. For example, if one of the “2%” of the full-time employees that did not receive an offer of affordable coverage and received an Exchange subsidy, the ALE Member could still face a penalty. The ALE Member still has a reporting obligation with respect to these full-time employees and a reporting failure will trigger a penalty. The ALE Member may also need to respond to Exchange inquiries on part-time employees and rebut any improper penalty assessments. If the IRS contacted the ALE Member to verify whether a penalty was properly owed, the IRS expects that “the employer could determine at that point whether the employee was a full-time employee for those months and supply that information to the IRS.”

The only other advantage to this alternative is that the ALE Member would not need to report full-time employee counts on Part III, column (b) of the Form 1094-C.

22. What should we do if we get a notice from the IRS that our filing has an error?

Error notices are often generated by submission of a Form 1095-C with an incorrect taxpayer identification number (TIN) or an incorrect/misspelled name. The error notice will indicate that the individual’s name and/or TIN does not match the IRS database. These can be very minor variations - such as an accent mark over a letter that appears in the IRS filing but not in the existing IRS records.

ALE Members should review their files to verify the TIN on the 1095-C matches their files. Where the ALE Member or vendor made a mistake transcribing the TIN to the 1095-C, it should file an amended 1095-C with the correct name and TIN. Where the TIN the ALE Member has on record matches the TIN on the 1095-C, the ALE Member should address this issue with the employee. If the ALE Member receives the correct employee TIN, it should file an updated or corrected form with IRS.

Importantly, beginning in 2024, the Employer Reporting Improvement Act allows the use of date of birth in lieu of SSNs/TINs for MEC reporting, if SSNs/TINs are generally unavailable.

23. If there is an error on Form 1095, do we also have to submit another Form 1094 to the IRS?

Generally yes. If corrections are being made to just the Form 1094, the ALE Member can submit that on its own. However, if the Form 1095 needs a correction, then both the Form 1094 and Form 1095 need to be submitted with corrections (since the Form 1094 reflects aggregate employer data); the

“corrected” check box would only be checked for Form 1095 in this case. A corrected Form 1095 should also be provided to the individual.

Note that there is a safe harbor for certain *de minimis* errors regarding incorrect dollar amounts on Line 15 of Form 1095-C. The safe harbor generally applies if no single amount in error differs from the correct amount by more than \$100. If the safe harbor applies, no corrected Form 1095-C is required. However, if the recipient elects for the safe harbor not to apply, then a corrected Form 1095-C is needed to avoid penalties.

24. What is the deadline for when corrections have to be done?

There does not appear to be a definitive deadline for submitting corrections, though ALE Members should make corrections as soon as possible to minimize penalties (see below).

NOTE: If you’re working with a reporting vendor, we recommend engaging your vendor for support with filing and distributing corrected forms. For employers who are doing the reporting on their own, please view the [IRS instructions](#), starting on page 4 and [Publication 5165](#) (relating to electronic returns).

25. What are the penalties for filing and distributing incorrect forms?

For incorrect forms filed with the IRS, the 2024 penalty amount is \$330 for each return, capped at \$3,987,000. The same penalties apply to incorrect forms distributed to individuals. But note that the Paperwork Reduction Act of 2024 should significantly reduce, if not eliminate, the need to furnish Form 1095-Cs to individuals/employees for either MEC or ALE reporting if certain conditions are met. The penalties are indexed annually. The penalty is reduced if failures are corrected by the following dates:

- **30-Day Rule.** If a failure is corrected within 30 days after the required filing date (or the deadline for furnishing individual statements), the per-return penalty is reduced from \$280 to \$50 per return, and the calendar-year cap is reduced to \$571,000.
- **August 1 Rule.** If a failure is corrected after the 30-day rule described above but on or before August 1, the per-return penalty is reduced to \$110 per return, and the calendar-year cap is reduced to \$1,713,000.

26. Do the corrections need to be done electronically or can they be paper filings?

In general, the corrections should be submitted in the same manner as the original filing. The process for electronic submission of corrections is fairly involved - [Publication 5165](#) explains it in detail. In short, a corrected submission will be assigned a new unique ID that needs to be used from that point forward.

27. What happens if we receive an IRS letter informing us that we potentially owe a Pay or Play penalty?

If the IRS determines that an ALE potentially owes Pay or Play penalties it will issue Letter 226J to initiate the penalty assessment process. An ALE must respond no later than 90 days from the date of Letter 226J. Extensions to the response deadline are uncommon. Please refer to Alliant's Responding to IRS Pay or Play Assessment Letters for additional information on an ALE's response requirements and the process.

MEC REPORTING (1095-C, Part III)

28. When is an employer responsible for MEC reporting?

NEVER IF MAJOR MEDICAL COVERAGE IS FULLY-INSURED

For fully-insured group health plans, the insurance carrier is required to do MEC reporting for both the IRS and "responsible" individuals. The responsible individual is the primary insured, employee, former employee, parent, or other related person who enrolls one or more individuals in a group health plan offering minimum essential coverage.

SELF-FUNDED GROUP HEALTH PLANS

For self-funded group health plans established or maintained by a single employer, the employer is required to do MEC reporting. MEC reporting is usually combined with ALE reporting on Form 1095-C. As discussed above, there will be circumstances where a single employer self-funded group health plan will do MEC reporting for part-time and non-employees on the "C" series forms as well. Employers can also use the "B" series forms to do MEC reporting for non-employees. Non-employees include COBRA participants, partners in a partnership, or retirees who were not full-time employees for any portion of the calendar year.

SUPPLEMENTAL COVERAGE

Minimum Essential Coverage that supplements government-sponsored Minimum Essential Coverage such as Medicare or Tricare does not need to be reported. Therefore, employers providing fully insured or self-funded Medicare supplemental plans are not required to do MEC reporting for those plans.

Employers do not have to do MEC reporting where Minimum Essential Coverage supplements a primary plan from the same plan sponsor and the plan sponsor will report on the primary coverage. The plan sponsor is only required to report one type of MEC.

