USET Employer Mandate Webinar

Reporting Requirements for Tribal Employers under the ACA.

December 8, 2015
Disclaimer

This training material is for informational purposes only and is not intended as tax or legal advice. Please talk with your attorney or tax professional for specific questions related to your Tribe or Tribal entity as an employer.

In addition, this training material is an introduction to the ACA large employer reporting rules and does not cover all of the rules in the Final Regulations applicable to large employers.
IRS Information Reporting

Applicable Large Employers

- Forms:
  - 1094-C: Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns
    (due to IRS by 02/29/16 if filing by paper; due by 03/31/2016 if filing electronically)*
  - 1095-C: Employer Provided Health Insurance Offer and Coverage (due to employee no later than 01/31/2016) AND (due to IRS by 02/29/16 if filing by paper; due by 03/31/2016 if filing electronically)

Self-insured Plans

- Forms:
  - 1094-B: Transmittal of Health Coverage Information Returns
    (due to IRS by 02/29/16 if filing by paper; due by 03/31/2016 if filing electronically)*
  - 1095-B: Health Coverage
    (due to employee no later than 01/31/2016)
Applicable Large Employer Reporting Requirements
General Reporting Rule

• One 1095-C form will need to be completed for each employee.
• 1094-C is used to provide the IRS summary of information for each employer and used to transmit 1095-C to the IRS.
• Requires reporting on all full time employees for each month
• Requires reporting on a month by month basis of whom the coverage was offered to (employee, spouse, dependent), and employee share of lowest cost monthly minimum essential coverage option
Purpose of Forms

1094-C and 1095-C are used in determining if an employer owes a payment under the shared responsibility provisions.

1095-C is also used to determine eligibility of employees for the premium tax credit.
Completing 1095-C

• Employers are required to complete one form for each employee.

• Employers offering typical group plans are required to complete Parts I and II.

• Employers offering employer-sponsored self-insured health plans are required to complete Parts I, II and III.
1095-C

• Alternative forms can be used instead of IRS Form 1095-C if they include all the same information.
• Statements must be furnished to employees by paper unless recipient affirmatively consents to receive the statement in electronic format.
• Copies should be retained for at least 3 years.
Completing 1095-C PART 1
Simple and Straight Forward

<table>
<thead>
<tr>
<th>Part I Employee</th>
<th></th>
<th>Applicable Large Employer Member (Employer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of employee</td>
<td>Social security number (SSN)</td>
<td>Name of employer</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>XXX-XX-1234</td>
<td>ABC NATION</td>
</tr>
<tr>
<td>Street address (including apartment no.)</td>
<td>Street address (including room or suite no.)</td>
<td></td>
</tr>
<tr>
<td>100 DOE DRIVE</td>
<td>222 ABC DRIVE</td>
<td></td>
</tr>
<tr>
<td>City or town</td>
<td>State or province</td>
<td>City or town</td>
</tr>
<tr>
<td>STORYBROOK</td>
<td>ME</td>
<td>STORYBROOK</td>
</tr>
<tr>
<td>5</td>
<td>11111</td>
<td>11111</td>
</tr>
</tbody>
</table>

Employer identification number (EIN): 01-XXXXXXX
Contact telephone number: 207-123-1234 EXT 12
1095-C Part II: Line 14

For each calendar month, enter the applicable code .

If the same code applies, enter the applicable code in “All 12 months” box.
Minimum Value

• A plan provides minimum value if the plan pays at least 60% of the costs of benefits for a standard population and provides substantial coverage of inpatient hospitalization and physician services.
1095-C Part II
Line 14 Offer of Coverage Indicator Codes

• 1A- Qualifying offer: Minimal essential coverage providing minimum value offered to full time employees with the employee contribution equal to or less than 9.5% of their income and coverage offered to spouse and dependents

• 1B- MEC providing minimum value offered to employee only
1095-C Part II
Line 14 Offer of Coverage Indicator Codes

- **1C** - MEC providing minimum value offered to employee and dependents (not spouse)

- **1D** - MEC providing minimum value offered to employee and spouse (not dependents)

- **1E** - MEC providing minimum value offered to employee and at least MEC to dependents and spouse
1095-C Part II
Line 14 Offer of Coverage Indicator Codes (Continued)

• **1F-** MEC **not** providing minimum value offered to the employee; employee and spouse or dependent(s); or employee, spouse and dependents.

