# AFFORDABLE CARE ACT TRAINING SESSION FOUR

Pay or Play Penalty and Minimum Essential Coverage Reporting (6056 Reporting on the 1094 and 1095 C Forms)





## DISCLAIMER

This ACA Training Session is for informational purposes only, and is not legal advice or a substitute for legal advice. It is designed only for employers that offer the Health Plan administered by the Georgia Municipal Association on behalf of the Georgia Municipal Employees Benefit System, and contains information that is not applicable to other employers. This ACA Training Session reflects the presenter's understanding of certain requirements of the Affordable Care Act as they existed on January 13, 2021. Deadlines are those set forth in the law and do not reflect delays authorized by the IRS for a particular year.

This ACA Training Session is not an official document of the Health Plan. Only the official Health Plan documents establish the terms of the Health Plan.



Updated 1/13/2021



#### **GMA Affordable Care Act Training**

- Session One: Waiting Period Rules, How to Determine Applicable Large Employer ("ALE") Status (all Employers)
- Session Three: Minimum Essential Coverage Reporting (6055 Reporting on the 1094-B and 1095-B Forms) (Small Employers)

- Session Two: Pay or Play Penalty Rules (ALEs only)
- Session Four: Pay or Play Penalty and Minimum Essential Coverage Reporting Requirements (6056 Reporting on the 1094-C and 1095-C Forms)(ALEs only)

All training sessions are posted on <u>www.gmanet.com</u> under Life & Health/More Info



## SECTION 6056 REPORTING WITH THE "C FORMS"









### Reasons for 6056 Reporting with C Forms

- C Forms are a "self-report" to the IRS of whether the Participating Employer must pay "Pay or Play" penalties
- C Forms report to the IRS whether individuals are eligible for subsidized coverage on the Exchange
- Covered individuals use their statements as proof that they have minimum essential coverage, and won't have to pay the individual mandate penalty
- ACA Full-Time Employees not enrolled see what has been reported to IRS





## Employer Has Obligation to File

- The GMEBS Health Plan is an employer-sponsored, selfinsured plan for multiple employers, so <u>all Participating</u> <u>Employer ALEs MUST FILE Forms 1094-C and 1095-C with</u> <u>Part III (minimum essential coverage) completed for</u> <u>enrollees.</u>
- The GMEBS Health Plan is NOT a "multiemployer plan" or a "governmental sponsored program."
- For reporting purposes, when instructions use "plan sponsor" or "coverage provider," that means the employer.
- GMA will NOT report any coverage to the IRS or to enrollees and GMA cannot file any forms on behalf of Participating Employers





#### Employer Has Obligation to File

- It does not matter if the employer is not paying any part of the coverage and is not collecting premiums.
- The employer <u>must report for all ACA Full-Time Employees</u> (even if not enrolled), and <u>must report for everyone</u> <u>enrolled in the GMEBS Plan</u> – even if no longer employed.
- Employers with retirees enrolled in the GMEBS Retiree-Only Health Plan on a fully self-paid basis still must file Forms for them
- If enrolled retirees were not employed during the year, they can be reported using either the B Forms or the C Forms.





#### Employer Has Obligation to File

- The filings are due January 31 of the year after the year of coverage (to ACA Full-Time Employees and enrolled individuals) and the last day of February of the year after the year of coverage (to IRS, March 31 if filing electronically)
- In order to complete Forms 1094-C and 1095-C, the Participating Employer must figure out whether it will have to pay "Pay or Play Penalties"
- That means the employer must identify all ACA Full-Time Employees, determine the months for which they and their dependents were offered coverage, and determine whether the coverage offered met the "affordability" requirements)





## Payroll Systems and Vendors Can Help

- Payroll software is available to create the C Forms, consider asking payroll vendor about training
- Information must be entered into the payroll software
- Some payroll vendors are filing C Forms on behalf of clients
- Some stand alone vendors will work with your existing payroll software to help you create and file the forms





GMA Can Help (a Little), But Employer Must Submit a "Help Wanted!" Certification and Request.







## GMA Can Help (a Little)

- See the Certification and Request Form for Applicable Large Employers
- This describes the enrollment data files and how GMA will fill out the B Forms for Non-Employees (if requested)
- If the Certification and Request Form is timely submitted to GMA, GMA can provide the requested data files and/or B Forms by the <u>first week in January</u>
- The EMPLOYER will have to deliver all forms to ACA Full-Time Employees and enrolled primary responsible individuals by January 31 (not much time!) and file all forms with the IRS by the applicable deadline (last day of February if paper or March if electronic).

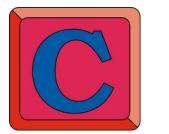




#### About the C Forms

- Applicable Large Employers MUST complete the C Forms for all active ACA Full-Time Employees (even those not enrolled) and for anyone enrolled as an active employee or his or her dependent during the year
- For those who were non-employees (COBRA, retirees) and never enrolled as an active employee during the year, the ALE must either report minimum essential coverage on Part III of 1095-C OR may file the 6055 Reporting B Forms for these individuals (see ACA Training Session Three)

OR











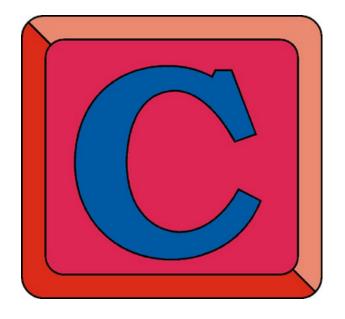
#### About the C Forms

- Why would an Applicable Large Employer want to complete C and B Forms?
  - If it is difficult to put information about someone who was not employed during the year into the payroll system that is generating the C Forms, and the ALE prefers for GMA to prepare the B Forms for the ALE to mail
  - If the ALE prefers not to include information about non-employees in its payroll system for another reason
- To learn more about the B Forms, see Training Session Three
- GMA's Data Files give ALEs the flexibility to choose





#### About the C Forms



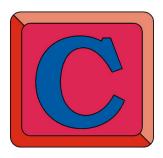
10<u>94</u>-C Transmittal Form, with attached Full SSN version of 10<u>95</u>-C Forms (goes to IRS)

10<u>95</u>-C Form, with last four digits of SSN (goes to each enrolled responsible individual AND to each Full-Time Employee who is not enrolled)





### About the C Forms – 10<u>94</u>-C



Not just a Transmittal Form

Part I: Information about the employer (contact information) Part II: Signature affirming accuracy and completeness, certification of eligibility for Pay or Play Penalty relief, number of 1095-C Forms attached Part III: Self-report of whether employer could be hit with "Sledgehammer Penalty," identifies type of Pay or Play Penalty relief





GMA data files will NOT include this information



#### About the C Forms – 10<u>95</u>-C

GMA data files include ALL Part III information

GMA data files include SOME Part II information for enrollees only

GMA data files include Part 1 Lines 1-6 information for enrollees only.

Part I: Information about the individual getting the Form; information about the employer



Part II: Self-report about whether the employer could be hit with "Tack Hammer" penalty for failing to offer ACA Full-Time Employees minimum essential coverage with minimum value that met "affordability" requirements. Part II is mostly about OFFER of coverage, but enrollment is used for Line 16. Part III: Report of enrollment in minimum essential coverage for each month for primary responsible individual and each enrolled dependent. Part III is all about ENROLLMENT.



#### About the C Forms – All ALEs must file

 If employer is an ALE (50 or more ACA Full-Time Employees and FTE Equivalents, using numbers from year before the reported year) <u>REPORTING IS</u> <u>REQUIRED!!</u> (See Training Session 1 for how to determine ALE status)





### Scope of Training on C Form Completion

- This Training Session does not address how to complete the C Forms if the Participating Employer is a member of a controlled group (see Training Session 1)
- This Training Session does not address how to complete the C Forms if the Participating Employer has formally delegated responsibility for filing to another governmental entity that is "part of or related to" the Participating Employer
- This Training Session assumes that the Participating Employer is not using any simplified/alternative reporting options
- <u>This Training Session assumes that the Participating Employer</u> does not offer any health coverage other than GMEBS health coverage.
- <u>All examples are based on these assumptions</u>





#### Get Ready to Complete the C Forms

- Reminder you only need to complete the 1094-C and 1095-C
   Forms if you are an Applicable Large Employer
- See Training Session 1 for information about how to make this determination
- ACA uses special math!
- The ALE determination is based on information from the year before the year reported.

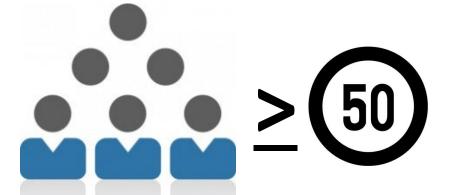




#### For ALE status purposes

 Any employer who averaged 50 or more
 Full-Time Employees
 plus Full-Time
 Equivalents during the
 entire preceding
 calendar year

- 1. Identify All Employees Using ACA Definition
- 2. Identify Employees Whose Hours can be Excluded
- 3. Determine Time Frame for Counting Hours
- 4. Count Hours for All Employees
- 5. Count Full-Time Employees
- 6. Count Full-Time Equivalents Using ACA Math
- 7. If Sum of 5 and 6 is 50 or More, Apply Seasonal Worker Rule



**Full-Time Employees + Full-Time Equivalents** 

Updated 10/26/2016



From Training Session 1

## Get Ready to Complete the C Forms

- Identify all employees in each month (need to provide a count)
- Identify all employees who were ACA Full-Time Employees <u>for Pay or Play Penalty purposes</u> for each month (even if not enrolled in coverage) (See Training Session 2)
- Remember, for Pay or Play Penalty purposes, use Measurement Periods and Stability Periods





### Get Ready to Complete the C Forms

- For each ACA Full-Time Employee, determine for which months GMEBS coverage was offered
  - Offer of coverage during Annual Enrollment counts as an offer of coverage for each month of the following year as long as employed
  - Offer of coverage due to new hire/special enrollment counts as an offer of coverage for each following month of the year for which employee could have been enrolled in coverage as long as employed
  - If a person declined coverage, and if employment terminates midmonth, he is not considered to have been offered coverage for that final month

 For each month, calculate the percentage of ACA Full-Time Employees for which GMEBS coverage was offered

## Preparation for Completing 10<u>95</u>-C Form

- For any month coverage was not offered to an ACA FTE and dependent children, determine why no penalty should apply. (See Training Session 2) Examples:
  - Individual was not employed during that month
  - Individual was not an ACA Full-Time Employee during that month
  - Individual was in a Limited Non-Assessment Period during that month
- Identify the cost of employee-only coverage for the cheapest option
- Identify which "affordability" safe harbor will be used



#### About the C Forms – 10<u>94</u>-C Parts



Part I: Information about the employer (contact information) Part II: Signature affirming accuracy and completeness, number of 1095-C Forms attached Part III: Self-report of whether employer could be hit with "Sledgehammer Penalty"







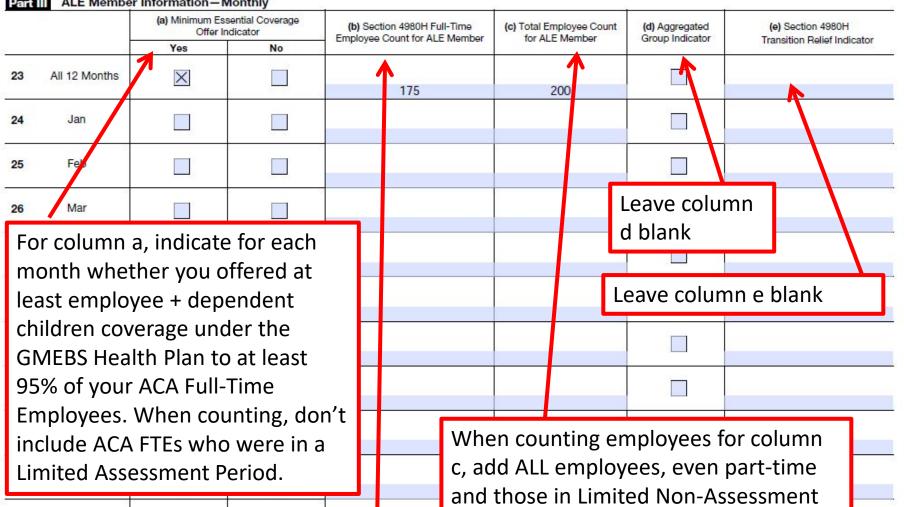
#### About the C Forms – 10<u>94</u>-C Example

- For every month of year A, Big Happy City has 175 ACA Full-Time Employees (as defined in 4980H) for Pay or Play purposes and 200 total employees
- Big Happy City must provide the 1095-C Form to these 175 ACA Full-Time Employees
- Big Happy City offered GMEBS coverage to 95% or more of its 4980H ACA Full-Time Employees in every month of year A, so Big Happy City cannot be hit with the sledgehammer penalty
- Henrietta Clerk is the contact for the IRS to reach

