

Employer Reporting

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You should seek the advice of your attorney or tax advisor for specific information pertaining to any business.

Agenda

- Who must file
- Tax filing deadlines
- What information is required
- Sample forms
- Penalties
- ACA affordability calculator
- Helpful links
- My HRConcierge & additional value-added products
- Questions

Who Must File?

1

Small employers who have 1–50 employees and are in fully insured programs for purposes of the ACA reporting **do not have 1094 and 1095 reporting requirements**. Insurance carriers are required to provide 1095 forms to those enrolled in the plan(s).

2

Employers in level-funded or most MEWA programs are “Self-Funded” for the purposes of ACA reporting. As such, employers in these arrangements are required to provide 1094 and 1095 reporting to the IRS and their employees* for each month they were covered by a self-funded plan in the tax year.

- Small employers are required to file the “-B” set of forms.
- ALEs are required to file the “-C” set of forms, including completion of Part III of the form.

3

Applicable Large Employers (ALEs). This is defined as employers with an average of 50 or more full-time or equivalent employees during the preceding calendar year. You don’t have to count employees who are covered through the military, Tricare, or the VA for the months they are employed.

***New guidance for furnishing 1095 forms in 2025.**

Tax Filing Deadlines



- 1095 Forms are due from Employers to Employees by **March 3, 2025.**



- 1094 Forms from all other entities are due to the IRS by **March 31, 2025,** by filing electronically.

What Must Be Filed?

Type of Employer	1094-B / 1095-B	1094-C / 1095-C
Self-Funded ALEs		Sent by Employer
Self-Funded Small Employers (<50)	Sent by Employer	
IRS Control Groups totaling over 50		Sent by Employer
Fully Insured ALEs		Sent by Employer

What Information Do Employers Need to Provide for the Forms?

- These forms are relatively straightforward but tedious. Clients will need good accounting of employees, when and if they were offered coverage, what type of coverage was offered, and whether they elected to join the plan or not.
- For ALEs, they need to know whether their coverage met minimum value and was affordable as well as whether employees were in waiting or measurement periods.
[IRS.gov](https://www.irs.gov) has instructions for these forms and samples.

New Guidance for 2025 Employer Reporting Improvement Act

- The **Employer Reporting Improvement Act** was voted on by the U.S. House and Senate and has been signed by the President making this legislation effective for any 1095-B or 1095-C returns filed after December 31, 2024. The House passed the bill on June 21, 2023, and the Senate approved the bill on December 10, 2024.
- The **Paperwork Burden Reduction Act** followed a similar path of passage.

What Is Changing:

- Currently, employers must report both the name and SSN of each individual they are transmitting to the IRS. For any returns filed after December 31, 2024, if the employer is unable to obtain the SSN for an individual the employer can report the full name and date of birth of the person, to include the employee.
- Employers are not required to distribute IRS Forms 1095 to employees, provided they send a notice that is clear, conspicuous, and accessible to employees that the employee may request the IRS Form 1095. The employer must furnish the IRS Form 1095 upon request no later than January 31 of the year following the reporting time period, or if later, 30 days after the date of the request.
- At this time, employers should be distributing the individual forms (either 1095-B, or 1095-C) via paper to employees. Under the new law, if the employee has consented to receive the form electronically, it may be sent to the employee via electronic delivery. If the employee revokes their consent in writing, then the employer must deliver the form to that employee on paper.
- Presently, employers receiving a penalty notice must respond to the IRS within 30 days, unless an extension is applied for and granted. The new law allows an applicable large employer at least 90 days from the date of the first letter to respond to the IRS.
- The new law places a six-year statute of limitations for the assessment of penalties. The period for assessment shall expire at the end of the six-year period beginning on the due date for filing the return with the IRS, or if later, the date the return was filed.

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095B for instructions and the latest information.

☐ VOID

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OMB No. 1545-2252

2024

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name	2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN 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		9 Reserved
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): <input type="checkbox"/>		

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name	11 Employer identification number (EIN)
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12 Street address (incl

postal code

Part III Issuer

16 Name

19 Street address (incl

postal code

Part IV Coverage

(a) Name of

First name, middle initial, last name

TIN is not available

all 12 months

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

- A. Small Business Health Options Program (SHOP).
- B. Employer-sponsored coverage, except for an individual coverage HRA.
- C. Government-sponsored program.
- D. Individual market insurance.
- E. Multiemployer plan.
- F. Other designated minimum essential coverage.
- G. Employer-sponsored coverage that is an individual coverage HRA.