HEALTH REIMBURSEMENT ARRANGEMENTS (HRAs)

HRAs generally must be integrated with an employer sponsored major medical plan. Where an ALE member sponsors a major medical plan (fully insured or self-funded) and an integrated HRA, the ALE member does not have to do MEC reporting on the HRA as long as the HRA can only reimburse expenses of individuals also covered by the major medical coverage. In this situation, the carrier will do the MEC report on the major medical plan in the case of a fully insured plan and the ALE member will do the MEC reporting on the major medical plan in the case of a self-funded plan. Employers may need to revise what dependent expenses are eligible for reimbursement. Traditionally HRAs reimbursed all tax dependents' expenses regardless of their enrollment in the employer's major medical plan. Otherwise, employers will have significant additional MEC reporting obligations for dependents not covered by their major medical plans.

The ACA technically allows an HRA to integrate with another employer's plan, such as a spouse's plan. An employer that sponsors an HRA that can integrate with another employer plan will have to do MEC reporting on that HRA for any employee and/or dependent whose expenses can be reimbursed under the terms of the HRA. This creates or significantly increases their MEC reporting obligations.

INDIVIDUAL COVERAGE HEALTH REIMBURSEMENT ARRANGEMENTS (ICHRA)

ICHRAs are specially designed HRAs that must be integrated with individual health insurance coverage or Medicare. ICHRAs are subject to strict regulations and are not prevalent in the market. Employers that do offer ICHRA are required to do MEC reporting because ICHRA are self-funded medical plans. MEC reporting is usually combined with ALE reporting on Form 1095-C.

REPORTING RETIREE COVERAGE

Retiree coverage comes in many shapes and sizes and whether an employer has to do MEC reporting on that coverage will depend on how the retiree coverage is designed. Note that an employer will never do ALE reporting for retiree coverage because retirees are not full-time employees, except where an individual retires mid-year after full-time employment.

Pre-65 Retiree Medical Plan:

- **Fully-insured:** No MEC reporting required. Carrier will do MEC report.
- **Self-funded:** MEC reporting required by ALE Member.

Post-65 Retiree Medicare Supplement Plan:

- **Fully-insured:** No MEC reporting required. Coverage is supplemental to Medicare.
- **Self-funded:** No MEC reporting. Coverage is supplemental to Medicare.

Retiree-only HRAs:

- **Those allowing reimbursement for Medicare premiums, Medicare supplement premiums, dependent expenses, and other out-of-pocket medical costs:** MEC reporting required by ALE Member.
- **Those limiting reimbursements to Medicare premiums and Medicare supplemental plan premiums:** No MEC reporting. Coverage is supplemental to Medicare.

SELF-FUNDED MEWAs

For a self-funded multiple employer welfare arrangement (MEWA), each participating employer reports separately. Note that MEWAs are rare and self-funded MEWAs are prohibited in some states.

GOVERNMENTAL SELF-FUNDED GROUP HEALTH PLANS

A governmental employer that provides self-funded group health plan coverage is responsible for MEC reporting. As discussed above, it can designate another governmental unit to do MEC reporting on its behalf. The other governmental unit must be a unit, agency, or instrumentality that is part of or related to the same governmental unit as the government employer (for example, a political subdivision of a state may designate the state or another political subdivision of the state). If the designation is made prior to the filing deadline the designee becomes legally obligated to do MEC reporting.

29. What about multiemployer (union) plans?

For multiemployer plans (e.g., many union plans), the association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan is required to do MEC reporting.

30. Is MEC reporting required for individuals who are offered health plan coverage but do not enroll?

No, however ALE reporting may apply.

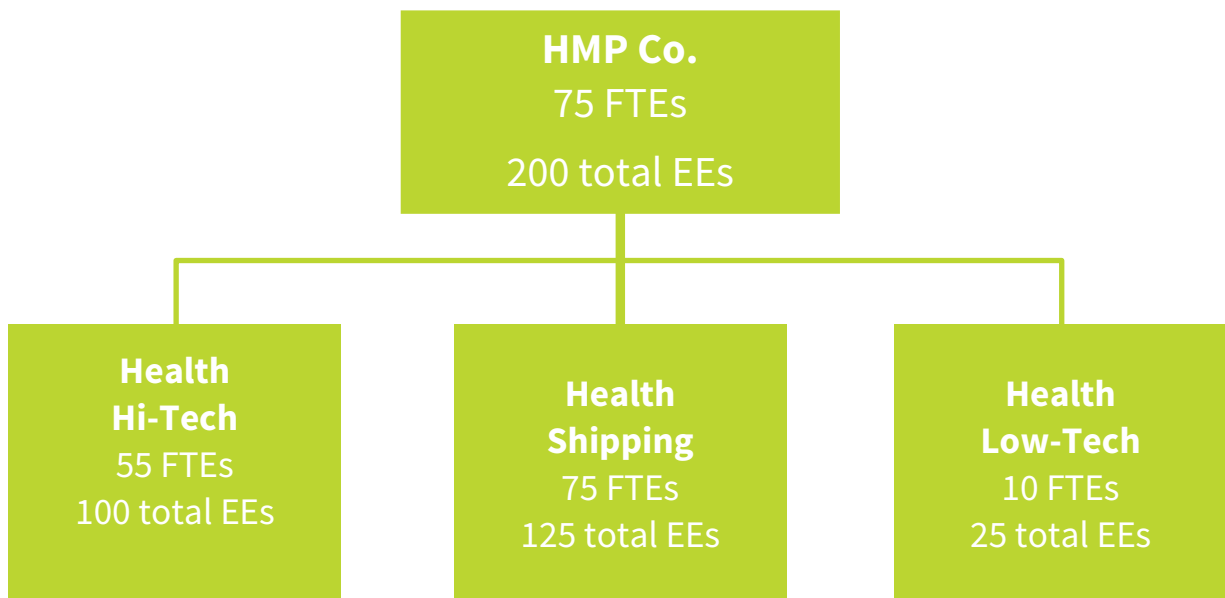
WHO REPORTS WHAT

Large Employer Plan Type	Type of Reporting	Forms Used
Fully-insured	ALE reporting only	Forms 1094/5-C to IRS Form 1095-C to individuals (if required)
Fully-insured with controlled group members	ALE reporting by each member entity	Forms 1094/5-C to IRS Form 1095-C to individuals (if required)
Self-funded plan with no controlled group members	ALE and MEC reporting	Forms 1094/5-C to IRS Form 1095-C to individuals (if required)
Self-funded plan with controlled group members	ALE and MEC reporting by each member entity	Forms 1094/5-C to IRS Form 1095-C to individuals (if required)
Contributions to multiemployer self-funded plan on behalf of FTEs	ALE reporting	Forms 1094/5-C to IRS Form 1095-C to individuals (if required)
Governmental self-funded plan	ALE and MEC reporting — can designate another related governmental unit to report	Forms 1094/5-C to IRS Form 1095-C to individuals (if required)