GMA data files will NOT include information needed to complete 1094-C



| Form <b>1094-C</b><br>Department of the Treasury<br>Internal Revenue Service   | ► Information about                          | Employer-Provided<br>Coverage Informa<br>t Form 1094-C and its separat                                      | ation Returns                       |  | CORRECTED | OMB No. 1545-2251              | _                |
|--|--|---|-------------------------------------|--|-----------|--------------------------------|------------------|
| Applicable La     Name of ALE Member (Emplo  | arge Employer Membe                          | r (ALE Member)  |                                     |  |           |                                |                  |
| Big Happy City       W         3 Street address (including room or suite no.)       W         456 Big Happy Boulevard       an         4 City or town       Big Happy City |  | Whom the IRS should contact with questions – <b>do NOT name</b><br>anyone at GMA!<br>Georgia USA 44444-4444 |                                     |  |           |                                | Ş                |
| 7 Name of person to contact<br>Henrietta Clerk<br>9 Name of Designated Governm<br>11 Street address (includir  |  | 05 /  |                                     | Contact telephone number<br>333-333-3333<br>Employer identification number (EIN) | E         | Yes, transmit<br>authoritative |                  |
| 12 City or town  | – 16 blank, D                                | )GE n/a   |                                     | 14 Country and ZIP or foreign postal code  | For       |                                |                  |
| 15 Name of person to contact<br>17 Reserved  |  |   | · ·                                 | aching 175 1095<br>in Part I and in  |           | · · ·                          | ]                |
|  |  | nis transmittal   | box and continue. If "N             | lo," see instructions  | *****     | ▶ 175<br>Σ                     |                  |
| 20 Total number of Form  | s 1095-C filed by and/or o                   | n behalf of ALE Member .  |                                     |  |           | ► 175                          |                  |
| 21 Is ALE Member a men<br>If "No," do not comple<br>22 Certifications of Eligi<br>A. Qualifying Offer I  | ibility (select all that appl                | w: None ap  | oply. Leave a                       |  | ethod     | Pyes 🛛                         | No               |
| 그는 것 같은 영상에서 같은 것이 없는 것이 것 같은 것이 안 하는 것이 같을 수 있다.  | eclare that I have examined th<br>2tta Clerk |   | cuments, and to the best<br>/ Clerk | of my knowledge and belief, they a   |           | and complete.<br>25/2020       |                  |
| For Privacy Act and Paperwo  | ork Reduction Act Notice, se                 | ee separate instructions.   | Cat.                                | No. 61571A   |           | Form 1094-C (2                 | 016)<br>Slice 25 |



When counting ACA Full Time Employees for column b, do NOT include those in Limited Non-Assessment Period

Oct

Period. Use the same time each month – either first or last days of month or first or last days of the first payroll period of the month (as long as that day falls within the calendar month).

C (2016)

#### 1094-C IRS "Transmittal" Form Part III

- Column a The Sledgehammer Penalty cannot apply for a month if the ALE <u>offered</u> the GMEBS Health Plan to 95% or more ACA Full-Time Employees and their dependent children in that month.
- For an offer of coverage to count, it must have been available to the ACA Full-Time Employee for every day of the month. If coverage can only start in the middle of the month, it won't count as an "offer of coverage" for that month.
- "An employer makes an offer of coverage to an employee if it provides the employee an effective opportunity to enroll in the health coverage (or to decline that coverage) at least once for each plan year. An employer makes an offer of health coverage to an employee for the plan year if it continues the employee's election of coverage from a prior year but provides the employee an effective opportunity to opt out of the health coverage. "





#### About the C Forms – 10<u>95</u>-C

GMA data files include ALL Part III information

GMA data files include SOME Part II information for enrollees only

GMA data files include Part 1 Lines 1-6 information for enrollees only.

Part I: Information about the individual getting the Form; information about the employ....



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| Form <b>1095-C</b><br>Department of the Treasur<br>Internal Revenue Service |  | ► Do n                         | ided Health Insurance<br>not attach to your tax return. Keep<br>s.gov/Form1095C for instructions a | for your records.                           | OMB No. 1545-2251    |   |  |  |  |
|---|--|--------------------------------|--|---|----------------------|---|--|--|--|
| 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   | 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 |  |  |  |
|   |  |                                |  |   |                      |   |  |  |  |

Employee's Age on January 1

epar

Part II Employee Offer of Coverage All 12 Months Feb Ma Jan

This is the ACA Full-Time Employee or the Primary Responsible Individual who is enrolled (even if not an ACA FTE). For enrolled individuals only, the employer can use the GMA Data File to complete lines 1-6.

| r                               | Apr May   | June         | July     | AL    | ıg                       | Sept  | Oct                             | Nov               | Dec |  |  |
|---------------------------------|---|--------------|----------|-------|--------------------------|-------|---------------------------------|-------------------|-----|--|--|
|                                 | Lines 7, 8,                                     | 9, 11 – 1    | 13 ente  | r     |                          |       |                                 |                   |     |  |  |
|                                 | the same information<br>entered on Form 1094-C. |              |          |       |                          |       | ine 10 contact<br>iumber can be |                   |     |  |  |
|                                 | ¢ ¢   | <del>ې</del> | <b>v</b> | φ<br> |                          |       | t on 10<br>individ              | 094-C.<br>dual wi | ill |  |  |
|                                 |   |              |          |       |                          | NOT G | •                               | 500115.           |     |  |  |
| ate instructions. Cat. No. 6070 |   |              |          | 5M    | Form <b>1095-C</b> (2020 |       |                                 |                   |     |  |  |
|                                 |   |              |          |       |                          |       |                                 |                   |     |  |  |

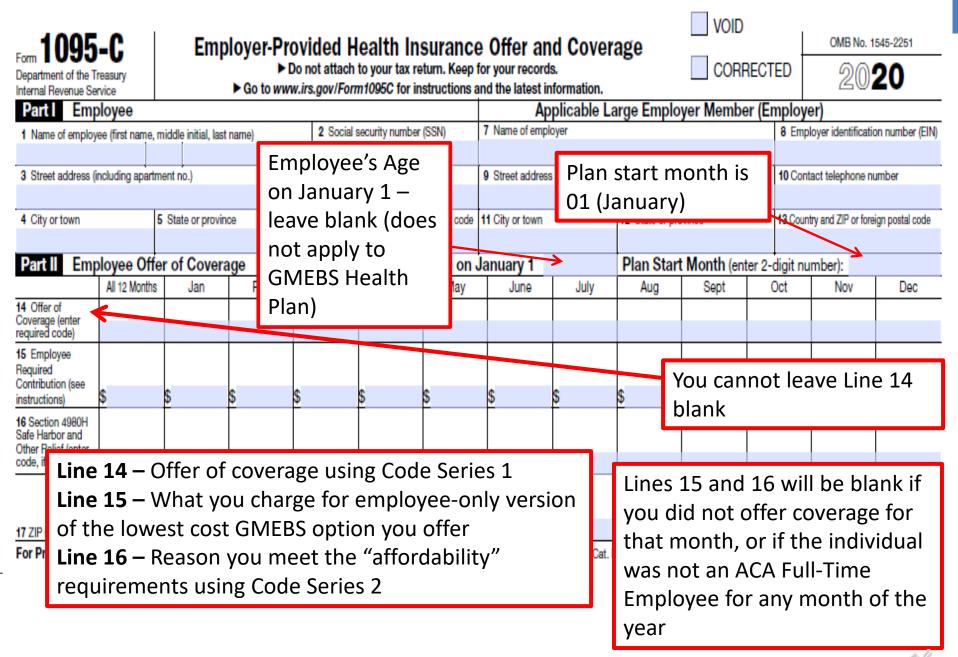
Plan Start Month – enter "01"

for usual January start

Plan Start Month (enter 2-digit number):



Form Departr Interna Par





#### 10<u>95</u>-C Form Part II – Line 14 & Code Series 1

Offered GMEBS coverage for every day of the month

- Code 1E <u>Everyone in family offered coverage</u> "Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse." (See examples 1-7) OR
- Code 1B <u>BUT NOT DEPENDENTS</u> "Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s)." NOTE – discuss with counsel, penalty risk if employer does not offer coverage for dependent children, but transition relief may apply.





#### 1095-C Form Part II – Line 14 & Code Series 1

- Did NOT Offer GMEBS coverage for every day of the month
  - Code 1H Heck No! Coverage was not offered for every day (you were not offered health coverage for every day of the month or you were offered coverage that is NOT minimum essential coverage.)" (See examples 3, 7)
- COBRA/Former Employee Rules:
  - Code 1H if COBRA coverage offered for that month <u>due to</u> <u>termination of employment</u>(See Example 2.1) or if retiree coverage offered for that month
- COBRA/Still employed:
  - Code 1E if COBRA coverage offered to Everyone in family or Code 1B (But Not Dependents) if COBRA offered only to employee (See Example 2.2)





#### 1095-C Form Part II – Line 14 & Code Series 1

- Employees who were <u>not ACA Full-Time Employees for any</u> <u>month of the year</u>, but who <u>actually enrolled in GMEBS</u> <u>coverage</u> (e.g., non-ACA FTEs eligible due to statutory position, such as elected member of city's governing authority; retirees, COBRA former employees, COBRA beneficiaries who made a separate COBRA election)
- **Code 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 on Line 14."
- See Examples 8 and 9





#### 1095-C Form Part II – Line 14 & Code Series 1

- Comments about other Codes
  - Codes 1A, 1I these relate to alternative reporting (beyond scope of this presentation)
  - Code 1C N/A because GMEBS eligibility rules do not permit Participating Employers to offer coverage only to employees and dependent children
  - Code 1D N/A because GMEBS eligibility rules do not permit Participating Employers to offer coverage only to employees and spouses
  - Code 1F N/A because GMEBS coverage is Minimum Essential Coverage that provides Minimum Value
  - Code 1J, K N/A because GMEBS eligibility rules do not

GEOR Dermit conditional offer of coverage to spouse



#### 10<u>95</u>-C Form Part II – Line 15

- Always leave Line 15 blank if 1H is in Line 14.
- Tells the IRS whether the cost of employee-only coverage was "affordable" (as defined by ACA), so the Tack Hammer penalty won't apply.
- Enter "0.00" if you offer free employee-only GMEBS coverage, or enter the cheapest cost of employee-only coverage under any GMEBS option you offer. For any month an active part-time employee is enrolled in COBRA, enter the lowest cost of self-only COBRA coverage in Line 14.
- "This line reports the employee share of the lowest-cost monthly premium for minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage, if, for example, you chose to enroll in more expensive coverage such as family coverage."



### 10<u>95</u>-C Form Part II – Line 16 & Code Series 2

- This line tells the IRS why no penalties should apply. CADs go first.
  - Code 2C employee actually <u>C</u>overed for each day of the month. <u>Enter 2C even if another code fits, but do</u> not use 2C for COBRA due to termination or retiree <u>coverage.</u>
  - Code 2A employee was not employed on <u>A</u>ny day of the month (examples 2, 7), use 2A if enrolled in COBRA or Retiree coverage. (example 2.1).
  - Code 2D employee was in a Limited Non-Assessment
     Period during the month (see Training Session Two.)



### 10<u>95</u>-C Form – Line 16 & Code Series 2

- Code 2B (See example 8) ONLY if Codes 2C, 2A, and 2D don't apply, and one of the following is true:
  - The employee was found NOT <u>2B</u> an ACA Full-Time Employee
  - Mid-month term. rule the employee was an ACA Full-Time Employee who declined enrollment and ended employment midmonth (see ex. 7, July) OR was an enrolled ACA Full-Time Employee, but coverage ended mid-month due to termination of employment (N/A b/c GMEBS coverage ends at end of month)
  - If an active employee enrolls in COBRA mid-month due to reduction in hours that causes him or her to lose ACA FTE status, use 2B (see example 2.3)
- Codes 2F-2H these codes prove that offer of coverage was affordable under safe harbor (enter the affordability safe harbor used) 2F is W-2, 2G is federal poverty line, 2H is rate of pay
- Code 2E N/A, relates to union plans





### 10<u>95</u>-C Form – Line 16 & Code Series 2

- What if no Code applies?
- If no Code applies, then there is no "excuse" for failure to offer the ACA Full-Time Employee coverage that meets the affordability requirements for that month.
- Tack hammer penalty will apply if the individual gets subsidized coverage on the Exchange for that month (See ACA Training Session Two)
- If no Line 16 Code applies, check with an advisor to make sure you are aware of consequences