Issued by carrier for fully insured/small group and large.

If the group is small group level funded, the employer will issue these forms.

Health Coverage

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Go to www.irs.gov/Form1095B for instructions and the latest information.☐ VOID

OMB No. 1545-2252

☐ CORRECTED**2024****Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN 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	
		9 Reserved	

Part II Information About Certain 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

Insurance companies entering code A or B on line 8 will complete Part II. Employers reporting self-insured group health plan coverage on Form 1095-B, except for an individual coverage HRA, enter code B on line 8, but don't complete Part II. If you entered code B for self-insured coverage, skip Part II and go to Part III.

Lines 10–15. Enter the name, EIN, and complete mailing address for the employer sponsoring the coverage. If mail isn't delivered to the street address and the employer has a P.O. box, enter the box number instead of the street address. See [Statements Furnished to Individuals](#), earlier, for information on truncating the employer's EIN. If the employer is a member of a controlled group, enter information for the specific controlled group member that is the covered employee's employer. If the coverage is provided through an association or a Multiple Employer Welfare Arrangement, enter information for the participating employer of the covered employee. Don't complete Part II if the coverage is provided through a multiemployer plan.

Health Coverage

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Go to www.irs.gov/Form1095B for instructions and the latest information.

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OMB No. 1545-2252

2024

Part I	Responsible Individual
1.00	1.00
2.00	2.00
3.00	3.00
4.00	4.00
5.00	5.00
6.00	6.00
7.00	7.00
8.00	8.00
9.00	9.00
10.00	10.00
11.00	11.00
12.00	12.00
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14.00	14.00
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87.00	87.00
88.00	88.00
89.00	89.00
90.00	90.00
91.00	91.00
92.00	92.00
93.00	93.00
94.00	94.00
95.00	95.00
96.00	96.00
97.00	97.00
98.00	98.00
99.00	99.00
100.00	100.00

1 Name of responsible individual—First name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN 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 Health Coverage (see instructions for codes):	
9 Reserved			

Part II Information About Certain 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)
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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.)

Lines 16–22. Enter your name, EIN, and complete mailing address. The provider of the coverage is the issuer or carrier of insured coverage, sponsor of a self-insured employer plan, government agency providing government-sponsored coverage, or other coverage sponsor. Enter on line 18 the telephone number that an individual seeking additional information may call to speak to a person.

[illegible]

Part 1. Column (a). Enter the name of each covered individual.

Column (b). Enter the nine-digit SSN or other TIN for each covered individual (111-11-1111). The field may be left blank if the covered individual doesn't have a TIN. See [Statements Furnished to Individuals](#), earlier, for information on truncating the SSN or other TIN.

Column (c). Enter a date of birth (YYYY/MM/DD) for the covered individual **only if** an SSN or other TIN isn't entered in column (b).

Column (d). Check this box if the individual was covered for at least **1 day** per month for all 12 months of the calendar year.

Column (e). If the individual wasn't covered for all 12 months, check the applicable box(es) for the month(s) in which the individual was covered for at least 1 day.

If there are more than six covered individuals, complete this information for the additional covered individuals on Part IV, Continuation Sheet(s). Do not count the Continuation Sheet(s) as additional Forms 1095-B in the count of forms submitted with the accompanying Form 1094-B.

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

[illegible]

600120

Form **1095-C**
Department of the Treasury

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

☐ VOID

OMB No. 1545-2251

☐ CORRECTED

2024

Part I Employee			Applicable Large Employer Member (Employer)		
1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)
3 Street address (including apartment no.)			9 Street address (including room or suite no.)		10 Contact telephone number
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage	Employee's Age on January 1												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)																								
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** (2023)

Issued by the ALE, fully insured or self- or level-funded.

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.

OMB No. 1545-2251

2024

☐ CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)
3 Street address (including apartment no.)			9 Street address (including room or suite no.)		10 Contact telephone number
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

Employee's Age on January 1

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

Line 14: The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s).

- **1A.** Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov.
- **1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).
- **1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.
- **1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).
- **1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.
- **1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).
- **1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.
- **1H.** No offer of coverage (you were NOT offered any health coverage, or you were offered coverage that is NOT minimum essential coverage).
- **1I.** Reserved for future use.
- **1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).
- **1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).
- **1L.** Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.
- **1M.** Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.
- **1N.** Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.
- **1O.** Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.
- **1P.** Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.
- **1Q.** Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.
- **1R.** Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.
- **1S.** Individual coverage HRA offered to an individual who was not a full-time employee.
- **1T.** Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.
- **1U.** Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

Line 14, Series Codes

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.