PUTTING IT ALL TOGETHER

The following are “real-life” examples of how the new reporting requirements work. The completed forms are in the appendix and labeled below.

Health Manufacturer ParentCo. and its subsidiaries create products for the healthcare industry. Health Manufacturer ParentCo. owns at least 80% of each subsidiary. Total and full-time employee counts are noted below. Health plan coverage varies by subsidiary and each subsidiary has a separate EIN. All the health plan coverage is offered to eligible dependents and spouses.



Health Manufacturer Parent Co. (HMP Co.) — 75 FTEs (Example 1)

- Management, employees, and staff
- Uses look-back measurement method to determine full-time status
 - Standard Measurement Period (SMP): Nov. 1 – Oct. 31
 - Administrative Period: Nov. 1 – Dec. 31
 - Stability Period: Jan. 1 – Dec. 31
- Self-funded, calendar year plan
- Offers affordable (FPL safe harbor) minimum value coverage to 100% of full-time employees (a “Qualifying Offer”)
- Waiting period: 1st of the month following 30 days
- Uses the 98% Offer and Qualifying Offer Method



120118

Form 1094-C **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns** ☐ CORRECTED OMB No. 1545-0051

Department of the Treasury Internal Revenue Service **20XX**

Go to www.irs.gov/Form1094C for instructions and the latest information.

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) Health Manufacturing Parent Co.		2 Employer identification number (EIN) 11-2222222	
3 Street address (including room or suite no.) 1234 Making Stuff Ave			
4 City or town Faketown	5 State or province ZZ	6 Country and ZIP or foreign postal code 11111	
7 Name of person to contact Betty Benefits Director		8 Contact telephone number 555-555-5555	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	
17 Reserved			

For Official Use Only

18 Total number of Forms 1095-C submitted with this transmittal 80

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions X

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member 80

21 Is ALE Member a member of an Aggregated ALE Group? X Yes ☐ No
If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):
☒ A. Qualifying Offer Method ☐ B. Reserved ☐ C. Reserved ☒ D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form 1094-C (20XX)

Part III ALE Member Information – Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>		196	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>		202	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>		200	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>		200	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>		203	<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>		201	<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>		201	<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>		199	<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>		199	<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>		201	<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>		201	<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>		202	<input type="checkbox"/>	

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36 Health Shipping Insured	33-4444444	51	
37 Health Hi-Tech	22-3333333	52	
38 Health Lo-Tech	44-5555555	53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

Employees of HMP Co.

- **Sally New Hire** (Example 1A)
 - Hired on January 15 as full-time employee
 - Eligible for coverage on March 1
 - Enrolls husband and child on the plan



600120

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2251 20XX
Part I Employee			Applicable Large Employer Member (Employer)		
1 Name of employee (first name, middle initial, last name) Sally		2 Social security number (SSN) 111-11-111		7 Name of employer Health Manufacturing	
3 Street address (including apartment no.) 1234 Living Dream Way		6 Country and ZIP or foreign postal code 11111		8 Employer identification number (EIN) 11-222222	
4 City or town Faketown		5 State or province ZZ		9 Street address (including room or suite no.) 1234 Making Stuff Ave.	
10 Contact telephone number 555-555-5555		11 City or town Faketown		12 State or province ZZ	
13 Country and ZIP or foreign postal code 11111		14 Offer of Coverage (enter required code) 1H		15 Employee Required Contribution (see instructions) \$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2D		17 ZIP Code		18 Plan Start Month (enter 2-digit number): 01	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (20XX)

Form 1095-C(20XX)

600320
Page 3

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>													
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 Sally	New Hire	111-11-1111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 Husband	New Hire	222-22-2222	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20 Child	New Hire	333-33-3333	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded. The Employer Reporting Improvement Act allows the use of date of birth instead of an SSN/TIN if SSN/TIN are generally unavailable.

Indicator Codes

January – February:

- **1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).
- **2D.** Employee in a section 4980H(b) Limited Non-Assessment Period. Enter Code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b).

March – December:

- **1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). Leave Line 15 blank for any month for which Code 1A is entered on Line 14. The ALE Member may, but is not required, to enter an applicable code on Line 16.

OR

- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. (OPTIONAL – an employer could chose to use Code 1E and then report cost sharing and enrollment in Lines 15 and 16.)
- **2C.** Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter Code 2C on Line 16 for any month in which the multiemployer interim rule relief applies (enter Code 2E). Do not enter Code 2C on Line 16 if Code 1G is entered in the “All 12 Months” box in Line 14 because the employee was not a full-time employee for any month of the calendar year. Do not enter Code 2C on Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter Code 2A).