## 1095-C PART II EXAMPLES





## 10<u>95</u>-C Part II, Example 1 – ACA FTE, offered family coverage, enrolled all year in employee-only coverage.

| Part Em  | ployee                                    |                 |        |                 |                    |                                    | Ap   | plicable L  | arge Emplo  | oyer Membe   | er (Employ  | er)  |                       |
|--|---|-----------------|--------|-----------------|--------------------|------------------------------------|--|---|---|--|---|--|-----------------------|
| 1 Name of employ   |   |                 |        | 2 Socia         | al security number | r (SSN)                            | 7 Name of amp                              | loyar   |   | 121  | 8 Emp   | loyar idantificati   | on humber (EIN)       |
| John Smith   | Exam                                      | ple 1           |        |                 | 111-11-11          | 111                                | Big Happy (                                | City  |   |  | 1.000   | 00-0000  | )00                   |
| 3 Street address   | (including apartmer                       | ntrio.)         |        |                 |                    |                                    | 9 Street addres                            |   | orn or sulta no.)   |  | 10 Cont   | act telephone n  | umber                 |
| 123 Main Stre  | vet 👘                                     |                 |        |                 |                    |                                    | 456 Big Ha                                 | ppy Boulev  | vard  |  |   | 333-333-   | 3333                  |
| 4 City or town   | 5   | State of provin | 69     | 6 Counts        | ty and ZIP or fore | ign postal code                    | 11 City or town                            | Maria ang   | 12 State or pr  | rovince  | 13 Cour   | try and ZIP or for   | eign postal code      |
| <b>Big Happy Cit</b>   | y G                                       | eorgia          |        | USA 4           | 14444-4321         |                                    | Big Happy (                                | City  | Georgia   |  | USA   | 4444-4444  |                       |
| Part II Em   | ployee Offer                              | and Cove        | rage   |                 |                    | 67 1014 (L                         | 1.0. (C.10.10)                             |   |   |  |   |  |                       |
| eanil - t  | All 12 Months                             | Jan             | Fab    | Mar             | Apr                | May                                | Jure                                       | July  | Aug   | Sept   | Oct   | Nov  | Dec                   |
| 14 Offer of<br>Coverage Jenter   | 10004628.517250                           |                 | 100000 |                 | 10000              |                                    |  | 8   | 3 - 03 M  | 80.000   |   |  | 0. 0. 0. <u></u>      |
| adutad obdal   | 1E 🔟                                      |                 |        |                 |                    | JC                                 | hn is ai                                   | n ACA   | Full-Ti   | me Fm  | plovee  | for 20   | 115                   |
| 5 Employee Share<br>I Lowest Cost<br>Acrithly Premium.   |   |                 |        |                 |                    | St                                 | ability                                    | Period  | l. At an  | nual er  | nrollme   | ent in   |                       |
| br Salf-Only<br>Whimum Value<br>Covarage<br>16 Applicable<br>Sacton 4080H Sate   | \$ 0.00                                   | K               | \$     | *               | s                  | St<br>2(<br>\$ fa                  |  | Period<br>was o<br>verage   | l. At an<br>offered<br>e, but h                                   | nual er<br>emplov<br>ne chos   | nrollme<br>yee on<br>se emp   | ent in<br>ly and<br>loyee-   | only                  |
| of Lowbst Cost<br>Monthly Promium,<br>for Self-Only<br>Minimum Value<br>Coverage<br>16 Accelerable   | \$ 0.00                                   |                 | \$     | *               | s                  | St<br>2(<br>\$ fa                  | ability l<br>014, he<br>mily co            | Period<br>was o<br>verage   | l. At an<br>offered<br>e, but h                                   | nual er<br>emplov<br>ne chos   | nrollme<br>yee on<br>se emp   | ent in<br>ly and<br>loyee-   | only                  |
| of Lowlest Cost<br>Wonthly Premium,<br>for Self-Only<br>Minimum Value<br>Covarage<br>16 Applicable<br>Section 4080H Satk<br>Harbor (antar coda,<br>Fapplicable)                                  | \$ 0.00<br>2C                             |                 | \$     |                 | 5                  | St<br>2(<br>\$ fa                  | ability l<br>014, he<br>mily co            | Period<br>was o<br>verage   | l. At an<br>offered<br>e, but h                                   | nual er<br>emplov<br>ne chos   | nrollme<br>yee on<br>se emp   | ent in<br>ly and<br>loyee-   | only                  |
| of Lowlest Cost<br>Nonthly Premium,<br>Ior Seit-Only<br>Minimum Value<br>Coverage<br>16 Applicable<br>Section 4980H Satk<br>Harbor (anter coda,<br>Fapplicable)                                  | \$ 0.00<br>2C                             | er              |        | *               | s                  | St<br>2(<br>\$<br>fa<br>co         | ability  <br>014, he<br>mily co<br>overage | Period<br>was o<br>verage<br>. He w                                       | l. At an<br>offered<br>e, but h<br>vas enro                       | nual er<br>emplov<br>ne chos<br>olled al                               | nrollme<br>yee on<br>se emp<br>ll 12 m                              | ent in<br>ly and<br>loyee-<br>onths  | only                  |
| of Lowlest Cost<br>Northly Promium,<br>for Self-Only<br>Minimum Value<br>Covarage<br>18 Applicable<br>Section 4080H Safe<br>Harbor (antor coda,<br>Fapplicable)<br>No tack                       | \$ 0.00<br>2C                             |                 |        | Lowes           | s<br>t cost r      | St<br>2(<br>\$<br>fa<br>co         | ability  <br>014, he<br>mily co<br>overage | Period<br>was o<br>verage<br>. He w                                       | l. At an<br>offered<br>e, but h                                   | nual er<br>emplov<br>ne chos<br>olled al                               | nrollme<br>yee on<br>se emp<br>ll 12 m                              | ent in<br>ly and<br>loyee-<br>onths  | only                  |
| of Lowlest Cost<br>Northly Promium,<br>for Self-Only<br>Minimum Value<br>Coverage<br>18 Applicable<br>Section 40800H Safe<br>Harbor (ontor code,<br>Fapplicable)<br>No tack<br>penalty           | t 0.00<br>2C<br>hamme<br>becaus           |                 |        |                 | t cost r<br>um for | St<br>2(<br>5<br>fa<br>co<br>month | ability I<br>014, he<br>mily co<br>overage | Period<br>was o<br>verage<br>. He w                                       | l. At an<br>offered<br>e, but h<br>vas enro<br>ecause             | nual er<br>emplov<br>ne chos<br>olled al<br>during                     | nrollme<br>yee on<br>se emp<br>Il 12 m                              | ent in<br>ly and<br>loyee-<br>onths<br>lenro                                 | only<br>Ilment        |
| of Lowiss Cost<br>Monthly Promium,<br>for Saf-Only<br>Minimum Value<br>Covarage<br>18 Applicable<br>Saction 4080H Safe<br>Harbor (antar coda,<br>If applicable)<br>No tack<br>penalty<br>employe | a 0.00<br>2C<br>hamme<br>becaus<br>ee was | e               |        | oremi           | um for             | St<br>2(<br>5<br>fa<br>co          | ability I<br>014, he<br>mily co<br>overage | Period<br>was o<br>verage<br>. He w<br>1E, be<br><u>E</u> veryo           | l. At an<br>offered<br>e, but h<br>vas enro<br>ecause<br>one in t | nual er<br>emplov<br>ne chos<br>olled a<br>during<br>the fan           | nrollme<br>yee on<br>se emp<br>Il 12 m<br>annua<br>nily wa          | ent in<br>ly and<br>loyee-<br>onths<br>onths<br>l enro                       | only<br>Ilment        |
| of Lowiss Cost<br>Monthly Promium,<br>for Saf-Only<br>Minimum Value<br>Covarage<br>18 Applicable<br>Saction 4080H Safe<br>Harbor (antiz coda,<br>Fapplicable)<br>No tack<br>penalty              | a 0.00<br>2C<br>hamme<br>becaus<br>ee was | e               |        | oremii<br>emplo | _                  | month                              | ability I<br>014, he<br>mily co<br>overage | Period<br>was o<br>verage<br>. He w<br>1E, be<br><u>E</u> veryo<br>covera | l. At an<br>offered<br>e, but h<br>vas enro                       | nual er<br>employ<br>ne chos<br>olled a<br>during<br>the fan<br>all 12 | nrollme<br>yee on<br>se emp<br>Il 12 m<br>annua<br>nily wa<br>month | ent in<br>ly and<br>loyee-<br>onths<br>onths<br>l enro<br>is offei<br>s (eve | only<br>Ilment<br>red |

## 10<u>95</u>-C Part II, Example 2 – ACA FTE, offered family coverage, enrolled part of the year in employee-only coverage as active employee.

| Part Emp  | oloyee   |                              |             |          |                               |                       | År                             | nlicable L | arne Emol                | over Memb            | er (Emplo | wer                                 |                  |
|---|--|------------------------------|-------------|----------|-------------------------------|-----------------------|--------------------------------|------------|--------------------------|----------------------|-----------|-------------------------------------|------------------|
| 1 Name of employ<br>John Smith<br>9 Street address (                        | Exar   | nple 2                       |             | 2 Social | security number               | (All Selection of the | 10                             |            | nates<br>nds Ju          | •                    | yment     | : July 5,                           | and              |
| 123 Main Stre   | and the second |                              |             |          |                               |                       | 456 Big Ha                     | ppy Boulev | ard                      |                      |           | 333-333-                            | 3333             |
| 4 City or town<br>Big Happy City  |  | 5 State or provin<br>Georgia | 69          |          | and ZIP or forsk<br>4444-4321 | pi postal code        | 11 City or town<br>Big Happy ( | City       | 12 State or p<br>Georgia | rovince              |           | ountry and ZIP or to<br>A 4444-4444 | eign postal code |
| Part I Emp  | oloyee Offe  | er and Cove                  | rage        | an and   |                               | or butto              | an seasons                     | we want t  |                          | in the second second |           | Via Contact                         |                  |
| erandi - *  | All 12 Months  | Jan                          | Feb         | Mar      | Apr                           | May                   | June                           | July       | Aug                      | Sept                 | Oct       | Nov                                 | Dec              |
| 14 Offer of<br>Coverage (enter<br>required code)                            |  | 1E                           | 1E          | 1E       | 1E                            | 1E                    | 1E                             | 1E         | 1H                       | 1H                   | 1H        | 1H                                  | 1H               |
| 15 Employee Share<br>of Lowest Cost<br>Worthly Premium.                     |  | 2<br>1                       |             |          |                               |                       |                                |            |                          | 8                    |           |                                     |                  |
| Wonthly Premium,<br>br Self-Only<br>Winimum Visiue<br>Coverage              | \$   | <b>\$</b> 0.00               | <b>0.00</b> | 0.00     | 0.00 <b>\$</b>                | 0.00                  | \$0.00                         | 0.00 s     | S                        | \$                   | s         | \$                                  | s                |
| 16 Applicable<br>Section 4980H Sate<br>Harbor (enter code,<br>l'applicable) |  | 2C                           | 2C          | 2C       | 2C                            | 2C                    | 2C                             | 2C         | 2A                       | 2A                   | 2A        | 2A                                  | 2A               |

Line 14: Annual enrollment offer counts as an offer for months of actual employment or enrollment, so 1<u>E</u> (Everyone in Family offered coverage) is used for January – July; 1<u>H</u> (Heck, No offer of coverage) is used for August – December.

Line 16: No tack hammer penalty because 2<u>C</u> (<u>C</u>overed) for January – July; and 2<u>A</u>, not



employed on <u>A</u>ny day of month for August - December



## 10<u>95</u>-C Part II, Example 2.1 – ACA FTE, offered family coverage, enrolled in employee-only coverage as active employee, then as COBRA.

| Part   Emp  | loyee          |                   |               |               |                                       |               | Bob t  | ermina    | ates en   | nolovn   | nent Ma   | av 31. a | and     |
|---|----------------|-------------------|---------------|---------------|---------------------------------------|---------------|--------|-----------|-----------|----------|-----------|----------|---------|
| 1 Name of employe   | 20             |                   |               | 2 Social sea  | urby number (                         | SSN           |        |           |           | • •      |           | , ,      |         |
| COBRA Mid Y   | ear Term       | Bob Smith         |               | 12            | 3-22-345                              | 6             | selt-o | nly cov   | /erage    | ends ti  | ne sam    | e day. I | Bob     |
| Street address (in  | cluding apartm | nant no.)         |               |               |                                       |               | enroll | ls in se  | lf-only   | COBR/    | A for res | st of th | e       |
| 23 Main Stree   | et             |                   |               |               |                                       |               |        |           | •         |          |           |          |         |
| 4 City or town  |                | 5 State or provin | 109           | 6 Country and | ZIP or tonaig                         | n postal code | year.  | note: i   | Part II I | OOKS LI  | ne same   | e as it  |         |
| ig Happy City   | 1              | Georgia           |               | USA 4444      | 4-4321                                |               | would  | d if he   | had no    | t enrol  | led in C  | OBRA     |         |
| Emp   | lowee Offe     | er and Cove       | ener          |               |                                       |               | Part I | ll will s | how a     | rtual m  | onths o   | h        |         |
| artin cinp  | loyee on       |                   | nage          |               |                                       |               |        |           |           |          |           | 51       |         |
|   | Al 12 Months   | Jan               | Føb           | Mar           | Apr                                   | May           | cover  | age.      |           |          |           |          |         |
|   | 8              | 0                 | 14 million 14 |               | · · · · · · · · · · · · · · · · · · · | 6             |        |           |           |          |           |          |         |
|   |                |                   |               |               |                                       |               |        |           |           |          |           |          |         |
| ovaraga (antar  |                | 1E                | 1E            | 1E            | 1E                                    | 1E            | 1H     | 1H        | 1H        | 1H       | 1H        | 1H       | 1H      |
| ovarage (antar<br>iquited code)<br>5 Employee Share   |                | 1E                | 1E            | 1E            | 1E                                    | 1E            | 1H     | 1H        | 1H        | 1H       | 1H        | 1H       | 1H      |
| ovarage (antor<br>aquited code)<br>5 Employee Share<br>1 Lowest Cost<br>fonthly Pramium,  |                | 1E                | 1E            | 1E            | 1E                                    | 1E            | 1H     | 1H        | 1H        | 1H       | 1H        | 1H       | 1H      |
| overage (antor<br>aquited code)<br>5 Employee Share<br>1 Lowket Cost<br>Anithy Premium,<br>or Self-Only<br>Animum Value   | \$             | 1E<br>\$ 0.00     |               |               | 1E<br>0.00                            |               |        | 1H<br>\$  | 1H<br>S   | 1H<br>\$ | 1H<br>\$  | 1H<br>\$ | 1H<br>S |
| 4 Offer of<br>overage (anter<br>aquited code)<br>5 Employee Share<br>1 Lowket Cost<br>forthy Premium,<br>or Self-Only<br>Animum Visue<br>lowarage<br>6 Applicable<br>action 4860H Sate<br>lattor Jenter code. | \$             |                   |               |               |                                       |               |        | 1H<br>\$  | 1H<br>\$  | 1H<br>\$ | 1H<br>\$  | 1H<br>\$ | 1H<br>S |