OMB No. 1545-2251

☐ CORRECTED**2024****Part I Employee**

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)
3 Street address (including apartment no.)			9 Street address (including room or suite no.)		10 Contact telephone number
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)**Part II Employee Offer of Coverage****Employee's Age on January 1****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)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

Line 15. Complete line 15 only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 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.

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.

OMB No. 1545-2251

2024

☐ CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)
3 Street address (including apartment no.)			9 Street address (including room or suite no.)		10 Contact telephone number
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

Employee's Age on January 1

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

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 Code Series 2 could apply. If the same code applies for all 12 calendar months, you may enter the code in the "All 12 Months" box and not complete the monthly boxes. If none of the codes apply for a calendar month, leave the line blank for that month.

Line 16, Series 2 Codes

An ALE Member enters the applicable Code Series 2 indicator code, if any, on line 16 to report for one or more months of the calendar year that one of the following situations applied to the employee:

- The employee was not employed or was not a full-time employee,
- The employee enrolled in the minimum essential coverage offered,
- The employee was in a Limited Non-Assessment Period with respect to section 4980H(b),
- The ALE Member met one of the section 4980H affordability safe harbors with respect to this employee, or The ALE Member was eligible for multiemployer interim rule relief for this employee. If no indicator code applies, leave line 16 blank. In some circumstances, more than one indicator code could apply to the same employee in the same month. For example, an employee could be enrolled in health coverage for a particular month during which he or she is not a full-time employee. However, only one code may be used for a particular calendar month. For any month in which an employee enrolled in minimum essential coverage, in general, indicator code 2C reporting enrollment is used instead of any other indicator code that could also apply (but see the exceptions to this rule below regarding the multiemployer interim rule relief and enrollment in COBRA continuation coverage or other post-employment coverage). For an employee who did not enroll in health coverage, there are some specific ordering rules for which code to use. See the descriptions of the codes.

Note: There is no code to enter on line 16 to indicate that a full-time employee offered coverage either did not enroll in the coverage or waived the coverage.

- **2A.** Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the ALE Member on any day of the calendar month. Do not use code 2A 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 health 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-enrollment coverage (enter code 2A).
- **2D.** Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a section 4980H(b) Limited Non-Assessment Period. 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. This relief is described under Offer of Health Coverage in the Definitions section of these instructions.
- **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).

Line 16 Series 2 Codes

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																
21																
22																
23																
24																
25																

Complete Part III ONLY if the ALE Member offers employer-sponsored, self-insured health coverage, including an individual coverage HRA, in which the employee or other individual enrolled. For this purpose, employer-sponsored, self-insured health coverage does not include coverage under a multiemployer plan. Do not complete Part III if the ALE Member offers coverage only under an insured group health plan. If an ALE Member offers both insured and self-insured coverage, complete Part III only for employees who enroll in the self-insured coverage.

This part must be completed by an ALE Member 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 the coverage. The employee (if enrolled in self-insured coverage) should be listed on line 18; any other family members who enrolled in coverage offered to the employee should be listed on subsequent lines.

1094-C

- **Purpose of Form:** Employers with 50 or more full-time employees (including full-time equivalent employees) in the previous year use Forms 1094-C and 1095-C to report the information required under sections 6055 and 6056 about offers of health coverage and enrollment in health coverage for their employees.
- Form 1094-C must be used to report to the IRS summary information for each Applicable Large Employer (ALE Member—defined below) and to transmit Forms 1095-C to the IRS. Form 1095-C is used to report information about each employee to the IRS and to the employee.
- Forms 1094-C and 1095-C are used in determining whether an ALE Member owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used in determining the eligibility of employees for the premium tax credit.
- ALE Members that offer employer-sponsored, self-insured coverage also use Form 1095-C to report information to the IRS and to employees about individuals who have minimum essential coverage under the employer plan.

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

OMB No. 1545-2251

2024Go 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)		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

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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 ☐

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):**

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

2024**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	

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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):**

2024 Form 1094-C (Cont'd)

15 Name of person to contact	16 Contact telephone number	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," do not complete Part IV.		

Line 20. Enter the total number of Forms 1095-C that will be filed by, and/or on behalf of, the ALE Member. This includes all Forms 1095-C that are filed with this transmittal, including those filed for individuals who enrolled in the employer-sponsored, self-insured plan, if any, and for any Forms 1095-C filed with a separate transmittal filed by, or on behalf of, the ALE Member.