- **Ivan IMP** (Example 1B)
 - Variable hour employee in an IMP
 - IMP ends on March 31 and April is an administrative period
 - Coverage effective May 1 of that same year



600120

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
20XX

Part I Employee		Applicable Large Employer Member (Employer)																																																															
1 Name of employee (first name, middle initial, last name) Ivan IMP		2 Social security number (SSN) 222-22-2222		7 Name of employer Health Manufacturing				8 Employer identification number (EIN) 11-222222																																																									
3 Street address (including apartment no.) 1234 Waiting Game Rd.				9 Street address (including room or suite no.) 1234 Making Stuff Ave.				10 Contact telephone number 555-555-5555																																																									
4 City or town Faketown		5 State or province ZZ		6 Country and ZIP or foreign postal code 11111		11 City or town Faketown		12 State or province ZZ		13 Country and ZIP or foreign postal code 11111																																																							
Part II Employee Offer of Coverage																																																																	
Employee's Age on January 1																																																																	
Plan Start Month (enter 2-digit number): 01																																																																	
<table border="1"> <tr> <td>All 12 Months</td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>June</td> <td>July</td> <td>Aug</td> <td>Sept</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> </tr> <tr> <td>14 Offer of Coverage (enter required code)</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1H</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> <td>1A</td> </tr> <tr> <td>15 Employee Required Contribution (see instructions)</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)</td> <td>2D</td> <td>2D</td> <td>2D</td> <td>2D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>														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	1A	1A	1A	1A	1A	1A	1A	1A	15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2D	2D	2D	2D								
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	1A	1A	1A	1A	1A	1A	1A	1A																																																					
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$																																																					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2D	2D	2D	2D																																																													
17 ZIP Code																																																																	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C(20XX)**

Form 1095-C (20XX) Page **3**

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 Ivan IMP	222-22-2222		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded. The Employer Reporting Improvement Act allows the use of date of birth instead of an SSN/TIN if SSN/TIN are generally unavailable.

Indicator Codes

January – April:

- **1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).
- **2D.** Employee in a section 4980H(b) Limited Non-Assessment Period. Enter Code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b).

May – December

- **1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). Leave Line 15 blank for any month for which Code 1A is entered on Line 14. The ALE Member may, but is not required, to enter an applicable code on Line 16.

OR

- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. (OPTIONAL – an employer could chose to use Code 1E and then report cost sharing and enrollment in Lines 15 and 16.)
- **2C.** Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter Code 2C on Line 16 for any month in which the multiemployer interim rule relief applies (enter Code 2E). Do not enter Code 2C on Line 16 if Code 1G is entered in the “All 12 Months” box in Line 14 because the employee was not a full-time employee for any month of the calendar year. Do not enter Code 2C on Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter Code 2A).

- **Owen Ongoing** (Example 1C)
 - Owen has been employed for 10 years
 - He always measures full-time and enrolls in the plan
 - He has no changes in status or coverage changes in this calendar year



600120

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
20XX

Part I Employee				Applicable Large Employer Member (Employee)																							
1 Name of employee (first name, middle initial, last name) Owen		2 Social security number (SSN) 333-33-3333		7 Name of employer Health Manufacturing Parent Co.				8 Employer identification number (EIN) 11-2222222																			
3 Street address (including apartment no.) 1234 Status Quo Dr.				9 Street address (including room or suite no.) 1234 Making Stuff Ave.				10 Contact telephone number 555-555-5555																			
4 City or town Faketown		5 State or province ZZ		6 Country and ZIP or foreign postal code 11111				11 City or town Faketown				12 State or province ZZ				13 Country and ZIP or foreign postal code 11111											
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): 01																			
14 Offer of Coverage (enter required code) 1A		All 12 Months		Jan		Feb		Mar		Apr		May		June		July		Aug		Sept		Oct		Nov		Dec	
15 Employee Required Contribution (see instructions)		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																											
17 ZIP Code																											

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (20XX) 600320 Page 3

Form 1095-C (20XX)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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	Owen	Ongoing	333-33-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded. The Employer Reporting Improvement Act allows the use of date of birth instead of an SSN/TIN if SSN/TIN are generally unavailable.

Indicator Codes

- **1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). Leave Line 15 blank for any month for which Code 1A is entered on Line 14. The ALE Member may, but is not required, to enter an applicable code on Line 16.

OR

- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. (OPTIONAL – an employer could chose to use Code 1E and then report cost sharing and enrollment in Lines 15 and 16.)
- **2C.** Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE member, regardless of whether any other code

in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter Code 2C on Line 16 for any month in which the multiemployer interim rule relief applies (enter Code 2E). Do not enter Code 2C on Line 16 if Code 1G is entered in the “All 12 Months” box in Line 14 because the employee was not a full-time employee for any month of the calendar year. Do not enter Code 2C on Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter Code 2A).

- **Donna Decline** (Example 1D)
 - Donna is a full-time employee and has been for four years
 - She measures as full-time and is eligible for coverage during HMP Co's open enrollment
 - Donna declines coverage through HMP Co because she has coverage through her husband



600120

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
20XX

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Donna Decline		2 Social security number (SSN) 444-44-4444		7 Name of employer Health Manufacturing Parent Co.		8 Employer identification number (EIN) 11-2222222	
3 Street address (including apartment no.) 1234 Easy St.				9 Street address (including room or suite no.) 1234 Making Stuff Ave.		10 Contact telephone number 555-555-5555	
4 City or town Faketown		5 State or province ZZ		6 Country and ZIP or foreign postal code 11111		11 City or town Faketown	
				12 State or province ZZ		13 Country and ZIP or foreign postal code 11111	
Part II Employee Offer of 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 Required Contribution (see instructions) \$				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)							
17 ZIP Code							

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (20XX)

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Page 3

Form 1095-C (20XX)

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicator Codes

- **1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). Leave Line 15 blank for any month for which Code 1A is entered on Line 14. The ALE Member may, but is not required, to enter an applicable code on Line 16.

OR

- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. (OPTIONAL – an employer could chose to use Code 1E and then report cost sharing and enrollment in Lines 15 and 16.)