• **1G-** Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year.
1095-C Part II
Line 14 Offer of Coverage Indicator Codes (Continued)

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

• 1I- Qualifying offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage; received an offer that is not a qualifying offer; or received a qualifying offer for less than 12 months.
Part II: Line 14

For each calendar month, enter the applicable code.

If the same code applies, enter the applicable code in “All 12 months” box.
1095-C Part II
Line 15

Complete line 15 **only** if code 1B, 1C, 1D or I/E is used in any box of line 14
EXAMPLE
Qualifying offer of MEC to Employee, Spouse and Dependents in 2015. The employee was enrolled in coverage all 12 months

Plan Start Month is Option for 2015
1095-C PART II
Line 15

Complete line 15 only if code 1B, 1C, 1D, 1E is used in any box on line 14.

Enter the amount of the **employee share** of the lowest-cost monthly premium for self-only MEC providing minimum value that is offered to the employee.

**Note:**
Include any cents
If not using “all 12 months” box, do not leave any months blank. Use 0.00

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<table>
<thead>
<tr>
<th>Part II</th>
<th>Employee Offer and Coverage</th>
<th>Plan Start Month (Enter 2-digit number: 05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Offer of Coverage (enter required code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage</td>
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</tr>
<tr>
<td>All 12 Months</td>
<td>Jan</td>
<td>Feb</td>
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<tr>
<td>16 Applicable Section 4980H Safe Harbor (enter code, if applicable)</td>
<td>2A</td>
<td>2A</td>
</tr>
</tbody>
</table>

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**OPTIONAL FOR 2015**
1095-C Part II
Line 16

• For each calendar month, enter the applicable code, if any, from Code Series 2.

• Use “All 12 months” box if the same code applies to all 12 calendar months.

• If none of the codes apply for a calendar month, leave the line blank for that month.
1095-C Part II
Line 16 Code Series

- 2A- Employee not employed during the month.
  - Do not use if the individual was an employee for any day of that month.
  - Do not use if the employee terminates employment with the employer.
1095-C Part II
Line 16 Code Series (Continued)

• 2B- Employee is not a full time employee.
  – Use if employee is not full time employee for the month and did not enroll in MEC, if offered.
  – Use if the employee is full time for the month and whose offer of coverage ended before the last day of the month solely because the employee terminated employment during the month.
  – Use for January 2015 if employee was offered heath coverage no later than the first day of the first payroll period that begins January 2015 and the coverage offered was affordable and provided minimum value
1095- C Part II
Line 16 Code Series (Continued)

• 2C- Employee enrolled in coverage offered.
  – Do not use this code for any month which a terminated employee is enrolled in COBRA Coverage.
  – Do use this code if 1G is used the “All 12 Months” box of line 14 because the employee was not a full time employee for any months of the calendar year
1095-C Part II
Line 16 Code Series (Continued)

• 2D- Employee in a section 4980H(b) Limited Non-Assessment Period.
  – Use 2E of the employer is also eligible for multi-employer interim rule relief.

• 2E- Multiemployer interim rule relief.
  – An employer is treated as offering health care coverage to an employee if the employer is required by a collective bargaining agreement or related participation agreement to make contributions on behalf of that employee to a multiemployer plan that offers minimum value to the eligible employees and dependents.
1095-C Part II
Line 16 Code Series (Continued)

• 2F- Use this code if the employer used section 4980H Form W-2 safe harbor to determine affordability.
  – *If an employer uses this safe harbor, it must be used for all months of the calendar year for which the employee is offered health coverage.*

• 2G- Use this code if the employer used federal poverty line safe harbor.
1095-C Part II
Line 16 Code Series (Continued)

• 2H- Use this code if using the affordability rate of pay safe harbor.