Line 21. If during any month of the calendar year the ALE Member was a member of an Aggregated ALE Group, check "Yes." If you check "Yes," also complete the "Aggregated Group Indicator" in Part III, column (d), and then complete Part IV to list the other members of the Aggregated ALE Group. If, for all 12 months of the calendar year, the employer was not a member of an Aggregated ALE Group, check "No," and do not complete Part III, column (d), or Part IV.

2024 Form 1094-C (Cont'd)

15 Name of person to contact

16 Contact telephone number



17 Reserved

A. Qualifying Offer Method. Check this box if the ALE Member is eligible to use, and is using, the Qualifying Offer Method to report the information on Form 1095-C for one or more full-time employees. Under the Qualifying Offer Method, there is an alternative method of completing Form 1095-C and an alternative method for furnishing Form 1095-C to certain employees. If the ALE Member is using either of these alternative rules, check this box. To be eligible to use the Qualifying Offer Method, the ALE Member must certify that it made a Qualifying Offer to one or more of its full-time employees for all months during the year in which the employee was a full-time employee for whom an employer shared responsibility payment could apply. Additional requirements described below must be met to be eligible to use the alternative method for furnishing Form 1095-C to employees under the Qualifying Offer Method.

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. 6157 1A

Form 1094-C (2023)

2024 Form 1094-C (Cont'd)

15 Name of person to contact

16 Contact telephone number

D. 98% Offer Method. Check this box if the employer is eligible for, and is using, the 98% Offer Method. To be eligible to use the 98% Offer Method, an employer must certify that, taking into account all months during which the individuals were employees of the ALE Member and were not in a Limited Non-Assessment Period, the ALE Member offered affordable health coverage providing minimum value to at least 98% of its employees for whom it is filing a Form 1095-C employee statement, and offered minimum essential coverage to those employees' dependents. The ALE Member is not required to identify which of the employees for whom it is filing were full-time employees, but the ALE Member is still required, under the general reporting rules, to file Forms 1095-C on behalf of all its full-time employees who were full-time employees for one or more months of the calendar year. To ensure compliance with the general reporting rules, an ALE Member should confirm for any employee for whom it fails to file a Form 1095-C that the employee was not a full-time employee for any month of the calendar year. For this purpose, the health coverage is affordable if the ALE Member meets one of the section 4980H affordability safe harbors

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 (2023)

2024 Form 1094-C (Cont'd)

Page **2**

Part III ALE Member Information—Monthly			(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		(a) Minimum Essential Coverage Offer Indicator				
		Yes	No			
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			
28	May	<input type="checkbox"/>	<input type="checkbox"/>			
29	June	<input type="checkbox"/>	<input type="checkbox"/>			
30	July	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Column (a)—Minimum Essential Coverage Offer Indicator.

- If the ALE Member offered minimum essential coverage, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents for the entire calendar year, enter "X" in the "Yes" checkbox on line 23 for "All 12 Months" or for each of the 12 calendar months.
- If the ALE Member offered minimum essential coverage, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents only for certain calendar months, enter "X" in the "Yes" checkbox for each applicable month.
- For the months, if any, for which the ALE Member did not offer minimum essential coverage, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents, enter "X" in the "No" checkbox for each applicable month.
- If the ALE Member did not offer minimum essential coverage, including an individual coverage HRA, 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" or for each of the 12 calendar months. Note. For purposes of column (a), an employee in a Limited Non-Assessment Period is not counted in determining whether minimum essential coverage was offered to at least 95% of an ALE Member's full-time employees and their dependents. For a description of the differences between the definition of the term "Limited Non-Assessment Period" used with respect to section 4980H(a) and the definition used with respect to section 4980H(b), relating to whether the ALE Member offers minimum value coverage at the end of the Limited Non-Assessment Period.

Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member
		Yes	No	
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Enter the number of full-time employees for each month, but do not count any employee in a Limited Non-Assessment Period. If the number of full-time employees (excluding employees in a Limited Non-Assessment Period) for a month is zero, enter -0-. An employee should be counted as a full-time employee for a month if the employee satisfied the definition of "full-time employee" under the monthly measurement method or the look-back measurement method (as applicable) on any day of the month. See Full-time employee and Limited Non-Assessment Period in the Definitions section. Be sure to use the section 4980H definition and not any other definition of the term "full-time employee" that you may use for other purposes. Example. Employer uses the look-back measurement method to determine the full-time status of its employees. Employee, who is not in a Limited Non-Assessment Period, averaged over 130 hours of service per month during the measurement period that corresponds with the stability period starting January 1, 2023, and ending December 31, 2023. Employee terminates employment with Employer on February 15, 2023. Employer must include Employee in the number of full-time employees reported in column (b) for January and February. See the description of code 2B in the instructions for line 16 of Form 1095-C, later, for rules for reporting an offer of coverage in an employee's final month of employment. Note. If the ALE Member certified that it was eligible for the 98% Offer Method by selecting box D, on line 22, it is not required to complete column (b).

Part III ALE Member Information—Months:

		(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
23	All 12 Months		<input type="checkbox"/>	
24	Jan		<input type="checkbox"/>	
25	Feb		<input type="checkbox"/>	
26	Mar		<input type="checkbox"/>	
27	Apr		<input type="checkbox"/>	
28	May		<input type="checkbox"/>	
29	June		<input type="checkbox"/>	
30	July		<input type="checkbox"/>	
			<input type="checkbox"/>	

Column (c)—Total Employee Count for ALE Member. Enter the total number of all of the ALE Member's employees, including full-time employees and non-full-time employees, and employees in a Limited Non-Assessment Period, for each calendar month. An ALE Member must choose to use one of the following days of the month to determine the number of employees per month and must use that day for all months of the year: (1) the first day of each month, (2) the last day of each month, (3) the 12th day of each month, (4) the first day of the first payroll period that starts during each month, or (5) the last day of the first payroll period that starts during each month (provided that for each month that last day falls within the calendar month in which the payroll period starts). If the total number of employees was the same for every month of the entire calendar year, enter that number in line 23, column (c), "All 12 Months," or in the boxes for each month of the calendar year. If the number of employees for any month is zero, enter -0-.

Part III ALE Member Information—Monthly

	(a) Minimum Essential Coverage	(b) ALE Member	(c) Employee Count	(d) Aggregated Group Indicator	(e) Reserved
23 All 12 Months				<input type="checkbox"/>	
24 Jan				<input type="checkbox"/>	
25 Feb				<input type="checkbox"/>	
26 Mar				<input type="checkbox"/>	
27 Apr				<input type="checkbox"/>	
28 May				<input type="checkbox"/>	
29 June				<input type="checkbox"/>	
30 July				<input type="checkbox"/>	

Column (d)—Aggregated Group Indicator. An ALE Member must complete this column if it checked “Yes” on line 21, indicating that, during any month of the calendar year, it was a member of an Aggregated ALE Group. If the ALE Member was a member of an Aggregated ALE Group during each month of the calendar year, enter “X” in the “All 12 Months” box or in the boxes for each of the 12 calendar months. If the ALE Member was not a member of an Aggregated ALE Group for all 12 months but was a member of an Aggregated ALE Group for one or more month(s), enter “X” in each month for which it was a member of an Aggregated ALE Group. If an ALE Member enters “X” in one or more months in this column, it must also complete Part IV.

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			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46		61	
47		62	

An ALE Member must complete this section if it checks "Yes" on line 21. If the ALE Member was a member of an Aggregated ALE Group (with other ALE Members) for any month of the calendar year, enter the name(s) and EIN(s) of up to 30 of the other Aggregated ALE Group members (not including the reporting ALE Member). If there are more than 30 members of the Aggregated ALE Group (not including the reporting ALE Member), enter the 30 with the highest monthly average number of full-time employees (using the number reported in Part III, column (b), if a number was required to be reported) for the year or for the number of months during which the ALE Member was a member of the Aggregated ALE Group. If any member of the Aggregated ALE Group uses the 98% Offer Method and thus is not required to identify which employees are full-time employees, all ALE Members of the Aggregated ALE Group should use the monthly average number of total employees rather than the monthly average number of full-time employees for this purpose. Regardless of the number of members in the Aggregated ALE Group, list only the 30 members in descending order, listing first the member with the highest average monthly number of full-time employees (or highest average number of total employees, if any member of the Aggregated ALE Group uses the 98% Offer Method), but do not include the reporting ALE Member. The reporting ALE Member must also complete Part III, column (d), to indicate which months it was part of an Aggregated ALE Group.