Line 14: Annual enrollment offer to employee and family counts as an offer for months of actual employment or enrollment due to active employment, so  $1\underline{E}$  (Everyone in Family offered coverage) is used for January – May; Even though Bob enrolled in COBRA, for Part II, enter  $1\underline{H}$  (no offer of coverage) for June – December. Always leave Line 15 blank when Line 14 is 1H.  $2\underline{A}$  in Line 16: No tack hammer penalty because not employed on Any day of those months. 10<u>95</u>-C Part II, Examples 2.2 – 2.5

For information about how to prepare forms when an employee has been offered COBRA due to a reduction in hours (and not due to termination of employment), please contact Alison Earles <u>aearles@gmanet.com</u>.



## 10<u>95</u>-C Part II, Example 3 – ACA FTE offered family coverage as new hire, enrolled in employee-only coverage after waiting period.

| Part Emp  | oloyee                  |                           |       |                     |                                 |                 | A                            | pplicable I                              | Large Emplo              | oyer Memb | er (Emplo  | yer)                             |                     |
|---|-------------------------|---------------------------|-------|---------------------|---------------------------------|-----------------|------------------------------|--|--------------------------|-----------|--|----------------------------------|---------------------|
| 1 Name of employ<br>John Smith<br>9 Street address (<br>123 Main Street     | Exar<br>noluding epertr | nple 3<br>Iantrio.)       | ,     | 2 Social            | security number<br>111-11-11    | Construction of | Marc                         | ch 1 af                                  | ired Ja<br>ter wai       | •         |  |                                  |                     |
| 4 City or town<br>Big Happy City  |                         | 5 State or pro<br>Georgia | selei |                     | y and 21P or forek<br>4444-4321 | și postal code  | 11 City or town<br>Big Happy | a an | 12 State or p<br>Georgia | rovince   | the second s | unity and ZIP or to<br>4444-4444 | aign postal code    |
| Rent II Emp   | All 12 Months           | Jan                       | Fab   | Mar                 | Apr                             | May             | Jure                         | July                                     | Aug                      | Sept      | Oct  | Nov                              | Dec                 |
| 14: Offer of<br>Coverage (enter<br>required code)                           | All off of Sales        | 1H                        | 1H    | 1E                  | 1E                              | 1E              | 1E                           | 1E                                       | 1E                       | 1E        | 1E   | 1E                               | 1E                  |
| 15 Employee Share<br>of Lowest Cost   |                         |                           |       |                     |                                 |                 |                              |  |                          |           |  |                                  |                     |
| Northly Premium,<br>for Self-Only<br>Minimum Value<br>Coverage              | \$                      | s                         | s     | <mark>\$</mark> 0.0 | <mark>\$</mark> 0.0             | 0.0 \$          | <b>\$</b> 0.0                | 0.0 <b>ء</b>                             | 0.0 <mark>۽</mark>       | \$0.0     | 0.0\$  | <mark>\$</mark> 0.0              | <mark>\$</mark> 0.0 |
| 16 Applicable<br>Section 4980H Safe<br>Harbor (anter code,<br>f applicable) |                         | 2D                        | 2D    | 2C                  | 2C                              | 2C              | 2C                           | 2C                                       | 2C                       | 2C        | 2C   | 2C                               | 2C                  |

Line 14: **1H** - <u>H</u>eck, no offer of coverage for January and February, because of waiting period. New hire offer of enrollment for **1E** - <u>E</u>veryone in family for rest of the year. Line 16: No tack hammer penalty because John was in limited non-assessment period (2<u>D</u>) in January and February, and John was **2C** - <u>C</u>overed the rest of the year.



## 10<u>95</u>-C Part II, Example 4 – ACA FTE, offered family coverage, enrolled all year in family coverage.

| Part Em   | ployee          | 12000                        |               |  |                                 |              |   |                   |                             |         |                   |                                 |                  |
|---|-----------------|------------------------------|---------------|--|---------------------------------|--------------|---|-------------------|-----------------------------|---------|-------------------|---------------------------------|------------------|
| 1 Name of emplo<br>John Smith   | Exar            | nple 4                       |               | 2 Social   | security number                 |              |   |                   | e Form<br>for pur           |         |                   |                                 | Exampl<br>oesn't |
| 9 Street address<br>123 Main Stre   |                 | nantino.j                    |               |  |                                 |              | matt  | er whe            | ether de                    | epende  | ents ac           | tually                          | enroll.          |
| 4 City or town<br>Big Happy Cit   | ty              | s State or provir<br>Georgia | ddi.          | CONTRACTOR OF A DESCRIPTION OF A DESCRIP | y and ZIP or foral<br>4444-4321 | gn postal co | Big Happy                                   |                   | 12 State or p<br>Georgia    | rovince | CONTRACTOR FOR LA | ity and ZIP or for<br>4444-4444 | eign postal code |
| Part II Em  | All 12 Months   | ar and Cove<br>Jan           | Fab           | Mar  | Apr                             | May          | June  | July              | Aug                         | Sept    | Oct               | Nov                             | Dec              |
| 5 Employee Shan<br>f Lowest Cost<br>Aonthly Premium,<br>or Self-Only<br>Animum Value<br>Zoverage<br>6 Applicable<br>Section 4080H Sah<br>Section 4080H Sah<br>Section 4080H Sah | \$ 0.00         | 2                            | s             | \$   | s                               | s<br>f       | itability<br>2014, he<br>amily c<br>coverag | e was c<br>overag | offered                     | emplo   | yee on            | ly and                          |                  |
| applicable  | 2C              |                              | $\overline{}$ |  |                                 |              |   |                   |                             |         |                   |                                 |                  |
| No tack<br>penalty<br>employ<br>actually  | becau<br>ee was | se                           | F             | oremiu   | t cost r<br>um for<br>yee-on    |              | hly   | <u>E</u> very     | ecause<br>one in<br>age for | the far | nily wa           | s offe                          |                  |

# 10<u>95</u>-C Part II, Example 5 – ACA FTE, offered family coverage, enrolled all year in employee-only coverage, cost of employee-only coverage is \$75.

| John Smith<br>9 Street address (<br>123 Main Street   | Exam<br>holuding apartman   | •                     |         | 2 000 | 111-11-1                        |                  | charg | es \$75 | ample<br>5 for er        |         |     | / cover                        | age                |
|---|---|-----------------------|---------|-------|---------------------------------|------------------|-------|---------|--------------------------|---------|-----|--------------------------------|--------------------|
| 4 City or town<br>Big Happy City  | y G   | and the second second |         |       | ry and ZIP or for<br>14444-4321 | ign postal conte |       |         | 12 State or p<br>Georgia | rovince |     | unity and ZIP or 1<br>4444-444 | oreign postal code |
| Panti Emp   | All 12 Months   | Jan Gov               | Fab Fab | Mar   | Apr                             | May              | June  | July    | Aug                      | Sept    | Oct | Nov                            | Dec                |
| 14 Offer of<br>Coverage (enter<br>required code)  | All 12 Months Jaan Feb  |                       |         |       |                                 |                  |       |         |                          |         |     |                                |                    |
| 15 Employee Share<br>of Lowest Cost<br>Monthly Premium,<br>tor Self-Only<br>Minimum Value<br>Coverage | All 12 Months     Jan     Feb       far of<br>age (onter<br>ad obde)     1E     Feb       far of<br>vost Cost<br>dy Promium,<br>if-Only<br>um Value     FC     OO e |                       |         |       | s                               | s                | \$    | s       | s                        | \$      | S   | \$                             | s                  |
| 18 Applicable<br>Section 4980H Sate<br>Harbor (antar code,<br>If applicable)                          | 2C  |                       |         |       |                                 |                  |       | 7.      |                          | ÷.      |     |                                |                    |

Remember, the tack hammer penalty won't apply if the individual actually enrolled and is marked as "2<u>C</u>" for the month. There is no need to explain why the \$75 cost meets an affordability safe harbor.





## 10<u>95</u>-C Part II, Example 6 – ACA FTE, offered family coverage, did not enroll, employed all year.

| Part Emp   | ployee     |                  |              |        |                                  |                  | A         | pplicable l | Large Empl         | oyer Mem | ber (Emplo | yer)     |  |
|--|------------|------------------|--------------|--------|----------------------------------|------------------|-----------|-------------|--------------------|----------|------------|----------|--|
| 1 Name of employ<br>John Smith<br>9 Street address (                   | Exar       | nple 6           |              | 2 Soci | al security numb<br>111-11-1     | nd in the second |           |             | City cha<br>ge and |          |            |          |  |
| 123 Main Stre  |            | 5 State or prov  | mon.         |        |                                  | dan analai anda  |           | abbl nome   | 0                  |          | 6 2205     | 333-333  |  |
| 4 City or town<br>Big Happy City                                       | у          | Georgia          | uddi.        |        | try and ZIP or for<br>44444-4321 |                  | Big Happy |             | Georgia            |          |            | 4444-444 | the second s |
| Part II Emp  | ployee Off | er and Cov       | erage<br>Feb | Mar    | Apr                              | May              | June      | JUN         | Aug                | Sept     | Oct        | Nov      | Dec  |
| 4 Offer of<br>overage (enter<br>sputed code)                           | 1E,        |                  |              |        |                                  |                  |           |             |                    |          |            |          |  |
| Employee Share<br>Lowest Cost<br>onthly Premium,                       | 1          | 2<br>12          |              |        |                                  | 8                |           |             |                    | 8        |            |          |  |
| r Self-Only<br>Inimum Value<br>overage                                 | \$75.00    | o <mark>s</mark> | s            | \$     | S                                | s                | \$        | s           | s                  | \$       | s          | \$       | S  |
| 6 Applicable<br>ection 4980H Safe<br>lathor (entercode,<br>applicable) | 2G         |                  |              |        |                                  |                  |           | 2.          |                    | - 6.5    |            |          |  |

Everyone offered coverage for all 12 months, so still 1E even though John declined

By entering 2G, Big Happy City is telling the IRS that the tack hammer penalty won't apply because \$75 cost for employee-only coverage meets the federal poverty line safe harbor. (See Training Session 2, slide 45)



## 10<u>95</u>-C Part II, Example 7 – ACA FTE, offered family coverage, did not enroll, terminated employment in the middle of the month.

|  | loyee  |                   |       |               |                   |               | Com              |           |             | C hut    | امهم  | did not                | مصرما            |  |  |
|--|--|-------------------|-------|---------------|-------------------|---------------|------------------|-----------|-------------|----------|-------|------------------------|------------------|--|--|
| 1 Name of employ   |  |                   |       | 2 Social      | security number   | (SSN)         | Same             | e as Ex   | kample      | o, dut   | Joun  | did not                | enroll,          |  |  |
| John Smith   | Exar   | nple 7            |       |               | 111-11-11         | 11            | and I            | eaves     | emplo       | yment    | mid-r | nonth.                 |                  |  |  |
| 3 Street address (h  | roluding apartm  | ventino.)         |       |               |                   |               |                  |           |             | ,        |       |                        |                  |  |  |
| 123 Main Stree   | at in the second se |                   |       |               |                   |               | 456 Big H        | appy Boul | evard       |          |       | 333-333-               | 3333             |  |  |
| 4 City or town   | 1000   | 5 State or provin | 09    | 6 Country     | and ZIP or foreig | n postal code | 11 City or town  | 1         | 12 State of | province | 130   | Journey and ZIP or for | nign postal code |  |  |
| <b>Big Happy City</b>  |  | Georgia           |       | USA 4         | 4444-4321         |               | <b>Big Happy</b> | City      | Georgia     |          | US    | A 4444-4444            |                  |  |  |
| Part Emp   | loyee Offe   | er and Cove       | rage  |               |                   |               |                  | 7         |             |          |       |                        |                  |  |  |
| eanil - A  | All 12 Months  | Jan               | Fab   | Mar           | Apr               | May           | June             | July      | Aug         | Sept     | Oct   | Nov                    | Dec              |  |  |
| 14 Offer of<br>Coverage (enter<br>required code)                             |  | 1E                | 1E    | 1E            | 1E                | 1E            | 1E               | 1H        | 1H          | 1H       | 1H    |                        |                  |  |  |
| 15 Employee Share<br>of Lowest Cost  |  |                   |       |               |                   |               |                  |           |             |          |       |                        |                  |  |  |
| Monthly Pramium,<br>for Self-Only<br>Minimum Value<br>Coverage               | \$   | <b>7</b> 5.00     | 75.00 | <b>7</b> 5.00 | <b>7</b> 5.00     | <b>7</b> 5.00 | ₹5.00            | s         | 6           | \$       | \$    | \$                     | s                |  |  |
| 16 Applicable<br>Section 4980H Safe<br>Harbor (anter code,<br>If applicable) |  | 2G                | 2G    | 2G            | 2G                | 2G            | 2G               | 2B        | 2A          | 2A       | 2A    | 2A                     | 2A               |  |  |

Mid-month termination of employment for ACA Full-Time Employee NOT enrolled in coverage. Since John terminated employment in the middle of July, the offer of coverage during annual enrollment does not count as an offer for that month. So, 1H is entered for July. Since John was actually employed for part of July, must use 2B to show why no tack **CENCERA** hammer penalty. 2A (not employed on Any day of month) is used for rest of year.