• 2I- Non-calendar year transition relief applies to this employee.
  – Employer must certify they have met the following conditions:
    • ALE or ALE Group that had 50-99 FT employees on business days in 2014.
    • During 02/09/2014 through 12/31/2014 did not reduce its workforce or overall hours in order to qualify for the transition relief
    • During 02/09/2014 through 12/31/2014 (or the last day of non-calendar year plan) did not reduce health coverage offered.
1095- C Part III
To be completed by Employer-Sponsored Self-Insured Plans ONLY

• Employer-sponsored self-insured health coverage does not include coverage under a multiemployer plan.
• This part must be completed by an employer offering self-insured health coverage for any individual who was an employee for one or more calendar months of the year, whether full-time or non-full-time, and who enrolled in coverage.
• All employee family members that are covered need to be included on this form.
1095- C Part III
Employer-Sponsored Self-Insured Plans ONLY

Click Box indicating that the employer provided self-insured coverage.
Column A: Name of covered individuals (including employee)
Column B: Social Security
Column C: DOB only if social Security number is not available
Column D: If covered all 12 months
Column E: Each month covered if not all 12 months
Continuation Sheets Available if needed

<table>
<thead>
<tr>
<th>Covered Individuals</th>
<th>SSN</th>
<th>Covered all 12 months</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACK DOE</td>
<td>XXX-XX-2345</td>
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<tr>
<td>JANICE DOE</td>
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You may request an extension of time to furnish statements to recipients by sending a letter to the IRS.
Requests must be postmarked by the date on which the notices are due to recipients.
Generally granted for 30 days.
Letter must include:
- Filer name
- Filer TIN
- Filer address
- Type of return
- Statement that extension request is for providing statements to recipients
- Reason for the delay
- Signature of authorized agent.
IRS Transmittal Form 1094-C
Important Definitions

- Applicable Large Employer (ALE)
- Aggregated ALE Group
- Applicable Large Employer Member (ALE Member)
- Designated Governmental Entity (DGE)
Applicable Large Employer (ALE)

• Any single employer or group of employers, that employed an average of at least 50 full-time employees on business days in the preceding calendar year.
Aggregated ALE Group

• A group of ALE members treated as a single employer.

  – Governmental entities and churches or conventions or association of churches, may apply a reasonable, good faith interpretation of the aggregation rules in determining their status as an ALE or member of an Aggregated ALE Group.
Applicable Large Employer Member (ALE Member)

• A single person or entity that is an ALE, or if applicable, each person or entity that is a member of an Aggregated ALE Group.
Designated Governmental Entity (DGE)

• A person or persons that are part of or related to the Governmental Unit that is the ALE Member that is appropriately designated for purposes of these reporting requirements.

– If a Governmental Unit delegates some or all of its reporting responsibilities to a DGE for some or all of its employees, one Authoritative Transmittal must still be filed for that Governmental Unit.
1094-C: Part I ALE Member

- Line 1: Employers name
- Line 2: Employer EIN* (not Social Security number)
- Line 3-6: Complete Address
- Line 7-8: Name of telephone number of contact person responsible
- Line 9: Complete if you are a DGE.
- Line 10: Designated Governmental Entity (DGE) EIN (different than line 2)*

*Valid EIN required to process
1094-C Part I ALE Member (Continued)

• Lines 11-14: Enter DGE Complete Address
• Lines 15-16: Name and address of person responsible for answering questions about this form
• Line 17: Blank - Reserved for future use
• Line 18: Total number of 1095-C forms submitted with this transmittal
• Line 19: Complete only if this is the Authoritative Transmittal for the employer
1094-C Part 1 (Continued)

• Only one Authoritative Transmittal is to be submitted.
  – If this is not the Authoritative Transmittal for the Employer, do not complete Parts II, III or IV of the form.
  – Insert signature, title and date.
**1094-C Part I Example**

Non-Authoritative Transmittal complete Part 1: Lines 1-18

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**Part I: Applicable Large Employer Member (ALE Member)**

<table>
<thead>
<tr>
<th>Name of ALE Member (Employer)</th>
<th>Employer Identification number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Nation</td>
<td>01-XXXXXXXX</td>
</tr>
</tbody>
</table>

**Additional Information**

- **Address**: 123 ABC Drive, Storybrook, ME 03-XXXXXX
- **Contact Person**: Jane Doe, 207-123-1234 ext 12
- **Employer Information**: ABC Human Resource Division, 223 Nation Drive, Storybrook, ME 11111

**For Official Use Only**

- **Transmittal Number**: 275

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**Add signature**

**Insert date**
Non-Authoritative Transmittal

• Example: You complete all 1095-C’s and file them in February or March as required. Two weeks later, you realize you forgot to attach a one or more 1095-C forms to your original batch. You would complete 1094-C Part 1 lines 1-18, sign and date the form and submit to the IRS as a Non-Authoritative Transmittal.
1094-C Part II: ALE Information

Lines 20-22 should be completed only for the Authoritative Transmittal for the Employer.

