

October 27, 2016

# ACA 1094/1095 Employer Reporting – Year 2

Presented by Benefit Comply

# ACA 1094/1095 Employer Reporting – Year 2

- Welcome! We will begin at 3 p.m. Eastern
- There will be no sound until we begin the webinar. When we begin, you can listen to the audio portion through your computer speakers or by calling into the phone conference number provided in your confirmation email.
- You will be able to submit questions during the webinar by using the “Questions” box located on your webinar control panel.
- Slides can be printed from the webinar control panel – expand the “Handouts” section and click the file to download.



# Assurex Global Partners

- Catto & Catto
- Cragin & Pike, Inc.
- The Crichton Group
- Daniel & Henry
- Frenkel Benefits
- Gillis, Ellis & Baker, Inc.
- Haylor, Freyer & Coon, Inc.
- The Horton Group
- IMA
- INSURICA
- Kapnick Insurance Group
- Kinney Pike Insurance
- Lipscomb & Pitts Insurance
- LMC Insurance & Risk Management
- Lyons Companies
- The Mahoney Group
- MJ Insurance
- Parker, Smith & Feek, Inc.
- PayneWest Insurance
- R&R/The Knowledge Brokers
- RCM&D
- RHSB
- The Rowley Agency
- Seacrest Partners
- Starkweather & Shepley Insurance Brokerage
- Woodruff-Sawyer & Co.
- Wortham Insurance & Risk Management

---

# Agenda

- Employer Reporting Basics
- Aggregated ALE Groups
- TIN/SSN Solicitation
- Simplified Reporting & Transition Relief
- Form 1095-C Clarification & Changes

---

# Employer Reporting Basics

---

# Background

- Employer reporting of plan and coverage information will provide the IRS with the information necessary to administer and regulate:
  - Individual compliance with the requirement to have minimum essential coverage (“individual mandate”)
  - Individual eligibility for a premium tax credit/subsidy for coverage through a public marketplace
  - Employer compliance with the requirement to offer coverage to full-time employees and their dependent children under the employer shared responsibility rules (§4980H)

---

# Who Must Report

- All “applicable large employers” (ALE = 50 or more FTEs)
  - Must report plan and offer of coverage information for any employee who is full-time for at least 1 month (§6056)
    - Full-time as defined by §4980H using the monthly measurement method or the look-back measurement method
- Employers offering self-funded plans (large and small)
  - Must report participant coverage information for any individual covered by the self-funded plan (§6055)
    - Includes part-time or non-employees (e.g. retiree or COBRA participants) as well as dependents covered under the plan
    - Reporting is not required for a health reimbursement account (HRA) which is integrated with a health plan already subject to the reporting

---

# Reporting Timeframes

- First required in 2016 for the 2015 calendar year
  - Reporting is based on data from the previous calendar year regardless of the employer's plan year
  - Reporting deadlines in early 2017 will be for 2016 calendar year data
- Annual timeframes for reporting (same as for W-2s)
  - **NO EXTENSIONS THIS YEAR**
  - Form 1095s (individual statements) must be provided to employees and participants by **Jan. 31**
  - Form 1094 and Form 1095s must be filed with the IRS by **Feb. 28 (Mar. 31, if filed electronically)**

---

# Form Details

- Form 1094 and Form 1095 (B&C versions)
  - Form 1094 and all 1095s are submitted to the IRS
    - Form 1094 is used to report employer summary information (think of it as a cover sheet)
    - Form 1095 is used to report employee-specific and covered individual information
  - A copy of Form 1095 is submitted to full-time employees and covered individuals
- Electronic Reporting
  - Employers who file 250 or more Form 1095s must file electronically
    - 250 threshold applies separately for original and corrected returns

### ALE Fully-Insured Plan

**Form 1094-C (all parts)**

**Form 1095-C**

- **Part I** - Employee & Employer Info
- **Part II** - Offer of Coverage (eligibility) Info

\*Insurance carrier will provide coverage information on fully-insured plan via Form 1094/1095-B

### ALE Self-Funded Plan

**Form 1094-C (all parts)**

**Form 1095-C**

- **Part I** - Employee & Employer Info
- **Part II** - Offer of Coverage (eligibility) Info
- **Part III** - Info on Covered Individuals