Penalties

- For 2024, these are the applicable penalties from IRS Code 4980H(a) and (b):
 - Annual maximum of \$2,970 per employee for not offering coverage to 95% of full-time employees; or
 - Annual maximum of \$4,460 per employee who received a qualified tax credit due to employer not offering affordable, minimum value coverage

Reminder

Penalties for up to 30 employees may be waived, under the 4980H(a) penalty, and employees who were covered through the military, Tricare, or the VA for a portion of the year also do not need to be counted.

ACA Affordability Calculator

BenefitMall COMPLIANCE CENTER

2024 ACA Safe Harbor Calculator Employer-Shared Responsibility

Applicable Large Employers (ALEs) are required under the ACA to provide employees with affordable, minimum value coverage in order to not have penalties assessed. For 2024, coverage is considered affordable if the employee's required contribution for their coverage does not exceed 8.39% of the employee's household income for the taxable year. Since employers do not have household income information for employees, the IRS recognized that employers would need safe harbors for affordability considerations. Since employers have the employees Form W-2 wages and the employee's rate of pay, the IRS developed three safe harbors for employers to use, along with the Federal Poverty Level (FPL).

Provided an ALE's offer of coverage is affordable using any of the three safe harbors, then the offer of coverage is deemed affordable for purposes of the employer shared responsibility provisions regardless of whether it was affordable based on the employee's household income (which is the test that applies for purposes of the premium tax credit).

Each safe harbor method calculation is included below. Employers may choose one safe harbor method for each permissible classification of employees. A permissible classification of employees is defined as one that is consistent with the employer's normal or usual business practices and treats similarly situated individuals in a like manner.

Enter the plan, pay and contribution information in the first section below:

Enter the Employee Class for this Calculation: All Employees
Enter the Lowest Cost Plan Name: Insurance Carrier Plan Name for Lowest Cost Plan

Enter the employee's monthly premium contribution for employee-only health insurance coverage, for the lowest-cost plan: \$101.93
Enter the employee's annual premium contribution for employee-only health insurance coverage: \$1,223.16
Enter the Box 1 of W-2 wages for the lowest wage earner: \$15,080.00
Enter the hourly rate of pay for the lowest wage earner/employee: \$15.00

W-2 Method
Employee's **annual** premium contribution for employee-only health insurance coverage (entered above): \$1,223.16
Employee's current Box 1 of W-2 wages (entered above): \$15,080.00
This is the calculated percentage the lowest wage earner, using Box 1 of the W-2. *This percentage must not be higher than 8.39%, in order to meet the affordability safe harbor using the W-2 method.* 8.11% **Pass**

Rate of Pay
Employee's **monthly** premium contribution for employee-only health insurance coverage (entered above): \$101.93
Employee's hourly rate of pay (entered above): \$15.00
This is the calculated hourly rate of pay x 130. If you need to test for a salaried employee, enter in the first set of boxes with the salary per month.
This is the calculated percentage the lowest wage earner, using the Rate of Pay method. *This percentage must not be higher than 8.39%, in order to meet the affordability safe harbor.* 5.23% **Pass**

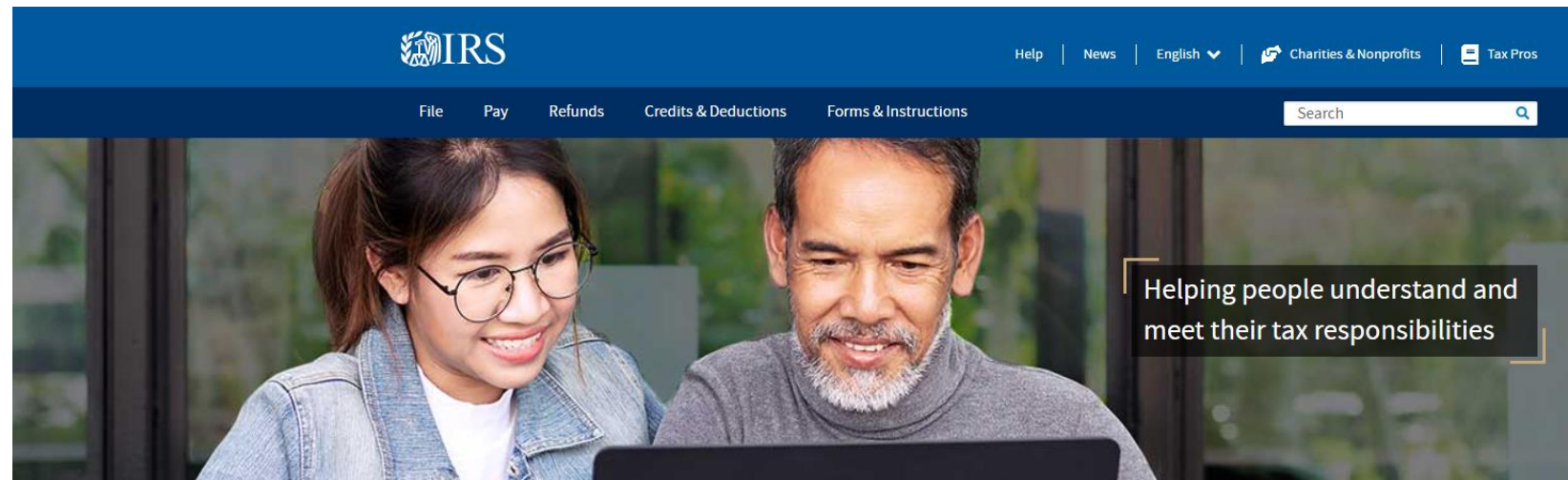
Federal Poverty Level (FPL)
Enter the employee's **annual** premium contribution for employee-only health insurance coverage: \$1,223.16
The published mainland poverty guidelines for a single individual (prior year) is for HI and AK, the number is different and you can enter that to the right: \$14,580.00
Calculated FPL minimum monthly employee deduction: \$101.93
This is the calculated percentage for the FPL method. *This percentage must not be higher than 8.39%, in order to meet the affordability* 8.33% **Pass**