Line 20: Number of 1095-C forms that will be filed by and/or on behalf of the employer.
1094-C Part II (Continued)

• Line 21: Check “yes” if during any month of the calendar year the employer was a member of an Aggregated ALE Group.

  – If “Yes”, you will need to complete Part III Column D and Part IV.
  – If “no”, do not complete Part III Column D or Part IV.
1094-C Part II (Continued)

- Line 22: Select whether the Employer is certifying they have offered appropriate affordable coverage through one method:
  - Qualifying Offer Method
  - Qualifying Offer with Transition Relief
  - Section 4980H Transition Relief
  - 98% Offer Method
1094-C Part II

Line 22 Qualifying Offer Method Simplified Reporting

• The employer must certify that it made a Qualifying offer to one or more of its full-time employees for ALL months during the year for whom an employer shared responsibility payment could apply.

  – 1094-C and 1095-C entries must match. If the employer reports using this method, the Qualifying Code offer would be noted using Code 1A on line 14 in “All 12 Months” box. Line 15 would not be completed.
Example of a Qualify Offer

• An employee begins employment on January 1st. Their health coverage is in a waiting period until April 1st and they are a full-time employee for the remainder of the calendar year. The Employer makes a Qualifying offer to the employee for coverage beginning April 1st. The employer is eligible to use the qualifying method offer because it has made a qualifying offer to at least one full-time employee for all months in 2015.

Note: The shared responsibility provisions do not apply to employees that are in a Limited Non-Assessment Period or waiting period.
1094-C Part II

LINE 22 Qualifying Offer with Transition Relief

• The employer must certify that it made a qualifying offer for one or more months of calendar year 2015 to at least 95% of its full time employees.
  – For this purpose, an employee in a Limited Non-Assessment Period is not included in the 95% calculation.
  – 1095 – C entries must match. Complete Line 14 using code 1A or 1I. If you use this method, you must not complete Line 15.
1094-C Part II

LINE 22 Section 4980H Transition Relief

• Employer certifies that they meet one of the following Criteria:
  – ALE with fewer than 100 Full-time employees
  – Calculation of Assessable Payments under section 4980H for ALEs with 100 or more full-time employees including full-time equivalent employees.
1094-C Part II
LINE 22 - 98% Offer Method

- An employer must certify that they have offered affordable coverage of minimum value to at least 98% of its employees and their dependents for whom they are filing a 1095-C.
  - Employer is not required to identify which of the employees were full-time. The employer is still required to file Forms 1095-C on behalf of its full-time employees.
  - If the employer uses this method, it is not required to complete the “Full-time Employee Count” in Part III Column B
• **Column (a) Minimum Essential Coverage (MEC) Offer**
  
  – If the employer offered minimum essential coverage to at least 95% of its full time employees and their dependents, mark “X” either in the “All 12 months” box or for each of the 12 calendar months.
  
  – If the employer offered 95% of its full-time employees and their dependents only for certain months, enter “X” in the “Yes” checkbox for the applicable month.
For months, if any, an employer did not offer MEC to at least 95% of its full time employees and their dependents, enter “X” in the “No” checkbox for each applicable month.

If the employer did not offer MEC to at least 95% of its full-time employees and their dependents for any of the 12 months, enter “X” in the “No” checkbox for “All 12 months”
1094-C Part III
Lines 23-35 column (a) Continued

• Section 4980H Transition Relief
  – An employer that did not offer MEC to at least 95% of its full-time employees and their dependents but is eligible for certain transition relief, should enter an “X” in the “Yes” checkbox for Part III Line 23, column (a) as applicable.
1094-C Part III
Lines 23-35 column (b)

• Enter the number of full-time employees for each month.
  – Do not count any employees in a Limited Non-Assessment Period.
  – For months where you did not have full-time employees enter “0”

Note: If the employer certified that it was eligible for the 98% Offer Method, it is not required to complete column (b).
1094-C Part III
Lines 23-35 column (c)

• Enter the total number of employees, including full-time, non-full-time, and employees in a Limited Non-Assessment period for each month.

• If the total number of employees was the same for every month, enter that number in the “All 12 months” Box.