\*Form 1094/1095-B may be used instead for non-employees covered under the plan

### Small Employer Fully-Insured Plan

**No reporting required by the employer**

\*Insurance carrier will provide coverage information via Form 1094/1095-B

### Small Employer Self-Funded Plan

**Form 1094-B and 1095-B**  
Info on Covered Individuals

---

# Aggregated ALE Groups

---

# Aggregated ALE Group

- Aggregated ALE Group = controlled group or affiliated service group under § 414 rules
  - Multiple employers or entities are generally considered part of a controlled group or affiliated service group due to common ownership or shared services
- Applicable Large Employer (ALE) Status
  - All employers or entities within a controlled group/affiliated service group are required to aggregate full-time equivalents (FTEs)
  - If together the group has 50 or more FTEs, all employers within the controlled group/affiliated service group are considered ALEs even if individually they have less than 50 FTEs
- Reporting Requirements
  - Regardless of whether the aggregated ALE group shares a benefit plan or has separate benefit plans per employer, **reporting is handled on a per EIN basis**

---

# Aggregated ALE Group

- Reporting requirements
  - Each EIN must submit a Form 1094-C marked as the “authoritative transmittal” along with their respective Form 1095-Cs for full-time employees and covered individuals (if offering a self-funded plan)
  - Each employer/entity will:
    - Mark the “yes” box on Line 21 in Part II of Form 1094-C indicating they are part of an aggregated ALE group;
    - Complete column (d) in Part III of Form 1094-C indicating which months they were part of the aggregated ALE group; and
    - Complete Part IV of Form 1094-C listing the other aggregated ALE members and their tax IDs

---

# Aggregated ALE Group

- Example - Controlled group consisting of 6 separate entities
  - Company A – 50 FTEs, Company B – 30 FTEs, Company C – 20 FTEs, Company D – 75 FTEs, Company E – 25 FTEs, Company F – 40 FTEs
  - Companies A, B, D and E offer coverage compliant with §4980H requirements
  - Companies C and F do not offer any coverage
- All entities are ALEs because together they exceed 50 FTEs
  - All entities are required to comply with §4980H offer of coverage requirements and §6056 employer reporting requirements
- Although aggregated for purposes of counting FTEs, §4980H penalties (if any) apply separately, which is why reporting is done separately
  - Each of the 6 companies should submit a Form 1094-C (marked as the authoritative transmittal) and associated Form 1095-Cs
  - Only Companies C and F may face potential §4980H penalties

# Aggregated ALE Group

Form **1094-C**

Department of the Treasury  
Internal Revenue Service

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

► Information about Form 1094-C and its separate instructions is at [www.irs.gov/form1094c](http://www.irs.gov/form1094c)

☐ CORRECTED

OMB No. 1545-2251

**2016**

### Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)
3 Street address (including room or suite no.)		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code
7 Name of person to contact		8 Contact telephone number
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 Country and ZIP or foreign postal code
15 Name of person to contact		16 Contact telephone number

For Official Use Only



17 Reserved . . . . . ☐

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

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 . . . . . ►

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

If "No," do not complete Part IV.

☐ A. Qualifying Offer Method ☐ B. Reserved ☐ C. Section 4980H Transition Relief ☐ D. 98% Offer Method

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

Signature Title Date

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

Cat. No. 61571A

Form **1094-C** (2016)

# Aggregated ALE Group

## 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) Section 4980H Transition Relief Indicator
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Form 1094-C (2016)

# Aggregated ALE Group

Form 1094-C (2016)

Page 1

## 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 Company A	123456789	51	
37 Company B	234567890	52	
38 Company C	345678901	53	
39 Company D	456789012	54	
40 Company E	567890123	55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

Form 1094-C (2016)

---

# Aggregated ALE Group

- Sharing Employees

- If entities within the aggregated ALE group share employees, hours of service must be aggregated across the member entities
  - Prevents an employee who would otherwise be considered full-time from being reported as part-time
- Only the entity that employs the employee for the most hours should report on the employee for the month
  - This is the case regardless of who actually offers the employee insurance
- Example – Companies A, B and C all employ Bob in January (Company A – 30 hours per week, Company B – 5 hours per week, Company C – 5 hours per week)
  - Company A will report on Bob for 40 hours per week for the month of January
  - An offer of coverage by Company A, B or C would satisfy the offer of coverage requirements under §4980H; however if compliant coverage is not offered, Company A would be assessed with any applicable penalties