NOTES
Affordability is based on employee-only (single) coverage no matter how many family members are covered under the plan, for Employer Shared Responsibility (ESR) purposes.
The affordability safe harbor applies to the lowest-cost option available to the employee that also meets the minimum value requirement, for employers that offer multiple plans.

- If you are looking to calculate affordability for your groups, use our new resource here:
https://www.benefitmall.com/documents/66/ACA_Affordability_Safe_Harbor_Calculator.xlsx
- Pro tip:** Make sure you use the correct tab at the bottom of the page for 2024
- Can calculate:** Rate of Pay, FPL, and W-2

Helpful Links

- Instructions for 1094-B and 1095-B <https://www.irs.gov/instructions/i109495b>
- Sample Form 1095-B <https://www.irs.gov/pub/irs-pdf/f1095b.pdf>
- Form 1094-C and Form <https://www.irs.gov/pub/irs-pdf/i109495c.pdf>
- 1094-C Instructions Sample Form 1095-C <https://www.irs.gov/pub/irs-pdf/f1095c.pdf>





WE PUT THE HUMAN IN HR®

E-File Service

- Great service for non-ALEs that need to comply with the new e-file requirements when filing their 1094B/1095B forms with the IRS
- System will automatically create editable 1094/1095 forms based on uploaded information.
- One-click e-file to the IRS
- Optional one-click print/mail service

1095B White Glove Service

- Complete solution for filing 1095B forms
- Provide MyHRConcierge with either the 1095B forms or the report with the information from the carrier
- MyHRConcierge will e-file the forms to the IRS
- Optional print/mail of the forms to employees

Forms Coding + E-File

- Simplifies the reporting process by filling out the 1095C forms including properly coding lines 14 and 16
- System automatically creates editable 1094/1095 forms based upon uploaded information.
- One-click e-file to the IRS
- Optional one-click print/mail service

- **855-538-6947 ext 108** or ccooley@myhrconcierge.com
- Online signup here: https://blueoxllc.formstack.com/forms/aca_services_bmall

ACA Filing with MyHRConcierge

Customer-Oriented Support

- MyHRConcierge will provide a demo and onboarding support.

Simple One-Click Print and Mail

- Fees as low as \$3.49 per form to Print + Mail to employees.

Direct E-File with IRS & State

- After form creation, forms can be e-Filed with the IRS and state from the MyHRConcierge platform.
- Fees as low as \$2.99 per form.

Quickly Download ACA 1094/1095 Forms

- After form creation, forms can be downloaded.