- **2G.** Section 4980H affordability federal poverty line safe harbor. Enter Code 2G if the ALE member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

- **Levi O'Absence** (Example 1E)
 - Levi is a full-time employee and has been for two years
 - He measures as full-time and is eligible for coverage during HMP Co's open enrollment
 - Levi enrolls in coverage and has an unpaid leave of absence (e.g., FMLA leave, unpaid furlough) for three months (April 1st – June 30th), but remains eligible and enrolled in coverage due to stability period, with no change in premium



600120

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251 20XX	
Part I Employee						Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Levi O'Absence		2 Social security number (SSN) 777-77-7777		7 Name of employer Health Manufacturing Parent Co.		8 Employer identification number (EIN) 11-2222222			
3 Street address (including apartment no.) 321 Breakpoint Lane				9 Street address (including room or suite no.) 1234 Making Stuff Ave.		10 Contact telephone number 555-555-5555			
4 City or town Faketown		5 State or province ZZ		6 Country and ZIP or foreign postal code 11111		11 City or town Faketown		12 State or province ZZ	
13 Country and ZIP or foreign postal code 11111									
Part II Employee Offer of 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 Required Contribution (see instructions) \$						\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)									
17 ZIP Code									

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (20XX)

Form 1095-C (2(20XX))

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Page 3

Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 Levi O'Absence		777-77-7777		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded. The Employer Reporting Improvement Act allows the use of date of birth instead of an SSN/TIN if SSN/TIN are generally unavailable.

Indicator Codes

- **1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). Leave Line 15 blank for any month for which Code 1A is entered on Line 14. The ALE Member may, but is not required, to enter an applicable code on Line 16.

OR

- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. (OPTIONAL – an employer could chose to use Code 1E and then report cost sharing and enrollment in Lines 15 and 16.)
- **2C.** Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter Code 2C on Line 16 for any month in which the multiemployer

interim rule relief applies (enter Code 2E). Do not enter Code 2C on Line 16 if Code 1G is entered in the “All 12 Months” box in Line 14 because the employee was not a full-time employee for any month of the calendar year. Do not enter Code 2C on Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter Code 2A).

Health High-Tech., Inc. Sub 1 — 55 FTEs (Example 2)

- Full-time and part-time skilled employees
- No variable schedules
- Plan eligibility at 25 hours a week
- Uses the monthly method to determine full-time status
- Self-funded, minimum value calendar year plan
- No affordability safe harbor
- Waiting period: 1st of the month following 60 days of employment
- Retiree coverage: pre-65 retirees remain on plan and post-65 retirees move to an insured Medicare supplement plan that requires Medicare Parts A&B enrollment



120118

Form **1094-C**

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

► Go to www.irs.gov/Form1094C for instructions and the latest information.

☐ CORRECTED

OMB No. 1545-2251

2020

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) Health Hi-Tech		2 Employer identification number (EIN) 22-3333333
3 Street address (including room or suite no.) 4321 Upscale Alley		
4 City or town Fauxville	5 State or province ZZ	6 Country and ZIP or foreign postal code 22222
7 Name of person to contact Alice Administrator		8 Contact telephone number 555-555-5555
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 Country and ZIP or foreign postal code
15 Name of person to contact		16 Contact telephone number

20XX

For Official Use Only

17 Reserved ☐

18 Total number of Forms 1095-C submitted with this transmittal ► 60

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions ☒

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member ► 60

21 Is ALE Member a member of an Aggregated ALE Group? ☒ Yes ☐ No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

☐ A. Qualifying Offer Method

☐ B. Reserved

☐ C. Reserved

☐ D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature

Title

Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Form **1094-C** (20XX)

Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>	51	98	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>	50	98	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>	49	96	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>	50	98	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>	48	96	<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>	50	98	<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>	48	96	<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>	47	95	<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>	51	100	<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>	51	100	<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>	52	101	<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>	55	103	<input type="checkbox"/>	

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36 Health Manufacturing Parent Co.	11-2222222	51	
37 Health Shipping Insured	33-4444444	52	
38 Health Lo-Tech	44-5555555	53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

HHT Sub 1 Employees

- **Nancy New Full-Time** (Example 2A)
 - Hired in March
 - Enrolls herself and husband on June 1 after satisfying the plan's waiting period
 - Gets fired on August 15 and coverage terminates before the end of the month
 - Elects COBRA for herself but not for her husband



600120

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
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OMB No. 1545-2251
20XX

☐ VOID
☐ CORRECTED

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Nancy		2 Social security number (SSN) 111-11-1111		7 Name of employer Health Hi-Tech		8 Employer identification number (FIN) 22-3333333	
3 Street address (including apartment no.) 543 Pretend St.				9 Street address (including room or suite no.) 4321 Upscale Alley			
4 City or town Fauxville		5 State or province ZZ		11 City or town Fauxville		12 State or province ZZ	
6 Country and ZIP or foreign postal code 22222				10 Contact telephone number 555-5555			

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	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
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 135.00	\$ 135.00	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D	2D	2C	2C	2B	2A	2A	2A	2A

17 ZIP Code

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C(20XX)**

(20XX)

600320

Form 1095-C (2020)

Page 3

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the date of birth.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 Nancy	New Full-Time	111-11-1111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19 Husband	New Full-Time	222-22-2222	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COBRA*

No COBRA**

*If Nancy had active coverage until the end of the month in which she was fired, the codes for August would remain 1E/2C. For September – December, coding would change to 1H/2A.

** The box for August is checked for her husband because he had coverage at least one day during that month even though he did not enroll in COBRA.

Note: Part III, MEC reporting, is required because plan is self-funded. The Employer Reporting Improvement Act allows the use of date of birth instead of an SSN/TIN if SSN/TIN are generally unavailable.

Indicator Codes

- **1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).
- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. Do not use Code 1E if the coverage for the spouse was offered conditionally. Instead use Code 1K.

- **2A.** Employee not employed during the month. Enter Code 2A if the employee was not employed on any day of the month. Do not use Code 2A for a month if the individual is an employee of the employer on any day of the month. Do not use this code for the month during which an employee terminates employment with the employer.
- **2B.** Employee not a full-time employee. Enter Code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter Code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).
- **2D.** Employee in a section 4980H (b) Limited Non-Assessment Period. Enter Code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H (b).
- **2C.** Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter Code 2C on Line 16 for any month in which the multiemployer interim rule relief applies (enter Code 2E). Do not enter Code 2C on Line 16 if code 1G is entered in the “All 12 Months” box on Line 14 because the employee was not a full-time employee for any month of the calendar year. Do not enter Code 2C on Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter Code 2A).