---

# TIN/SSN Solicitation

---

# TIN/SSN Solicitation

- Self-funded plans required to provide a TIN (or SSN)
  - If the employer is unable to obtain a TIN for purposes of reporting on Form 1095-B or C, the employers must show “reasonable cause” to avoid potential penalties
  - Showing reasonable cause requires the employer to make 3 solicitations according to the following timeframes:
    - Incorrect TINs
      1. Initial solicitation upon enrollment
      2. Second solicitation by Dec 31<sup>st</sup> of the same year
      3. Third solicitation by Dec 31<sup>st</sup> of the following year
    - Missing TINs
      1. Initial solicitation upon enrollment
      2. Second solicitation no more than 75 days later
      3. Third solicitation by Dec 31<sup>st</sup> of the following year

---

# Simplified Reporting & Transition Relief

Form **1094-C**Department of the Treasury  
Internal Revenue Service**Transmittal of Employer-Provided Health Insurance Offer and  
Coverage Information Returns**► Information about Form 1094-C and its separate instructions is at [www.irs.gov/form1094c](http://www.irs.gov/form1094c)☐ CORRECTED

OMB No. 1545-2251

**2016****Part I Applicable Large Employer Member (ALE Member)**

<b>1</b> Name of ALE Member (Employer)		<b>2</b> Employer identification number (EIN)
<b>3</b> Street address (including room or suite no.)		
<b>4</b> City or town	<b>5</b> State or province	<b>6</b> Country and ZIP or foreign postal code
<b>7</b> Name of person to contact		<b>8</b> Contact telephone number
<b>9</b> Name of Designated Government Entity (only if applicable)		<b>10</b> Employer identification number (EIN)
<b>11</b> Street address (including room or suite no.)		
<b>12</b> City or town	<b>13</b> State or province	<b>14</b> Country and ZIP or foreign postal code
<b>15</b> Name of person to contact		<b>16</b> Contact telephone number
<b>17</b> Reserved . . . . . <input type="checkbox"/>		

**For Official Use Only****18** Total number of Forms 1095-C submitted with this transmittal . . . . . ►**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 . . . . . ►**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.** Section 4980H Transition Relief ☐ **D.** 98% Offer Method

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

► Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

Cat. No. 61571A

Form **1094-C** (2016)

---

## Box A – Qualifying Offer Method

- Definition of a “Qualifying Offer”
  - Employer offers minimum value coverage at an employee-only cost not exceeding \$95.63/month for 2016 (9.66% of the mainland single federal poverty Line [FPL]), and at least minimum essential coverage to spouses and dependents
- Requirements for the Qualifying Offer Method
  - Qualifying offer to one or more full-time employees for all months in which the employee was a full-time employee for whom a \$4980H penalty could apply
- Employer should check the box if:
  - Using Code 1A on Line 14 in Part II of Form 1095-C; and/or
  - Using a simplified statement for one or more full-time employees that received a Qualifying Offer for all 12 months
    - Important Note - Employer still has to provide a Form 1095 to the IRS
    - Cannot use simplified statement for those enrolled in self-funded coverage

---

## Box A – Qualifying Offer Method

- Clarification between Codes 1A (Qualifying Offer) and 1E
  - Code 1E indicates a minimum value offer of coverage to employee and at least minimum essential coverage to spouses and dependents
    - No requirement in regard to cost/affordability
  - Code 1A adds a cost/affordability requirement – employee contribution for employee-only coverage cannot exceed \$95.63/month in 2016
  - If the offer meets the definition of Code 1E and the employee contribution for employee-only coverage is less than \$95.63/month, the employer has the option to use Code 1A or 1E; either is correct
    - Using Code 1A allows the employer to skip providing the contribution amount on Line 15 and makes Line 16 optional as well

# Box A – Qualifying Offer Method

- Example – Full-time employee hired Feb 15<sup>th</sup>, offered coverage 1<sup>st</sup> of the month following 60 days, employee enrolled
  - Fully-insured, minimum value offer to employee, spouse and children
  - Cost for single coverage - \$75/month