• If for any months there were no employees, enter “0”. 
1094-C Part III Column (c) Counting Employees

• Employers must choose to use one of the following days of the month to determine the number of employees per month and use that day for all months of the year:
  – 1st day of each month
  – Last Day of each month
  – 12th day of each month
  – 1st day of the first payroll period of each month
  – Last day of the first payroll period of each month.
1094-C Part III
Lines 23-35 Aggregated Group Indicator Column (d)

• An Employer must complete this section if they checked “Yes” on Part II line 21.
• If the employer was a member of an Aggregated ALE Group during each month of the calendar year, enter “X” in the “All 12 Months” box.
• If the employer was not a member of an Aggregated ALE Group for all 12 months, mark an “X” in each applicable month.
• If an employer enters an “X” in one or more months in this column, you must complete Part IV.
If an employer certifies on line 22 that it is eligible to for Section 4980H Transition Relief:

- Enter Code A for 50-99 Relief
- Enter Code B for 100 or more Relief
<table>
<thead>
<tr>
<th>Date</th>
<th>Yes</th>
<th>No</th>
<th>(b) Full-Time Employee Count for ALE Member</th>
<th>(c) Total Employee Count for ALE Member</th>
<th>(d) Aggregated Group Indicator</th>
<th>(e) Section 4980H Transition Relief Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>🗫</td>
<td></td>
<td>465</td>
<td>400</td>
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</tbody>
</table>
1094-C Part IV
Other ALE Member of Aggregated ALE Group
Lines 36-65

• This section must be completed if you checked “Yes” on Part II Line 21.

• Enter name(s) and EIN for up to 30 other Aggregated ALE Group members.
  – If more than 30, enter the 30 with the highest monthly average number of full-time employees (using numbers reported on Part III Column (b))
1094-C Part IV
Other ALE Member of Aggregated ALE Group
Lines 36-65

• If any member of the Aggregated ALE Group uses the 98% Offer method, all Aggregated ALE Group members should use the monthly average number of total employees rather than the monthly average number of full-time employees.

• The employer must also complete Part III Column (d) to indicate which months it was a part of an Aggregated ALE Group.
### 1094-C Part IV Example

**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).

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>EIN</th>
<th>#</th>
<th>Name</th>
<th>EIN</th>
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<tbody>
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<td><em>ABC Eatery</em></td>
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Links to IRS Forms

Employer Mandate ACA Resources

• Affordable Care Act Tax Provisions for Employers (including information on how to determine if your organization qualifies as an Applicable Large Employer): http://www.irs.gov/Affordable-Care-Act/Employers


Reporting Penalties

Failure to comply with applicable information reporting requirements may result in penalties:

– $250 for each return not filed. Maximum penalty $3M for a calendar year.

– $250 for failure to provide a correct payee statement. Maximum penalty $3M for a calendar year.
Relief from Penalties

• For 2015 reporting, the IRS will not impose penalties on a filer for reporting incorrect or incomplete information if the filer can show that it made a good faith efforts to comply with the information reporting requirements or that fail to timely file an information return or furnish a statement.
IRS Forms
Self Insured Plan
1095-B
and
1094-B
**Part I  Responsible Individual**

1. **Name of responsible individual**
2. **Social security number (SSN)**
3. **Date of birth (if SSN is not available)**
4. **Street address (including apartment no.)**
5. **City or town**
6. **State or province**
7. **Country and ZIP or foreign postal code**
8. Enter letter identifying Origin of the Policy (see instructions for codes):
9. **Small Business Health Options Program (SHOP) Marketplace identifier, if applicable**

**Part II  Employer Sponsored Coverage (see instructions)**

10. **Employer name**
11. **Employer identification number (EIN)**
12. **Street address (including room or suite no.)**
13. **City or town**
14. **State or province**
15. **Country and ZIP or foreign postal code**

**Part III  Issuer or Other Coverage Provider (see instructions)**

16. **Name**
17. **Employer identification number (EIN)**
18. **Contact telephone number**
19. **Street address (including room or suite no.)**
20. **City or town**
21. **State or province**
22. **Country and ZIP or foreign postal code**

**Part IV  Covered Individuals (Enter the information for each covered individual(s)).**

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<th>(a) Name of covered individual(s)</th>
<th>(b) SSN</th>
<th>(c) DOB (if SSN is not available)</th>
<th>(d) Covered all 12 months</th>
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### Part IV  Covered Individuals — Continuation Sheet

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IRS 1094-B
For Questions or Additional Information

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Hilary Andrews: handrews@usetinc.org
Elliott Milhollin: EMilhollin@hobbsstraus.com