Covers Fully insured & Self-Insured Plans

- Filing support for fully insured, ALEs
- Filing support for level-funded and self-funded plans
- Filing support available in some states for ICHRA plans

Three Service Levels Available

- e-File
- Forms coding + e-File
- White Glove 1095-B e-File

Additional Value-Added Products

HR Services	ACA Reporting and Tracking	Manager HR Helpline	ERISAPros	Premium Only Plan (POP)
Flexible Spending Account (FSA)	Health Savings Account (HSA)	Harassment & Discrimination Training	Health Reimbursement Arrangement (HRA)	Healthcare Payment Cards
Student Loan Repayment and Tuition Reimbursement Plans	Section 132 (Commuter Benefits)	COBRA Services	Dependent Care Accounts	FordHarrison Employment Law Helpline

For More Information or a Quote, Contact Your BenefitMall Value-Added Products Team



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Amber Thack

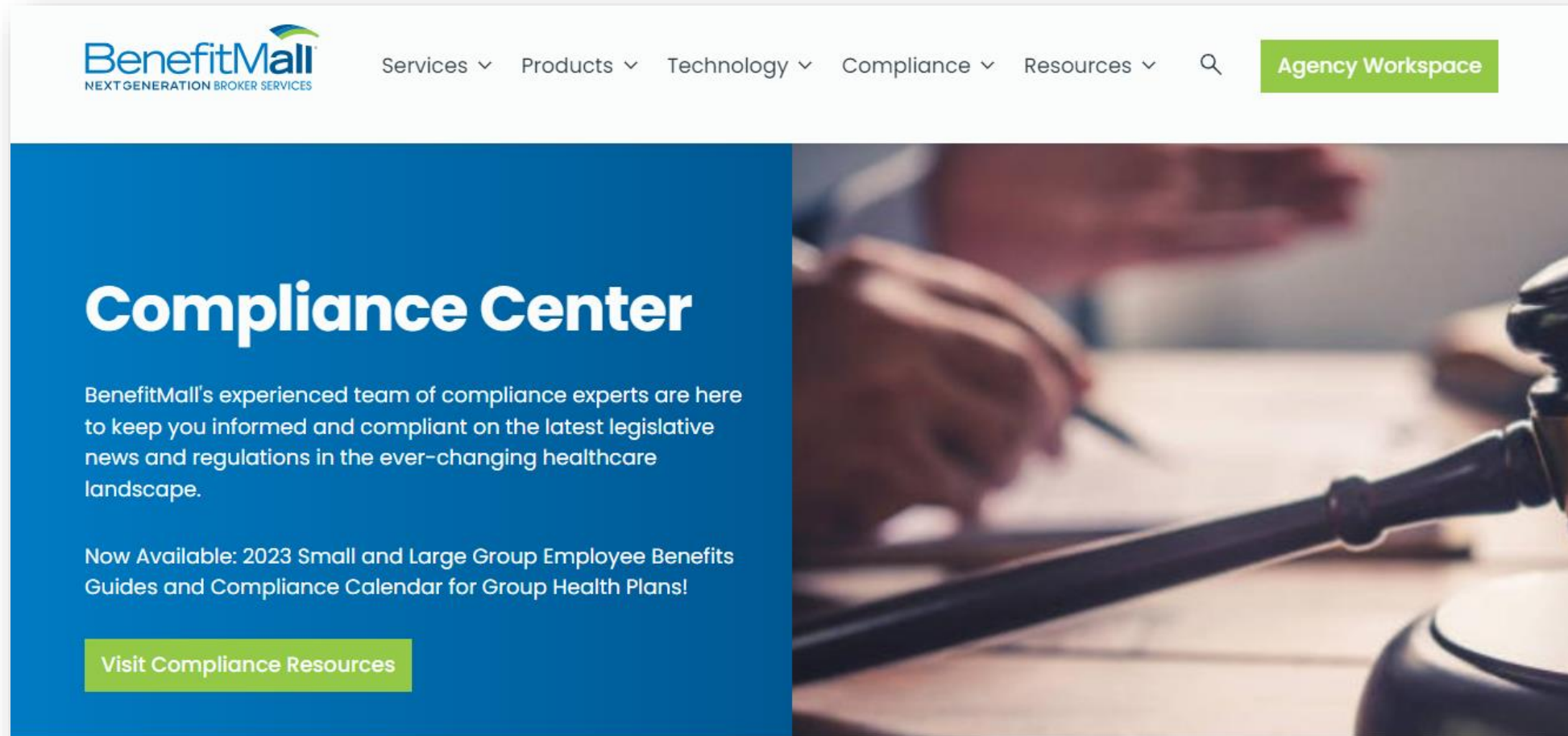
Sales Assistant

*Assists with New Business
Implementation*

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This team of experts will assist you with end-to-end Value-Added Product sales and service support including market intelligence, product training, proposal review, enrollment assistance, renewals, and so much more!

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Questions for the Compliance Team?

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Thank you for attending today's session!