## Using Code 1A

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	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)		2A	2A	2D	2D								

## Using Code 1E

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

---

## Box B – Reserved

- 2015 Qualifying Offer Method Transition Relief is no longer applicable
- IRS may use Box B in future reporting years for different purposes

---

## Box C – §4980H Transition Relief

- Applicable in 2016 only for employers with a non-calendar year plan for the months prior to the 2016 plan year
  - Example – May 2015 - Apr 2016 plan year
    - Employer may qualify for transition relief for January through April 2016
- Employer should check the box if:
  - **50-99 FTEs**
    - Employer satisfies the transition relief criteria for employers with 50-99 FTEs and is not subject to potential §4980H penalties until plan year 2016
  - **100 or more FTEs**
    - Employer failed to offer coverage to at least 70% of full-time employees in one or more months of a 2015 plan year ending in 2016 and wants the 80 waiver when calculating the penalty under §4980H(a)
- Employer will also need to complete Form 1094-C, Part III, column (e) with either an “A” (50-99 FTEs) or “B” (100 or more FTEs) for the months qualifying for transition relief

---

## Box D – 98% Offer Method

- Requirements for the 98% Offer Method
  - Employer makes an offer of affordable (based on any of the affordability safe harbors), minimum value coverage to at least 98% of employees for whom a Form 1095-C is being filed and at least minimum essential coverage to dependents (children only)
- Employer should check the box if:
  - Leaving column (b) in Part III of Form 1094-C blank
  - The employer chooses to report on all employees receiving a 1095-C without designating who is full-time and who is part-time (advantageous for employers that offer coverage to part-time employees)
    - Form 1095-C is required for all full-time employees, so employer should verify any employee not receiving a Form 1095-C is truly part-time

---

# Form 1095-C Clarification & Changes

# Form 1095-C, Part II

- Line 14 Code Series 1 (Offer of Coverage Codes)
  - Offer of coverage valid only if available for the entire month

Code	Description
<b>1A</b>	Qualifying Offer
<b>1B</b>	MV offered to EE only
<b>1C</b>	MV offered to EE, at least MEC offered to dependent (not spouse)
<b>1D</b>	MV offered to EE, at least MEC offered to spouse (not dependents)
<b>1E</b>	MV offered to EE, at least MEC offered to spouse & dependents
<b>1F</b>	MEC that is not MV offered to employee
<b>1G</b>	Part-time EE or non-employee covered under self-funded plan
<b>1H</b>	No offer of coverage
<b>1I</b>	Reserved
<b>1J</b>	MV offered to EE, at least MEC conditionally offered to spouse (not dependents)
<b>1K</b>	MV offered to EE, at least MEC offered to dependent and conditionally offered to spouse

---

# Form 1095-C, Part II

- Line 15 (Employee Contributions)
  - Only enter an amount on Line 15 if Code 1B, 1C, 1D or 1E is used on Line 14
  - Enter the employee contribution for employee-only coverage for the lowest cost minimum value plan offered regardless of which plan or which tier (e.g. employee-only or family) an employee may ultimately choose
    - When employee contribution varies by employee (e.g. age-banded rates), it is necessary to calculate and report the employee contribution that applies for each full-time employee and report accordingly
  - Other things such as wellness incentives, HRA contributions, opt-out credits and flex credits may need to be taken into consideration

---

# Form 1095-C, Part II

- Line 15 (Employee Contributions)
  - Wellness incentives
    - Use the non-wellness rate on Line 15 (assume the employee fails to complete the wellness program criteria) UNLESS it is tobacco-related
  - HRA contributions
    - Amounts available for the current plan year available to reimburse premiums (or premiums and cost-sharing) will reduce the employee contribution
    - Amounts available only for cost-sharing will not reduce the employee contribution, but rather count toward meeting the minimum value standard
  - Opt-out credits
    - Unconditional opt-outs (those available to anyone that declines coverage) increase the employee contribution
    - Conditional opt-outs (e.g. available only to those that show proof of other group coverage) may be disregarded
  - Flex credits
    - Health flex contributions (those that are (i) non-cashable, (ii) may be used to purchase MEC, and (iii) are limited to payment of medical care as defined under §213(d)) will reduce the employee's required contribution
    - Flex credits available as taxable cash or for use toward non-medical care (e.g. life insurance, dependent care, 401k) will not reduce the employee contribution