## 10<u>95</u>-C Part II, Example 8 – Not an ACA FTE at any point of the year, enrolled as active employee for part of year, then no coverage

| Part I Em                                 | oloyee               |                 |       |          | 10.1            |                             |          | ſ                           | Clau       | ding     |              | unt     | orna     | aint   | ic a  | Cou   | incil |       |       |          |
|---|----------------------|-----------------|-------|----------|-----------------|-----------------------------|----------|-----------------------------|------------|----------|--------------|---------|----------|--------|-------|-------|-------|-------|-------|----------|
| 1 Name of employ                          | ree                  |                 |       |          | 2 Soc           | al security num             | iber (SS | SN)                         | Clau       | ume      |              | un      | erpo     | JIII   | 15 d  | CUL   | IIICI | I     |       | NI)      |
| Claudine Cour                             | nterpoint -          | Example 8       |       |          |                 | 111-11-                     | 1111     |                             | Mer        | nhe      | r R⊢         | IC d    | ete      | rmir   | her   | she   | is n  | ot a  | n     |          |
| 3 Street address (                        | including apartr     | ment no.)       |       |          | 10              |                             | -        |                             | IVICI      | inde     | і. Di        |         | etei     |        | icu   | 3110  | 13 11 | σια   |       | 1.0      |
| 123 First Stree                           | et                   |                 |       |          |                 |                             |          |                             | ACA        | Full     | -Tin         | ne F    | mn       | love   | e fc  | or 20 | )15   | She   | wa    | s        |
| 4 City or town                            |                      | 5 State or prov | vince |          | 6 Coun          | try and ZIP or fi           | oreign p | ostal code                  |            |          |              |         | •        | •      |       |       |       |       |       | e        |
| Big Happy Cit                             | -                    | Georgia         |       |          | USA             | 44444-432                   | 1        |                             | eligi      | ble t    | for (        | SME     | EBS      | cove   | erag  | re di | le to | o he  | r     |          |
| Part II Em                                | ployee Off           | er and Cov      | /erag |          | - <sup>10</sup> | -                           | - 12     | S                           | U          |          |              |         |          |        | Ŭ     |       |       |       | -     |          |
|   | All 12 Months        | Jan             |       | Feb      | Mar             | Apr                         |          | May                         | stati      | us as    | s a n        | nen     | nber     | r of t | the   | gov   | erni  | ng    |       | - 50     |
| 14 Offer of<br>Coverage (enter            |                      |                 |       |          |                 |                             |          |                             |            |          |              |         |          |        |       | 0     |       | U     |       | 1.0      |
| required code)                            | 1G                   |                 |       |          |                 |                             |          |                             | auth       | norit    | y. St        | ne v    | vas i    | not    | reel  | lecte | ed, s | so he | er    |          |
| 15 Employee Share                         |                      |                 |       |          |                 |                             |          |                             |            |          |              |         |          |        |       |       | 24    |       | 1: .  |          |
| Monthly Premium,                          | Self-Only            |                 |       |          |                 |                             | _        |                             | COVE       | erage    | e tei        | mi      | nate     |        | n ivi | arcr  | 131   | . Sne | e aic | בו       |
| for Self-Only<br>Minimum Value            | 2                    |                 |       | \$       |                 |                             | not      | مامم                        |            | חח       | ^            |         |          |        |       |       |       |       |       |          |
| Coverage                                  | erage 5 5 5          |                 |       |          |                 |                             | 3        | 0                           | not        | elec     |              | DR      | 4.       |        |       |       |       |       |       |          |
| 16 Applicable                             |                      |                 |       |          |                 |                             |          |                             |            |          |              |         |          |        |       |       |       |       |       | 100      |
| Section 4960H Safe<br>Harbor (enter code, |                      |                 |       |          |                 |                             |          |                             |            |          |              |         |          |        |       |       |       |       |       |          |
| If applicable)                            |                      |                 |       |          |                 |                             |          |                             |            |          |              |         |          |        |       |       |       |       |       |          |
| Part III Cov                              | ered Indiv           | iduals          |       |          |                 |                             |          |                             |            |          |              |         |          |        |       |       |       |       |       |          |
| If En                                     | nployer prov         | ided self-ins   | sured | coverage | , check th      | e box and e                 | nter ti  | he informat                 | tion for e | ach co   | vered in     | dividua | al. X    |        |       |       |       |       |       |          |
|   | 20038-02             |                 |       | 50       |                 | 1                           |          | 1                           |            |          |              |         |          |        |       |       |       |       |       | 72       |
| (a) Name                                  | e of covered ind     | lividual(s)     |       | (D)      | SSN             | (c) DOB (if a not available |          | (d) Covered<br>all 12 month |            | Esh      |              | A       |          | Months |       | -     | Cent  | 0.4   | N     | Dee      |
|   |                      |                 |       | 22.567   |                 | TRUE GVGIS                  | innel    | di 12 month                 | s Jan      | Feb      | Mar          | Apr     | May      | June   | July  | Aug   | Sept  | Oct   | Nov   | Dec      |
|   |                      |                 |       |          |                 |                             |          |                             | 50         | 15.21    |              |         |          |        |       |       |       |       |       |          |
| 17  |                      |                 |       |          |                 |                             |          |                             | ×          | $\times$ | $\mathbf{X}$ |         |          |        |       |       |       |       |       |          |
| Claudine C                                | ounterpoin           | t               |       | 111-1    | 1-1111          |                             |          | -                           | -          | -        |              |         | <u> </u> | -      |       | -     |       |       |       |          |
|   |                      |                 |       |          |                 |                             |          |                             |            |          |              |         |          |        |       |       | _     | _     |       |          |
| 18  |                      | Recal           |       | cho      | wasr            | ot an                       | ۸C       | Δ Full.                     | Tim        | Δ        |              |         |          |        |       |       |       |       |       |          |
|   | Because she was no   |                 |       |          |                 |                             |          |                             |            | C        |              | 0       |          |        |       |       |       |       |       |          |
|   | Employee in any mont |                 |       |          |                 |                             |          | IC ent                      | ers 1      | G        |              |         |          |        |       |       |       |       |       |          |
|   |                      | Linbu           | Uyc   |          |                 | ionui,                      |          |                             |            | .0       |              |         |          |        |       |       |       |       |       |          |
|   |                      | and le          | -วง   | vesli    | nes 1           | 5 and                       | 16       | <b>BIANI</b>                | K Bł       | HC       |              |         |          |        |       |       |       |       |       |          |
|   |                      |                 |       |          |                 |                             | -        |                             |            | -        |              |         |          |        |       |       |       |       |       |          |
|   |                      | must            | us    | e 109    | 95-C F          | orm b                       | eca      | ause s                      | he w       | /as      |              |         |          |        |       |       |       |       |       | 10.      |
| GEOR                                      | RGIA                 |                 |       |          | _               |                             |          |                             |            |          | 1            |         |          |        |       |       |       |       | 1     |          |
|   | CIPAL                | an ac           | tive  | e em     | ploye           | e.                          |          |                             |            |          |              |         |          |        |       |       |       |       |       | Slige 50 |
| ASSOCI                                    | ATION                |                 |       |          | . /             |                             |          |                             |            |          |              |         |          |        |       |       |       |       |       |          |

## 10<u>95</u>-C Part II, Example 9 – Not an ACA FTE at any point of the year, not enrolled as active employee for any part of year, enrolled all year

| Part Employee                          | 1                |                  |   |                       |             | Rapł         | nael    | Ret      | iree         | has      | s bee        | en          | retir     | ed f          | rom   | ו BH   | С –      |
|--|------------------|------------------|---|-----------------------|-------------|--------------|---------|----------|--------------|----------|--------------|-------------|-----------|---------------|-------|--------|----------|
| 1 Name of employee                     |                  |                  | 2 Socia   | I security number (   | SSN)        | for y        | earg    | s He     | o rea        | reiv     | ed a         | n i         | mme       | hia           | te R  | HC     | 0        |
| Raphael Retiree - Exa                  | mple 9           |                  |   | 111-11-111            | 1           | 101 y        | cui     | 5. 110   |              |          | cuu          |             |           | Juiu          |       |        |          |
| 3 Street address (Including ap         | artment no.)     |                  |   |                       |             | retir        | eme     | ent a    | nnı          | uitv     | and          | en          | rolle     | ed in         | ו the | د<br>د |          |
| 123 First Street                       |                  |                  |   |                       |             |              |         |          |              | •        |              |             |           |               |       |        |          |
| 4 City or town                         | 5 State or provi | nce              | and the second se | ry and ZIP or foreign | postal code | GME          | BS      | Retii    | ree-         | Onl      | v He         | ealt        | h Pla     | an. I         | le r  | Javs   | 1        |
| Big Happy City                         | Georgia          |                  | USA 4   | 4444-4321             |             |              |         |          |              |          | '            |             |           |               |       |        |          |
| Part Employee O                        |                  |                  |   |                       |             | the e        | entii   | re co    | ost (        | ot co    | overa        | age         | e. He     | wa            | S     |        |          |
| All 12 Mon                             | iths Jan         | Feb              | Mar   | Apr                   | May         |              | 11 a al | <b>.</b> | - 11 -       | 1        |              |             |           |               |       |        |          |
| 14 Offer of<br>Coverage (enter         |                  |                  |   |                       |             | enro         | llea    | TOr      | all .        | l Z m    | nont         | .ns.        |           |               |       |        |          |
| required code) 1G                      |                  |                  |   |                       |             | -            | -       |          | -            |          |              | -           |           | _             |       | _      |          |
| 15 Employee Share<br>of Lowest Cost    |                  |                  |   |                       |             |              |         |          |              |          |              |             |           |               |       |        |          |
| Monthly Premium,<br>for Self-Only      |                  | 1                | £   |                       |             | . 1 0        | :       |          |              |          |              |             |           |               |       |        |          |
| Minimum Value<br>Coverage              |                  | s In             | torm  | ation fo              | or Line     | es T-p       | is p    | prov     | aec          | i on     |              |             | \$        | s             |       | \$     |          |
|  |                  | G                |   | Non-Er                | nnlov       |              | า+า     | Eilo     |              |          |              | -           | 7         | -             |       | -      |          |
| 16 Applicable<br>Section 4960H Safe    |                  | G                | IVIA S  | NOII-EI               | прюу        | ees D        | ald     | гпе      |              |          |              |             |           |               |       |        |          |
| Harbor (enter code,<br>If applicable)  |                  |                  |   |                       |             |              |         |          |              |          |              | -           |           |               |       |        |          |
| Part III Covered Ind<br>If Employer pr |                  | ured coverage, o | check the   | box and enter         | the inform  | nation for e | ach co  | vered in | dividua      | al. 🗙    |              |             |           |               |       |        |          |
| (a) Name of covered                    | Individualis)    | (b) SS           | N   | (C) DOB (IT SSN       | s (d) Cove  | red          |         |          |              | (e)      | Months o     | f Cover     | rage      |               |       |        |          |
| (a) Name of covered                    | mannaala         | ( <b>b</b> ) 55  | ~   | not available)        | all 12 mo   | nths Jan     | Feb     | Mar      | Apr          | May      | June         | July        | Aug       | Sept          | Oct   | Nov    | Dec      |
|  |                  |                  |   |                       |             |              | 0.00    | -        | -            |          | -            | -           |           | in the second | 1000  |        |          |
| 17<br>Raphael Retiree                  |                  | 111-11-          | 1111  |                       | $\times$    |              |         |          |              |          |              |             |           |               |       |        |          |
| 18                                     | Becaus           | se he wa         | s not   | t an ACA              | A Full-     | Time         | Em      | plov     | 'ee i        | n ar     | ny m         | non         | th, E     | внс           |       |        |          |
|  |                  |                  |   |                       |             |              |         | • •      |              |          | '            |             |           |               |       |        |          |
|  | enters           | 1G and           | leave   | es Lines              | 15 an       | Id 16        | BLA     | INK.     | <u>RH(</u>   | <u> </u> | <u>uld  </u> | nav         | <u>/e</u> |               |       |        |          |
|  | chasar           |                  | f:1_ C  |                       | for D       |              |         |          | - <b>-</b> - |          |              | <b>L</b> :1 |           |               |       |        |          |
|  | cnoser           | <u>not to </u>   |   |                       | IUT K       | apriae       | l dl    |          | iste         | dù ľ     | lave         |             | eu B      | •             |       |        |          |
|  | Forms            | prepare          | d by  | GMA, k                | ecau        | se Ra        | pha     | el w     | as r         | not e    | enro         | lle         | d as      | an            |       |        |          |
| GEORGIA                                | active           | amplaire         |   | ring the              |             |              | •       |          |              |          |              |             |           |               |       |        |          |
| ASSOCIATION                            | active           | employe          | e au  | ring the              | e year      | •            |         |          |              |          |              |             |           |               |       |        | Slide 51 |