- **Peter New Part-Time** (Example 2B)
 - Hired in May to work a 25 hour per week schedule
 - Offered coverage effective August 1 after satisfying the plan's waiting period
 - Enrolls wife on initial eligibility and she has a baby in September



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Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
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☐ CORRECTED

OMB No. 1545-2251
20XX

Part I Employee				Applicable Large Employer Member (Employer)											
1 Name of employee (first name, middle initial, last name) Peter		2 Social security number (SSN) 222-22-2222		7 Name of employer Health Hi-Tech						8 Employer identification number (EIN) 22-3333333					
3 Street address (including apartment no.) 92 Whatever Way				9 Street address (including room or suite no.) 4321 Upscale Alley						10 Contact telephone number 555-555-5555					
4 City or town Fauxville		5 State or province ZZ		6 Country and ZIP or foreign postal code 22222		11 City or town Fauxville		12 State or province ZZ		13 Country and ZIP or foreign postal code 22222					
Part II Employee Offer of 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 Required Contribution (see instructions) \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)															
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C(20XX)**

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Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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	Peter	New Part-Tim	222-22-2222	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Wife	New Part-Tim	333-33-3333	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	Baby	New Part-Tim	9/28/20XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded. The Employer Reporting Improvement Act allows the use of date of birth instead of an SSN/TIN if SSN/TIN are generally unavailable.

Indicator Codes

- **1G.** Offer of coverage to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.

- **Sam Shareholder** (Example 2C)
 - Has covered his wife and kids for the last three years



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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-2251
20XX

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Sam		2 Social security number (SSN) 333-33-3333		7 Name of employer Health Hi-Tech		8 Employer identification number (EIN) 22-3333333	
3 Street address (including apartment no.) 35 Stock St.				9 Street address (including room or suite no.) 4321 Upscale Alley		10 Contact telephone number 555-555-5555	
4 City or town Fauxville		5 State or province ZZ		6 Country and ZIP or foreign postal code 22222		11 City or town Fauxville	
						12 State or province ZZ	
						13 Country and ZIP or foreign postal code 22222	
Part II Employee Offer of 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 Required Contribution (see instructions) \$				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)							
17 ZIP Code							

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C(20XX)**

Form 1095-C (20XX)

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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	Sam	Shareholder	333-33-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Wife	Shareholder	444-44-4444	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Son	Shareholder	555-55-5555	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Daughter	Shareholder	666-66-6666	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded. The Employer Reporting Improvement Act allows the use of date of birth instead of an SSN/TIN if SSN/TIN are generally unavailable.

Indicator Codes

- **1G.** Offer of coverage to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.

- **Rhonda Retiree** (Example 2D)
 - Is in third year of self-funded pre-65 retiree coverage



600120

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
20XX

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Rhonda Retiree		2 Social security number (SSN) 444-44-4444		7 Name of employer Health Hi-Tech		8 Employer identification number (EIN) 22-3333333	
3 Street address (including apartment no.) 4321 Golden Years Ln.				9 Street address (including room or suite no.) 4321 Upscale Alley		10 Contact telephone number 555-555-5555	
4 City or town Fauxville		5 State or province ZZ		6 Country and ZIP or foreign postal code 22222		11 City or town Fauxville	
				12 State or province ZZ		13 Country and ZIP or foreign postal code 22222	
Part II Employee Offer of 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 Required Contribution (see instructions) \$							
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)							
17 ZIP Code							

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (20XX)

600320

Form 1095-C(20XX)

Page 3

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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	Rhonda Retiree	444-44-4444		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded.

Indicator Codes

- **1G.** Offer of coverage to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.

- Ralph Reduction
 - New full-time employee (not in a stability period) who enrolls in coverage for himself and his wife during open enrollment
 - Due to a reduction hours (which may include a furlough), Ralph loses eligibility for the plan for the months of April – December
 - Elects COBRA for himself but not his wife; the COBRA rate for self-only coverage is \$350 per month



600120

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
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OMB No. 1545-2251
20XX

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Part I Employee				Applicable Large Employer Member (Employer)												
1 Name of employee (first name, middle initial, last name) Ralph Reduction		2 Social security number (SSN) 888-88-8888		7 Name of employer Health Manufacturing Parent Co.				8 Employer identification number (EIN) 11-2222222								
3 Street address (including apartment no.) 321 Hardly Working Road				9 Street address (including room or suite no.) 1234 Main Street, Apt. 555				10 Contact telephone number 555-555-5555								
4 City or town Faketown		5 State or province ZZ		6 Country and ZIP or foreign postal code 11111		11 City or town Faketown				13 Country and ZIP or foreign postal code 11111						
Part II Employee Offer of Coverage				Employee's Access to Insurance												
14 Offer of Coverage (enter required code)				All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)				\$	\$	\$	\$	\$ 350.00	\$ 350.00	\$ 350.00	\$ 350.00	\$ 350.00	\$ 350.00	\$ 350.00	\$ 350.00	\$ 350.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)								2C	2C	2C	2C	2C	2C	2C	2C	
17 ZIP Code																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (20XX)

Form 1095-C (20XX)

600320
Page 3

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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 Ralph Reduction	888-88-8888		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Wife Reduction	999-99-9999		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Part III, MEC reporting, is required because plan is self-funded.

Indicator Codes

- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. Do not use Code 1E if the coverage for the spouse was offered conditionally. Instead use Code 1K.
- **1B.** Minimum essential coverage providing minimum value offered to employee only.
- **2C.** Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter Code 2C on Line 16 for any month in which the multiemployer interim rule relief applies (enter Code 2E). Do not enter Code 2C on Line 16 if code 1G is entered in the "All 12 Months" box on Line 14 because the employee was not a full-time employee for any month of the calendar year. Do not enter Code 2C on Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter Code 2A).