# Form 1095-C, Part II

- Line 16 Code Series 2
  - Code 2C is appropriate only if the coverage offered is MEC
  - Codes 2F, 2G, or 2H may be used only if §4980H(a) requirements are met

Code	Description
2A	Not employed any day that month
2B	Part-time or termination month when not covered all month
2C	<b>Enrolled in coverage (use over any other code if applicable, except 2E)</b>
2D	EE in non-assessment period (e.g. waiting period or initial measurement period)
2E	Multi-employer plan interim relief (use over any other code if applicable)
2F	W-2 affordability safe harbor
2G	FPL affordability safe-harbor
2H	Rate of pay affordability safe harbor
2I	Reserved

---

# COBRA Reporting

- For a COBRA participant that was not employed as full-time for any month during the year, reporting is only required if the plan is self-funded
  - If the plan is fully-insured, the insurance carrier will handle reporting for any individuals covered under the plan, including COBRA participants
- A small employer (less than 50 FTEs) offering a self-funded plan must report on all covered individuals, including COBRA participants, using Form 1095-B
- An ALE offering a self-funded plan must report on all covered individuals, including COBRA participants, but has the option to use either Form 1095-B or Part III of Form 1095-C for non-employees

# COBRA Reporting

- ALE reporting for a COBRA participant in a self-funded plan (not full-time for any month) using Form 1095-C

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	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)													

  

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)	(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	
17 Regan Debban	123456789		<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"/>	<input type="checkbox"/>

---

# COBRA Reporting

- ALE reporting for an employee who was full-time for at least one month and offered COBRA due to a reduction in hours or termination of employment
  - Reporting is required using Form 1095-C in Parts I and II regardless of whether the plan is fully-insured or self-funded
    - Form 1095-C, Part II is completed differently depending upon whether COBRA is offered due to a reduction in hours or termination of employment
  - Form 1095-C, Part III is completed only if the individual is covered under a self-funded plan (either as an active employee or COBRA participant)

# COBRA Reporting

- Example – ALE reporting for employee who was full-time Jan - Apr and offered COBRA in May due to a reduction in hours
  - Employee, spouse and children offered minimum value coverage under a self-funded plan with single coverage cost of \$105/month
  - Only employee was offered COBRA because only employee was enrolled prior to the reduction in hours
  - Employee enrolled in COBRA continuation coverage with cost of \$350/month

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1B	1B	1B	1B	1B	1B	1B	1B
15 Employee Required Contribution (see instructions)	\$	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 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												

  

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)	(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	
17 Regan Debban	123456789		<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"/>	<input type="checkbox"/>

# COBRA Reporting

- Example – ALE reporting for employee who was full-time Jan - Apr and offered COBRA in May due to termination of employment
  - Employee, spouse and children offered minimum value coverage under a self-funded plan with single coverage cost of \$105/month
  - Former employee enrolled in COBRA continuation coverage

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2A	2A	2A	2A	2A	2A	2A	2A

  

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)	(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	
17 Regan Debban	123456789		<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"/>	<input type="checkbox"/>

# Assurex Global Partners

- Catto & Catto
- Cragin & Pike, Inc.
- The Crichton Group
- Daniel & Henry
- Frenkel Benefits
- Gillis, Ellis & Baker, Inc.
- Haylor, Freyer & Coon, Inc.
- The Horton Group
- IMA
- INSURICA
- Kapnick Insurance Group
- Kinney Pike Insurance
- Lipscomb & Pitts Insurance
- LMC Insurance & Risk Management
- Lyons Companies
- The Mahoney Group
- MJ Insurance
- Parker, Smith & Feek, Inc.
- PayneWest Insurance
- R&R/The Knowledge Brokers
- RCM&D
- RHSB
- The Rowley Agency
- Seacrest Partners
- Starkweather & Shepley Insurance Brokerage
- Woodruff-Sawyer & Co.
- Wortham Insurance & Risk Management

October 27, 2016

# ACA 1094/1095 Employer Reporting – Year 2

Presented by Benefit Comply