### 1095-C Part II, Example 10 – ACA FTE for part of year, offered and elected family coverage, at retirement enrolls family in retiree-only

#### plan

| Part I Employee                                | ,                           |
|--|-----------------------------|
| 1 Name of employee                             |                             |
| Ralph Mid Year Ret                             | irement, Enrolls in Retiree |
| 3 Street address (including<br>123 Main Street | apartment no.)              |
| 4 City or town                                 | 5 State or province         |
| Big Happy City                                 | Georgia                     |

Offer of family coverage at annual enrollment only counts while Ralph Jones was employed. **1E** for January – May. Ralph's active employment ends May 31. He enrolls family in Retiree-only plan. **IH** is entered for June – December. **2A** is entered in Line 16 because he was not employed on <u>Any</u> day of those months.

#### Employee Offer and Coverage

Plan Start Month (Enter 2-digit humber). Al 12 Months Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec 14 Offer of Covarage (antor 1E 1E 1E 1E 1E 1H 1H 1H 1H 1H 1H 1H laboo betuper 15 Employee Share of Lowiest Cost Monthly Promium, for Salf-Only 0.00 ¢ Minimum Valuo 0.00 ¢ 0.00 \$ 0.00 ¢ 0.00 ¢ S ŝ s s Coverage 16 Applicable Saction 4980H Safe Harbor Jantar coda. If applicable) 2C 2C 2C 2C 2C 2A 2A 2A 2A 2A 2A ZA

#### Covered Individuals

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

| -  | (a) Name of covered individual(s) | ALCON       | (c) DOB (ITSSN is | (d) Coverad   |     |     | 1.00 |     | (0) | Months | of Covers | ige |      | 1.111.14 | 223 2 |     |
|----|-----------------------------------|-------------|-------------------|---------------|-----|-----|------|-----|-----|--------|-----------|-----|------|----------|-------|-----|
| _  | fel rene or covered antiotrapy    | (b) SSN     | not available)    | all 12 months | Jan | Feb | Mar  | Apr | May | June   | July      | Aug | Sept | Oct      | Nov   | Dec |
| 17 | Ralph Mid Year Retirement         | 123-22-3456 |                   | X             |     |     |      |     |     |        |           |     |      |          |       |     |
| 18 | Spouse of Jones                   | 234-56-7899 |                   | X             |     |     |      |     |     |        |           |     |      |          |       |     |
| 19 | Child of Jones                    | 345-67-8999 |                   | X             |     |     |      |     |     |        |           |     |      |          |       |     |



10<u>95</u>-C Part II, Example 10.1 – ACA FTE for part of year, offered family coverage, at retirement enrolls in retiree-only plan and <u>dependents</u> <u>elect COBRA.</u> What if Ralph's dependents elect COBRA instead?

| Part I         Employee           1 Name of employee         Jane Spouse New Retiree - Example           3 Street address (Including apartment no.)         123 First Street           4 Offvor town         5 State or provide |                |   | al security number                | 22             | BHC<br>Ralp<br>COB | h's    | wife     | e Jai       | ne b         | eca          | iuse        | e she        | e ele  |       |             | or           |
|---|----------------|---|-----------------------------------|----------------|--------------------|--------|----------|-------------|--------------|--------------|-------------|--------------|--------|-------|-------------|--------------|
| 4 City or town 5 State or provi<br>Big Happy City Georgia   | illa           | and the second se | ry and ZIP or forei<br>44444-4321 |                | Big Happ           | y City | Sec.     | Geo         | rgia         |              |             | US           | SA 444 | 44-44 | 44          |              |
| Part II F ployee Offer and Cove   | erage          |   |                                   |                |                    |        |          |             |              |              |             |              |        |       |             |              |
| All 12 Months Jan<br>14 Offer of Coverage (enter required code)<br>15 Employee Share of Lowest Cost   | Feb            | Mar   | Apr                               | May            | For a sepa         | •      |          |             |              |              |             |              |        |       | G           | -            |
| Monthly Premium,<br>for Self-Only<br>Minimum Value<br>Coverage  | s s            | 5   | \$                                | \$             | \$                 | \$     |          | \$          |              | \$           | 1           | 5            | \$     |       | \$          |              |
| 16 Applicable<br>Section 4960H Safe<br>Harbor (enter code,<br>If applicable)  |                |   |                                   | 0              |                    |        |          |             |              |              |             |              |        |       |             |              |
| Part III Covered Individuals<br>If Employer provided self-inst  | ured coverage, | check the   | box and ente                      | er the inform  | ation for e        | ach co | vered in | ndividua    | al. 🗙        |              |             |              |        |       |             |              |
| (a) Name of covered individual(s)   | (b) SS         | NI.   | (c) DOB (IT SSI                   | V Is (d) Cover | ed                 |        | n – 7    |             | (e)          | Months       | of Cover    | age          | y      |       |             |              |
| (a) Name of covered individuals)  | (0) 55         | 11.4  | not available                     | e) all 12 mon  | ths Jan            | Feb    | Mar      | Apr         | May          | June         | July        | Aug          | Sept   | Oct   | Nov         | Dec          |
| 17<br>Jane Spouse New Retiree   | 222-22-        | 2222  |                                   |                |                    |        |          | X           | X            | X            | X           | X            | X      | X     | X           | X            |
| 18<br>Henry Son New Retiree   | 333-33-        | 3333  |                                   |                |                    |        |          | $\boxtimes$ | $\mathbf{X}$ | $\mathbf{X}$ | $\boxtimes$ | $\mathbf{X}$ | ×      | ×     | $\boxtimes$ | $\mathbf{X}$ |
| 10  |                |   |                                   |                |                    |        | -        |             |              |              |             |              |        |       |             |              |
| GEORGIA<br>MUNICIPAL  | IA Active      | e Dat   | a File v                          | vill pro       | ovide              | the    | info     | orm         | atio         | on ir        | n Lir       | nes 2        | 1-6.   |       |             | Sli          |

### 10<u>95</u>-C Form – Part III, Proof of Minimum Essential Coverage

- This part of the form tells the IRS and the primary responsible individual which months the primary responsible individual and his or her dependents had Minimum Essential Coverage.
- Reminder:
  - Anyone who was actually enrolled in GMEBS coverage for a month cannot trigger a Pay or Play Penalty for that month
  - Anyone who was actually enrolled in GMEBS coverage for a month cannot be penalized by the IRS for failure to have Minimum Essential Coverage for that month



GMA Data Files will provide information needed to complete Part III.



### 10<u>95</u>-C Form – Part III, Proof of Minimum Essential Coverage

- Participating Employer MUST complete Part III for any person who was an employee for one or more months (or a dependent of an employee) and who was enrolled at any time
- If an employee is covered as a dependent spouse or child of another employee, Part III should be completed only on the Form 1095-C for the employee who enrolled the dependent.





### **GMA** Data Files







### ACTIVE FILE (primary responsible individual = flagged as active employee during year or flagged as dependent of an active who selected independent COBRA during year)

Primary Responsible Individual ("PRI")

- First Name, Middle Initial, Last Name
- Street Address, Second Line of Street Address
- Country Code, State Code, Zip Code
- Social Security Number ("SSN")
- Last four digits of SSN
- Date of Birth (only if SSN unavailable)
- Effective Date of Enrollment
- Termination Date
- X in column labeled All 12 Months or X in a column labeled with month of the year to designate months of enrollment

#### Dependent

- Link to Primary Responsible Individual
- First Name, Middle Initial, Last Name
- SSN, Last Four Digits of SSN
- Date of Birth (only if SSN is not available)
- Effective Date
- Termination Date
- X in column labeled All 12 Months or X in a column labeled with month of the year to designate months of enrollment





# NON-EMPLOYEES FILE (PRI NOT flagged as active employee or dependent of active employee at any time during year)

#### Primary Responsible Individual

- First Name, Middle Initial, Last Name
- Street Address, Second Line of Street Address
- Country Code, State Code, Zip Code
- Social Security Number ("SSN")
- Last four digits of SSN
- Date of Birth (only if SSN unavailable)
- Effective Date of Enrollment
- Termination Date
- X in column labeled All 12 Months or X in a column labeled with month of the year to designate months of enrollment

#### Dependent

- Link to Primary Responsible Individual
- First Name, Middle Initial, Last Name
- SSN, Last Four Digits of SSN
- Date of Birth (only if SSN is not available)
- Effective Date
- Termination Date
- X in column labeled All 12 Months or X in a column labeled with month of the year to designate months of enrollment



The Data File Elements will be the same as the Active File



## 1095-C PART III EXAMPLES





### 10<u>95</u>-C Form – Part III example 6 ACA Full-Time Employee Not Enrolled in any Month

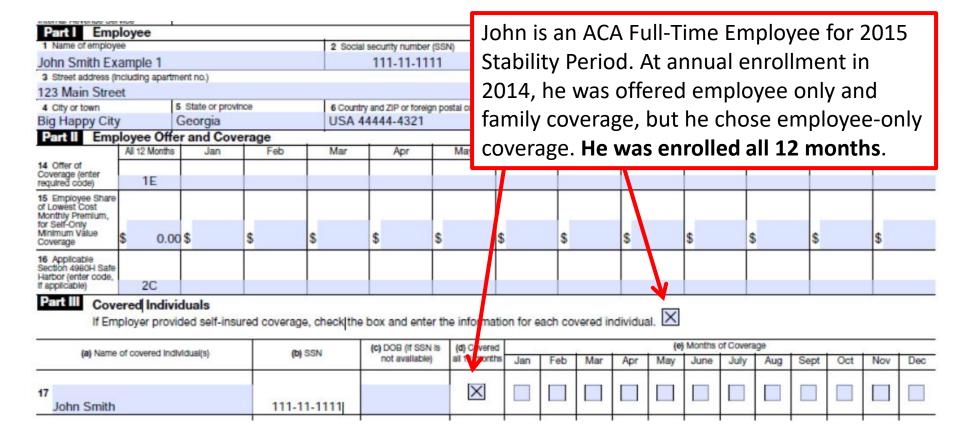
| Internal Revenue Ser  |                   |            | 5.00          |            |                 |                      | -parate in    |          |            |        |          |   |            |        |              |         | <u> </u> |              |              |          |
|---|-------------------|------------|---------------|------------|-----------------|----------------------|---------------|----------|------------|--------|----------|---|------------|--------|--------------|---------|----------|--------------|--------------|----------|
| Part Emp  |                   |            |               |            |                 |                      |               |          | :~ ! !     |        |          |   |            | ~ ~ ~  | <b>с – с</b> | <b></b> |          |              |              |          |
| 1 Name of employe   | 80                |            |               |            | 2 5             | ocial security numb  | er (SSN)      | B        | ig H       | app    | by C     | ity c   | nar        | ges    | 212          | o tor   | em       | ploy         | yee-         |          |
| John Smith Ex   | ample             | 6          |               |            |                 | 111-11-1             | 111           |          |            |        | -        |   | المم       | -      | م ام         | ~ ~     | + .      |              | . 11         |          |
| 3 Street address (In  | ncluding a        | apartme    | nt no.)       |            |                 |                      |               | 0        | niy        | COV    | erag     | ge al   | na J       | onn    | ao           | es r    | IOT E    | enro         | <i>)</i>   . |          |
| 123 Main Stree  | et                |            |               |            |                 |                      |               | 1.10     | U Dig I    |        | Donio    | an a  |            |        |              |         | 5        | 00-000       | -0000        |          |
| 4 City or town  |                   |            | State or prov | Ince       | 6 Co            | untry and ZIP or for | eign postal o |          | City or to |        |          | and the second se | ate or pro | wince  |              |         |          | nd ZIP or ft |              | tal code |
| Big Happy City  | 1                 | G          | eorgia        |            | US              | A 44444-4321         |               | Big      | g Happ     | y City |          | Geo   | rgia       |        |              | US      | 5A 444   | 44-444       | 44           |          |
| Part II Emp   | loyee             | Offer      | and Cov       | erage      |                 |                      |               |          |            |        |          |   |            |        |              |         |          |              |              |          |
|   | AE 12 M           | onths      | Jan           | Feb        | Mar             | Apr                  | Ma            | y .      | June       |        | July     | A   | ug         | Sep    | pt           | Oct     |          | Nov          | 1            | Dec      |
| 14 Offer of<br>Coverage (enter<br>required code)  | 16                |            |               |            |                 |                      |               |          |            |        |          |   |            |        |              |         |          |              |              |          |
| 15 Employee Share<br>of Lowest Cost<br>Monthly Premium,<br>for Self-Only<br>Minimum Value<br>Coverage |                   | 75.00      | \$            | \$         | s               | \$                   | s             | \$       |            | \$     |          | \$  |            | \$     | 49           | 5       | \$       |              | \$           |          |
| 16 Applicable<br>Section 4980H Safe<br>Harbor (enter code,<br>If applicable)                          | 20                | 3          | -             |            |                 |                      |               |          |            |        |          |   |            |        |              |         |          |              |              |          |
|   | ered ir<br>ployer |            |               | ured cover | age, check      | the box and en       | ter the inf   | formatio | on for e   | ach co | vered ir | dividua   | al. 🔲      |        |              |         |          |              |              |          |
| fel biene   |                   | of leads i | de contra l   |            | IN CON          | (c) DOB (If St       | SN Is (d)     | Covered  |            |        |          |   | (e)        | Months | of Covera    | ige     |          |              |              |          |
| (a) Name  | of covere         | sa inaivi  | ouar(s)       |            | (D) SSN         | not availab          |               | 2 months | Jan        | Feb    | Mar      | Apr   | May        | June   | July         | Aug     | Sept     | Oct          | Nov          | Dec      |
| 17  |                   |            |               |            |                 |                      | 1             |          |            |        |          |   |            |        |              |         |          |              |              |          |
| (a) Name  | of covere         | ed Indivi  | dual(s)       |            | ( <b>d)</b> SSN |                      |               |          | Jan        | Feb    | Mar      | Apr   |            |        | -            | -       | Sept     | Oct          | Nov          | /<br>]   |