Health Shipping Insured Co. Sub 2 - 125 employees (Example 3)

- 25 full-time regular employees
- 25 part-time employees
- 25 full-time union employees for whom contribution to union plan is made
 - Union plan is affordable, minimum value plan
- 50 variable hour employees (25 measure full-time)
- Fully insured medical plan with July 1 plan year
- Look back measurement method to determine full-time status
 - SMP: May 1 – Apr. 30
 - Admin Period: May and June
 - Stability Period: July 1 – June 30



120118

Form 1094-C Department of the Treasury Internal Revenue Service		Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns Go to www.irs.gov/Form1094C for instructions and the latest information.		<input type="checkbox"/> CORRECTED	OMB No. 1545-2251 20XX
Part I Applicable Large Employer Member (ALE Member)					
1 Name of ALE Member (Employer) Health Shipping Insured		2 Employer identification number (EIN) 33-4444444			
3 Street address (including room or suite no.) 1234 Notaroad					
4 City or town Noville	5 State or province XX	6 Country and ZIP or foreign postal code 33333			
7 Name of person to contact Brian Benefits		8 Contact telephone number 555-555-5555			
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)			
11 Street address (including room or suite no.)					
12 City or town	13 State or province	14 Country and ZIP or foreign postal code			
15 Name of person to contact		16 Contact telephone number			
17 Reserved					
18 Total number of Forms 1095-C submitted with this transmittal					80
19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Part II ALE Member Information					
20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member					80
21 Is ALE Member a member of an Aggregated ALE Group?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "No," do not complete Part IV.					
22 Certifications of Eligibility (select all that apply):					
<input type="checkbox"/> A. Qualifying Offer Method <input type="checkbox"/> B. Reserved <input type="checkbox"/> C. Reserved <input type="checkbox"/> D. 98% Offer Method					
Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.					
Signature		Title		Date	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Form 1094-C (20XX)

Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>	60	125	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>	60	125	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>	60	123	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>	60	122	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>	60	122	<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>	70	125	<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>	70	126	<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>	75	130	<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>	75	130	<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>	76	131	<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>	76	130	<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>	75	129	<input type="checkbox"/>	

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name		EIN	Name		EIN
36	Health Mfg. Parent Co.	11-2222222	51		
37	Health Hi-Tech	22-3333333	52		
38	Health Lo-Tech	44-5555555	53		
39			54		
40			55		
41			56		
42			57		
43			58		
44			59		
45			60		
46			61		
47			62		
48			63		
49			64		
50			65		

HSI Sub 2 Employees

- Mike Multiemployer (Example 3A)
 - HSI makes contribution to affordable, minimum value union plan all year



600120

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
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☐ VOID
☐ CORRECTED

OMB No. 1545-2251
20XX

Part I Employee

1 Name of employee (first name, middle initial, last name) Mike
2 Social security number (SSN) 555-55-5555
3 Street address (including apartment no.) 123 Concerted Activity Drive
4 City or town Noville
5 State or province ZZ
6 Country and ZIP or foreign postal code 3333
7 Name of employer Health Shipping Insured
8 Employer identification number (EIN) 33-444444
9 Street address (including room or suite no.) 1234 Notaroad
10 Contact telephone number 555-555-5555
11 City or town Noville
12 State or province ZZ
13 Country and ZIP or foreign postal code 33333

Part II Employee Offer of Coverage

Employee's Age on January 1: 07
Plan Start Month (enter 2-digit number): 07

	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 Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2E												
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (20XX)

Form 1095-C (20XX) Page **3**

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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															

UNION/INSURER DOES MEC REPORTING

Indicator Codes

(20XX)

1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).

2E. Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer arrangement interim guidance applies for that employee, regardless of whether any other code in Code Series 2 (including Code 2C) might also apply.

Health Low-tech Sub 3 — 25 employees (Example 4)

- 10 full-time employees
- 15 variable hour employees
- No offer of coverage



120118

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

Department of the Treasury Internal Revenue Service [Go to www.irs.gov/Form1094C](http://www.irs.gov/Form1094C) for instructions and the latest information.

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) Health Lo-Tech		2 Employer identification number (EIN) 44-555555
3 Street address (including room or suite no.) 1234 Luddite Ln.		
4 City or town Notaplace	5 State or province ZZ	6 Country and ZIP or foreign postal code 44444
7 Name of person to contact Harrison Human Resources		8 Contact telephone number 555-555-5555
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 Country and ZIP or foreign postal code
15 Name of person to contact		16 Contact telephone number
17 Reserved		

For Official Use Only

18 Total number of Forms 1095-C submitted with this transmittal 10

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions ☒ Yes ☐ No

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member 10

21 Is ALE Member a member of an Aggregated ALE Group? ☒ Yes ☐ No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

☐ A. Qualifying Offer Method ☐ B. Reserved ☐ C. Reserved ☐ D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form 1094-C (20XX)

Part III ALE Member Information – Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>	10	26	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>	10	26	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>	11	27	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>	12	27	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>	11	26	<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>	10	26	<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>	10	26	<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>	10	26	<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>	11	27	<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>	12	27	<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>	10	25	<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>	11	25	<input type="checkbox"/>	

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name		EIN	Name		EIN
36	Health Mfg. Parent Co.	11-2222222	51		
37	Health Shipping Insured Co.	22-3333333	52		
38	Health Hi Tech	44-5555555	53		
39			54		
40			55		
41			56		
42			57		
43			58		
44			59		
45			60		
46			61		
47			62		
48			63		
49			64		
50			65		

Health Low-Tech Sub 3 Employee

- Ned No Offer (Example 4A)
 - Works full-time
 - No offer of coverage



600120

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251 20XX
Part I Employee				Applicable Large Employer Member (Employer)				
1 Name of employee (first name, middle initial, last name) Ned		2 Social security number (SSN) 111-11-1111		7 Name of employer Health Lo-Tech		8 Employer identification number (EIN) 44-5555555		
3 Street address (including apartment no.) 1234 Hung To Dry Dr.				9 Street address (including room or suite no.) 1235 Luddite Ln		10 Contact telephone number 555-555-5555		
4 City or town Notaplace		5 State or province ZZ		6 Country and ZIP or foreign postal code 44444		11 City or town Notaplace		12 State or province ZZ
13 Country and ZIP or foreign postal code 44444				14 Plan start month (enter 2-digit number): 07				
Part II Employee Offer of Coverage				Employee's Age on January 1				
14 Offer of Coverage (enter required code) 1H								
15 Employee Required Contribution (see instructions) \$								
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)								
17 ZIP Code								

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (20XX)

600320

Form 1095-C(20XX) Page 3																
Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicator Codes

- **1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).