If ACA Full-Time Employee did not enroll, leave Part III BLANK. Do not check any boxes. Remember, there will not be any information about this person in GMA Data Files.





## 1095-C Form - Part III example 1 ACA Full-Time Employee Enrolled all 12 Months





GMA Active Data File will show coverage for all 12 months



# 1095-C Form - Part III example 2 ACA Full-Time Employee Enrolled as Active Employee Part of Year, then termed

|   |                 |                       |         |             |             |                  |                 |        | Joł       | n te   | erm      | ina      | tes e    | emp      | loy      | mer  | nt Ju  | ıly 5  | , an     | d     |
|---|-----------------|-----------------------|---------|-------------|-------------|------------------|-----------------|--------|-----------|--------|----------|----------|----------|----------|----------|------|--------|--------|----------|-------|
| Part Emp  | oloyee          |                       |         |             |             |                  |                 | $\top$ |           | Ora    |          | anc      | le Iul   | v 2'     | 1 1      | ohn  | doe    | s no   | ים דר    | nroll |
| 1 Name of employ  |                 |                       |         |             | 2 Social    | security numb    | er (SSN)        | 7      | CON       | Cia    | ige c    |          | 13 JU    | y J.     | L. J     | Jiii | uue    | 5 110  | ле       |       |
| John Smith Ex   | ample 2         |                       |         |             |             | 111-11-1         | 111             | B      | in (      |        | BRA.     | Ра       | rt III   | sho      | ws       | COV  | erag   | e fo   | )r       |       |
| 3 Street address (In  | ncluding apartr | nent no.)             |         |             |             |                  |                 | 9      |           |        |          |          |          | 00       |          | 001  |        |        | · •      |       |
| 123 Main Stree  | et              |                       |         |             |             |                  |                 | 4      | lan       | uar    | ту — .   | luŀ      | V.       |          |          |      |        |        |          |       |
| 4 City or town  |                 | 5 State or p          | rovince | e           | 6 Countr    | y and ZIP or for | eign postal cod | e 11   | 341       | aai    | <b>y</b> |          | <i>.</i> |          |          |      |        |        |          |       |
| Big Happy City  | y               | Georgia               |         |             | USA 4       | 4444-432         | 1               | Bi     | д Нарр    | y City |          | Ge       | orgia    |          |          | U    | 5A 444 | 44-444 | 4        |       |
| Part II Emp   | oloyee Off      | er and C              | over    | age         |             |                  |                 | -      |           |        |          |          |          | _        |          |      |        |        |          |       |
|   | All 12 Months   | Jan                   |         | Feb         | Mar         | Apr              | May             |        | June      |        | July     |          | lug      | Sep      | ot       | Oct  |        | Nov    |          | )ec   |
| 14 Offer of<br>Coverage (enter  |                 | 45                    |         | 45          | 45          | 15               | 45              |        | 45        |        | 45       |          |          |          |          | 1    |        |        |          |       |
| required còde)  |                 | 1E                    | _       | 1E          | 1E          | 1E               | 1E              | _      | 1E        | _      | 1E       |          | 1H       | 11       | 1        | 1H   |        | 1H     | <u> </u> | 1H    |
| 15 Employee Share<br>of Lowest Cost<br>Monthly Premium,<br>for Self-Only<br>Minimum Value<br>Coverage | \$              | \$ C                  | 0.00    | \$ 0.00     | \$ 0.00     | o \$ 0.0         | 00 <b>\$</b> 0. | .00 \$ | 6 0       | .00 \$ | 0.0      | 0 1      |          | \$       |          | \$   | \$     |        | \$       |       |
| 16 Applicable<br>Section 4980H Safe<br>Harbor (enter code,<br>If applicable)                          |                 | 2C                    |         | 2C          | 2C          | 2C               | 2C              |        | 2C        |        | 2C       |          | 2A       | , 24     |          | 2A   |        | 2A     |          | 2A    |
|   | 4 4 4 4         |                       |         | 20          | 20          | 20               | 20              |        | 20        |        | 20       | -        | ZA       | 6        | 1        | 24   |        | ZA     |          | LA    |
|   | ered Indiv      | iduals<br>ided self-i | nsure   | ed coverage | , check the | box and er       | ter the infor   | mati   | ion for e | ach co | vered i  | divid    | ual. 🗙   |          |          |      |        |        |          |       |
| (a) Nama  | of covered ind  | hddual/s)             |         | (b) :       | PEN         | (c) DOB (If S    | SN Is (d) Co    | vered  |           |        |          |          | (e)      | Months   | of Cover | rage |        |        |          |       |
| (a) Name  | or covered inc  | iviouai(s)            |         | (0)         | san         | not availab      | ole) all 12 m   | onths  | Jan       | Feb    | Mar      | Apr      | May      | June     | July     | Aug  | Sept   | Oct    | Nov      | Dec   |
|   |                 |                       |         |             |             |                  |                 |        |           |        |          | -        |          |          |          |      |        |        |          | _     |
| 17<br>John Smith  |                 |                       |         | 111.11      | 1-1111      |                  |                 |        | $\times$  | X      | X        | $\times$ | $\times$ | $\times$ | $\times$ |      |        |        |          |       |



GMA Active Data File will show coverage for each month



### 1095-C Form - Part III example 2.1 – ACA Full-Time Employee Covered as Active, then Covered as COBRA

Bob Smith terminates employment May 31, and coverage ends May 31. Bob and family are enrolled in COBRA for the rest of the year.

art || Employee Offer and Coverage

|   | All 12 Months    | Jan           | Feb       |       | Mar         | Apr                              | May                       | June        |        | July     | 1       | lug.       | Sep      | 1         | Oct |      | Nov | 1   | )ec   |
|---|------------------|---------------|-----------|-------|-------------|----------------------------------|---------------------------|-------------|--------|----------|---------|------------|----------|-----------|-----|------|-----|-----|-------|
| 4 Offer of  | Par 12 MOTULE    | Jan           | reu       | -     | rendi       | Apr                              | may                       | June        | -      | July     | - '     | шy         | 06       | <i>n</i>  | UCI | -    | NUV |     | ABU . |
| overage (enter<br>quired code)                            |                  | 1E            | 1E        |       | 1E          | 1E                               | 1E                        | 1H          |        | 1H       |         | IH         | 11-      | +         | 1H  |      | 1H  |     | н     |
| Employee Share  |                  |               |           |       |             |                                  |                           |             |        |          |         |            |          |           |     |      |     |     |       |
| onthly Premium,<br>r Self-Only<br>Inimum Value<br>overage | s                | \$ 0.00       | \$ 0      | .00   | \$ 0.00     | \$ 0.00                          | \$ 0.00                   | \$          | \$     |          | \$      |            | \$       | 9         | 6   | \$   |     | \$  |       |
| Applicable<br>ection 4960H Safe<br>arbor (enter code,     |                  |               |           |       |             |                                  |                           |             |        | ~ *      |         |            |          |           |     |      |     |     |       |
| applicable)   | ered Individ     | 2C            | 2C        |       | 2C          | 2C                               | 2C                        | 2A          |        | 2A       |         | 2A         | 2/       | 1         | 2A  |      | 2A  |     | 2A    |
| If Em   | ployer provid    | ded self-insu | red cover | rage  | , check the | box and ente                     |                           |             | ach co | vered in | dividua |            |          | 10        |     |      |     |     |       |
| (a) biama   | of onumed indu   | det united    |           | dea c | CAL         | (c) DOB (If SSM                  | Is (d) Covere             | 1           |        |          |         | (e)        | Months ( | of Covera | age |      |     |     |       |
| (a) Name  | of covered indiv | ridual(s)     |           | (b) S | ISN         | (c) DOB (If SSM<br>not available | (d) Covere<br>all 12 mont | 1<br>15 Jan | Feb    | Mar      | Apr     | (e)<br>May | June     | July      | Aug | Sept | Oct | Nov | De    |
| (a) Name  |                  |               | h 12      |       | 2-3456      | (C) DOB (If SSM<br>not available | (d) Covere<br>all 12 mont |             | Feb    | Mar      | Apr     |            |          |           | -   | Sept | Oct | Nov | De    |
|   | d Year Tern      |               |           | 3-22  |             | (c) DOB (if SS)<br>not available | ) all 12 mont             |             | Feb    | Mar      | Apr     |            |          |           | -   | Sept | Oct | Nov | De    |