DEFINITIONS

ALE — Applicable Large Employer

ALE Member — Applicable Large Employer Member

MEC — Minimum Essential Coverage

Affordable — Employee only premium <9.5% (not shown as indexed) of employee's household income

Minimum value — 60% actuarial value. Most employer provided major medical meets the threshold

Monthly method — Monthly determination of full-time employee status

Look-back method — Determining full-time employee status over an extended period of time and then locking in that status for an extended period of time in the future

Subsection (a) penalties — \$2000 (not shown as indexed) x all full-time employees (minus the first 30)

Subsection (b) penalties — \$3000 (not shown as indexed) x each individual employee who enrolls in *subsidized* Exchange coverage

INDICATOR CODES

LINE 14

1A. Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution for self-only coverage equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).

1B. Minimum essential coverage providing minimum value offered to employee only.

1C. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).

1D. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)). Do not use Code 1D if the coverage for the spouse was offered conditionally. Instead use Code 1J.

1E. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. Do not use Code 1E if the coverage for the spouse was offered conditionally. Instead use Code 1K.

1F. Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse and dependents.

1G. Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.

Note: Code 1G applies for the entire year or not at all. Therefore, if Code 1G applies, an ALE Member must enter Code 1G on Line 14 in the “All 12 Months” column or in each separate monthly box (for all 12 months).

1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).

1I. Reserved.

1J. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s).

1K. Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse.

1L. ICHRA offered to employee only with affordability determined by using employee’s primary residence location ZIP code.

1M. ICHRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee’s primary residence location ZIP code.

1N. ICHRA offered to employee, spouse, and dependent(s) with affordability determined by using employee’s primary residence location ZIP code.

1O. ICHRA offered to employees only using the employee’s primary employment site ZIP code affordability safe harbor.

1P. ICHRA offered to employee and dependent(s) (not spouse) using the employee’s primary employment site ZIP code affordability safe harbor.

1Q. ICHRA offered to employee, spouse, and dependent(s) using employee's primary employment site ZIP code affordability safe harbor.

1R. ICHRA that is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse and dependents.

1S. Individual coverage offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (not dependents) with affordability determined using employee's primary residence location ZIP code.

1U. Individual coverage HRA offered to employee and spouse (not dependents) using employee's primary employment site ZIP code affordability safe harbor.

LINE 15

Complete Line 15 only if Code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1Q, 1T, or 1U is entered on Line 14 either in the "All 12 Months" box or in any of the monthly boxes. Enter the amount of the Employee Required Contribution, which is, generally, the employee share of the monthly cost for the lowest-cost self-only minimum essential coverage providing minimum value that is offered to the employee. Enter the amount including any cents. If the employee is offered coverage but the Employee Required Contribution is zero, enter "0.00" (do not leave blank). If the Employee Required Contribution was the same amount for all 12 calendar months, you may enter that monthly amount in the "All 12 Months" box and not complete the monthly boxes. If the Employee Required Contribution was not the same for all 12 months (for instance, if an ALE Member has a non-calendar year plan and the employee share of the premium changes with the new plan year that starts in 2017), enter the amount in each calendar month for which the employee was offered minimum value coverage.

LINE 16

For each calendar month, enter the applicable code, if any, from Code Series 2. Enter only one code from Code Series 2 per calendar month. The instructions below address which code to use for a month if more than one code from Series 2 could apply. If the same code applies for all 12 calendar months, enter the code in the "All 12 Months" box. If none of the codes apply for a calendar month, leave the Line blank for that month.

Safe Harbor Codes and Other Relief for Employers

2A. Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the month. Do not use code 2A for a month if the individual is an employee of the employer on any day of the month. Do not use this code for the month during which an employee terminates employment with the ALE Member.

2B. Employee not a full-time employee. Enter Code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter Code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).

2C. Employee enrolled in coverage offered. Enter Code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE Member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter Code 2C on Line 16 for any month in which the multiemployer interim rule relief applies (enter Code 2E). Do not enter Code 2C on Line 16 if Code 1G is entered on Line 14. Do not enter Code 2C on Line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage (enter Code 2A). Do not enter Code 2C on Line 16 for any month in which the employee enrolled in coverage that was not minimum essential coverage.

2D. Employee in a section 4980H(b) Limited Non-Assessment Period. Enter Code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b). If an employee is in an initial measurement period, enter Code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not Code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the ALE Member is also eligible for the multiemployer interim rule relief for the month, enter Code 2E (multiemployer interim rule relief) and not Code 2D (employee in a section 4980H(b) Limited Non-Assessment Period).

2E. Multiemployer interim rule relief. Enter Code 2E for any month for which the multiemployer arrangement interim guidance applies for that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply.

Note: Although ALE Members may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer arrangement interim guidance, an ALE Member eligible for the relief provided in the multiemployer arrangement interim guidance for a month for an employee should enter Code 2E (multiemployer interim rule relief), and not Code 2F, 2G, or 2H (codes for section 4980H affordability safe harbors).

2F. Section 4980H affordability Form W-2 safe harbor. Enter Code 2F if the ALE Member used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an ALE Member uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.

2G. Section 4980H affordability federal poverty line safe harbor. Enter Code 2G if the ALE Member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

2H. Section 4980H affordability rate of pay safe harbor. Enter Code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

2I. Reserved.

Note: An affordability safe harbor code should not be entered on Line 16 for any month that the ALE member did not offer minimum essential coverage, including an ICHRA, to at least 95% of its full-time employees and their dependents (that is, any month for which the ALE member checked the “No” box on Form 1094-C, Part III, column (a)).

Revised (12-2024)