GMA Active Data File will show coverage for all 12 months



## 1095-C Form Part III example 4 – ACA Full-Time Employee and Dependents Enrolled, New Dependent Mid-Year

| Internal Heverice Service                                   |   |                  |                              |               |          |           |           |               |       |        |             |      |        |   |          |          |
|---|---|------------------|------------------------------|---------------|----------|-----------|-----------|---------------|-------|--------|-------------|------|--------|---|----------|----------|
| Part Employe  | e   |                  |                              |               |          | Annly     | and a     | 0100          |       |        |             | Enn  | award. |   |          |          |
| 1 Name of employee  | 100101  |                  | 2 Social security number (S  |               | hn i     | s an      | ΔC        | ΔFι           | III-T | ime    | Fm          | nplo | Vee    | for   | 201      | 5        |
| John Smith Exampl   | the second second distance and but second distances and the |                  | 111-11-111                   | 10            |          | Jun       | 7.07      | <b>NIC</b>    |       | mic    | <b>L</b> 11 | ipio | ycc    | 101   | 201      |          |
| 3 Street address (Includin                                  | ig apartment no.)   |                  |                              | Sta           | ahili    | tv P      | Peric     | n P           | ohn   | ch     | ารค         | fam  | ilv d  | $\sim \sim $ | raσ      | ρ        |
| 123 Main Street   |   |                  |                              | 50            |          | cy i      | CIIC      | u. j          | onn   |        | <b>J</b> 3C | Iun  | iiiy ( |   | Jug      | ι.       |
| 4 City or town  | 5 State or provin   |                  | 6 Country and ZIP or foreign | postal C      | an       | d hi      | c \//i    | fo 🗤          | ioro  | on     | rolla       | ed a | 11 1 1 | m   | ontk     | וכ       |
| Big Happy City  | Georgia   |                  | USA 44444-4321               |               |          | u m       | 5 991     |               | vere  | CIII   |             | cu a | II 12  |   | onti     | 13,      |
| Part I Employe  | e Offer and Cove  | rage             | 100                          | Ne            | wh       | orn       | Smi       | th'c          | 551   |        | ac n        | ot a | vail   | ahla  |          | <b>`</b> |
| All 12  | 2 Months Jan  | Feb              | Mar Apr                      | Ma            |          |           | 5111      | th S          | 551   |        | 13 11       |      | van    | abit  | ., 30    | ,        |
| 14 Offer of<br>Coverage (enter                              | 15  |                  |                              | Da            | ite c    | of Bi     | rth       | is u          | sed.  |        |             |      |        |   |          |          |
| requires over j   | 1E  |                  |                              |               |          |           |           |               |       |        |             |      |        |   |          |          |
| 15 Employee Share<br>of Lowest Cost<br>Monthly Premium.     |   |                  |                              |               |          |           |           |               |       |        |             |      |        |   |          |          |
| for Self-Only   |   |                  |                              |               |          |           |           |               |       |        |             |      |        |   | -        |          |
| Coverage \$   | 0.00\$ Th   | is inform        | nation is pro                | ovided        | on       | <b>GM</b> | A A       | ctive         | e Da  | ita F  | ile         |      |        |   |          |          |
| 16 Applicable   |   |                  | · · ·                        |               |          | _         |           | _             |       |        | _           |      | _      |   | _        |          |
| Section 4980H Safe<br>Harbor (enter code,<br>If applicable) | 2C  |                  |                              |               |          |           |           |               |       |        |             |      |        |   |          |          |
| Part Covered  | Individuals   |                  |                              |               |          |           |           |               |       |        |             |      |        |   | _        |          |
| COVELCU   |   | ed coverage, ch  | eck the box and enter        | the informati | on for a | ach co    | warad in  | dividue       |       |        |             |      |        |   |          |          |
| in Employe  | a provided sen-insu   | eu coverage, chi | eorgine box and enter        | ule informati |          | aur co    | VOI OU II | i un vi u u u | 31.   |        |             |      |        |   |          |          |
| (a) biama of one  | ered individual(s)  | (D) SSN          | (c) DOB (IT SSN Is           | (d) Covered   |          |           | ·         |               | (e)   | Months | of Covera   | age  | v      |   |          |          |
| (a) Name of COV   | ered individual(s)  | (D) SSN          | not available)               | all 12 months | Jan      | Feb       | Mar       | Apr           | May   | June   | July        | Aug  | Sept   | Oct   | Nov      | Dec      |
|   | <b>V</b>  |                  |                              |               | -        |           |           | -             |       |        | _           |      | I      | -   |          |          |
| 17  |   | 1.000.000        |                              | $\times$      |          |           |           |               |       |        |             |      |        |   |          |          |
| John Smith  |   | 111-11-11        | 11                           | _             | -        | -         | -         |               |       |        |             | -    |        |   |          |          |
|   |   |                  |                              |               |          |           |           |               |       |        |             |      |        |   |          | _        |
| 18  |   | 000 00 00        |                              | X             |          |           |           |               |       |        |             |      |        |   |          |          |
| Mary Smith  |   | 222-22-22        | .22                          |               | -        |           |           |               |       |        |             |      |        |   |          |          |
| 40  |   |                  |                              |               |          |           |           |               |       |        |             |      |        |   |          |          |
| 19<br>Newborn Smith   |   |                  | 10/1/2015                    |               |          |           |           |               |       |        |             |      |        | ×   | $\times$ | ×        |
| Newborn Smith   |   | -                | 10/1/2015                    | -             | -        | -         | -         |               | -     |        | -           | -    | -      | -   |          |          |
|   |   |                  |                              |               |          |           |           |               |       |        | •           |      |        |   |          | - A. A.  |





## 10<u>95</u>-C Part III, Example 8 – Not an ACA FTE at any point of the year, enrolled as active employee for part of year, then no coverage

| THE REPORT OF A DESCRIPTION OF A DESCRIP |                 |               |        |   |                  |                     |  |   |
|--|-----------------|---------------|--------|---|------------------|---------------------|--|---|
| Part I Emp   | loyee           |               |        | 100                                     |                  |                     | Claudine Counterpoint is a Council       |   |
| 1 Name of employ   | 88              |               |        | 2 So                                    | cial security nu | mber (SSN)          | Claudine Counterpoint is a Council       | P |
| Claudine Cour  | terpoint -      | Example       | 3      |   | 111-11           | -1111               | Member. BHC determined she is not an     |   |
| 3 Street address (I  | ncluding aparts | ment no.)     |        | 16                                      |                  |                     |  |   |
| 123 First Stree  | t               |               |        |   |                  |                     | ACA Full-Time Employee for 2015. She was |   |
| 4 City or town   |                 | 5 State or pr | ovince | 6 Cou                                   | ntry and ZIP or  | foreign postal code |  | e |
| Big Happy City   |                 | Georgia       |        | USA                                     | 44444-43         | 21                  | eligible for GMEBS coverage due to her   |   |
| Part II Emp  | loyee Off       | er and Co     | verage | - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 |                  |                     |  |   |
|  | All 12 Months   | Jan           | Feb    | Mar                                     | Apr              | May                 | status as a member of the governing      |   |
| 14 Offer of<br>Coverage (enter   | 10              | 1             |        |   |                  |                     | 5 5                                      |   |
| required còde)   | 1G              |               |        |   |                  |                     | authority. She was not reelected, so her |   |
| 15 Employee Share<br>of Lowest Cost  |                 |               |        |   |                  |                     | coverage terminated on March 31. She did |   |
| Monthly Premium,<br>for Self-Only  |                 |               |        |   |                  |                     | 0  |   |
| Minimum Válue<br>Coverage  | \$              | \$            | \$     | S                                       | \$               | \$                  | not elect COBRA.                         | 1 |
| 16 Applicable<br>Section 4980H Safe<br>Harbor (enter code,   |                 |               |        |   |                  |                     |  | _ |

#### Covered Individuals

ORGIA

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

| (a) Name of covered individual(s) | (b) SSN     | (c) DOB (IT SSN Is | (d) Covered   |     |     |             | 2 5 | (e) | Months | of Covera | ige | 0    |     |     |     |
|-----------------------------------|-------------|--------------------|---------------|-----|-----|-------------|-----|-----|--------|-----------|-----|------|-----|-----|-----|
| a hane of covered individual(s)   | (b) SSIV    | not available)     | all 12 months | Jan | Feb | Mar         | Apr | May | June   | July      | Aug | Sept | Oct | Nov | Dec |
| 17<br>Claudine Counterpoint       | 111-11-1111 |                    |               | X   | X   | $\boxtimes$ |     |     |        |           |     |      |     |     |     |
| 18                                |             |                    |               |     |     |             |     |     |        |           |     |      |     |     |     |
|                                   |             |                    |               |     | •   | •           |     | •   | •      |           |     |      |     |     |     |

GMA <u>Active</u> Data File will provide this information, because she is flagged as enrolled due to active employment during the year.



#### 10<u>95</u>-C Part III, Example 9 – Not an employee at any point of the year, enrolled as a retiree for entire year.

| Part I Em   |                  |                          |              |        |             |                    |          |              |            | Appli  | cable I  | arge       | Emplo      | ver Me | embe     | r (Emp | lover)    |             |            | <u>.</u>  |
|---|------------------|--------------------------|--------------|--------|-------------|--------------------|----------|--------------|------------|--------|----------|------------|------------|--------|----------|--------|-----------|-------------|------------|-----------|
| 1 Name of employ  |                  |                          |              |        | 2 Soci      | al security numb   | er (SSN  | 7            | Name of    |        |          | 9          |            |        |          |        | Employe   | ridentifica | tion num   | ber (EIN) |
| Raphael Retin   | ee - Exami       | ple 9                    |              |        |             | 111-11-1           | 111      | B            | ig Happ    | v City |          |            |            |        |          |        |           | 00-00       | 000        |           |
| 3 Street address (  |                  |                          |              |        |             |                    | 10.0     |              | Street ad  |        |          | om or sult | te no.)    |        |          | 10     | Contact t | lelephone   | number     |           |
| 123 First Stree   | et               |                          |              |        |             |                    |          | 4            | 56 Big I   | Happy  | Boulev   | /ard       |            |        |          |        | 3         | 33-333      | -3333      |           |
| 4 City or town  |                  | 5 State or pro           | vince        |        | 6 Coun      | try and ZIP or for | eign pos | tal code 11  | City or to | wn     |          | 12 St      | ate or pro | wince  |          | 13     | Country a | nd ZIP or t | oreign pos | tal code  |
| <b>Big Happy Cit</b>  | у                | Georgia                  |              |        | USA         | 44444-4321         | 1        | B            | ig Happ    | y City |          | Geo        | rgia       |        |          | U      | SA 444    | 44-44       | 44         |           |
| Part II Em  | ployee Off       | er and Co                | verage       |        | 3           |                    |          |              |            |        |          |            |            |        |          |        |           |             |            |           |
| 100 C   | All 12 Months    | Jan                      | Feb          |        | Mar         | Apr                |          | May          | June       |        | July     | 1          | lug        | Sep    | ot       | Oct    |           | Nov         | 1          | Dec       |
| 14 Offer of<br>Coverage (enter<br>required code)  | 1G               |                          |              |        |             |                    |          |              |            |        |          |            |            |        |          |        |           |             |            |           |
| 15 Employee Share<br>of Lowest Cost<br>Monthly Premium,<br>for Self-Only<br>Minimum Value<br>Coverage | \$               | \$                       | \$           | \$     |             | \$                 | \$       | :            | \$         | \$     |          | \$         |            | \$     | 1        | \$     | \$        |             | \$         |           |
| 16 Applicable<br>Section 4960H Safe<br>Harbor (enter code,<br>If applicable)                          |                  |                          |              |        |             |                    |          |              |            |        |          |            |            |        |          |        |           |             |            |           |
| Part III Cov  | nployer prov     | iduals<br>vided self-ins | sured covera | ge, ch | leck th     | e box and en       | nter the | informat     | ion for e  | ach co | wered in | ndivídua   | al. 🗙      |        |          |        |           |             |            |           |
| (a) Name  | e of covered inc | fividual(s)              | 0            | SSN    |             | (C) DOB (IT SI     |          | (d) Covered  | _          |        | 1        |            |            | Months | of Cover | -      |           | 1           |            |           |
|   |                  |                          |              |        |             | notavallat         | ole)     | all 12 month | s Jan      | Feb    | Mar      | Apr        | May        | June   | July     | Aug    | Sept      | Oct         | Nov        | Dec       |
| 17<br>Raphael Re  | etiree           |                          | 111.         | 11-11  | 111         |                    |          | X            |            |        |          |            |            |        |          |        |           |             |            |           |
| 18  |                  |                          |              |        |             |                    |          |              |            |        |          |            |            |        |          |        |           |             |            |           |
|   | _                |                          |              |        |             |                    |          |              |            |        |          |            |            |        |          |        |           |             |            |           |
|   | GI               | ИА <u>No</u>             | on-Emp       | loy    | <u>/ees</u> | <u>s</u> Data l    | File     | will         | prov       | ide    | em       | ploy       | 'ee i      | nfoi   | rma      | ntior  | n in      | Line        | s 1-       | 6         |
| GEORG   |                  | d will                   | provid       | e ir   | nfor        | matior             | n fo     | r Par        | t III,     | bec    | aus      | e Ra       | pha        | el v   | vas      | enr    | olle      | d, bı       | ut         |           |
| MUNICI  |                  | ever fla                 | agged a      | as e   | enrc        | olled du           | le t     | o act        | ive e      | emp    | oloyı    | men        | it du      | uring  | g th     | e ye   | ear.      |             |            | Slice 🔇   |

# 10<u>95</u>-C Part III, Example 10 – Enrolled as active employee with family coverage part of year, enrolled as retiree with family coverage part of year.

| Part I Em  | ployee                                  |                    |              |   |   |                        |                           |  | Appeic                       | able L   | .arge I  | Emplo       | yer Me | ennber | r (Emp           | loyer)     |              |             |           |
|--|---|--------------------|--------------|---|---|------------------------|---------------------------|--|------------------------------|--|----------|-------------|--------|--------|------------------|------------|--------------|-------------|-----------|
| 1 Name of employ   | 1                                       |                    |              |   |   | al security number (5  | ssnj                      | 7 Name of a  | ampioyar                     |  |          |             |        |        | 8                | Employu    | r identifica | tion num    | ber (EIN  |
| Ralph Mid Ye   | ear Retirem                             | ent, Enr           | olls in      | Retiree Pl                                | an  | 123-22-3456            | 5                         | Big Happ   | y City                       |  |          |             |        |        |                  | -          | 00-000       | 000         |           |
| 3 Street address   | (including aparts                       | mant no.)          |              |   |   |                        |                           | 9 Street ad  | and the second second second | the second s |          | (.on et     |        |        | 10               | Contact (  | telephone    | number      | 1         |
| 123 Main Str   | eet                                     |                    |              |   |   |                        |                           | 456 Big H  | Happy I                      | Boulev   | ard      |             |        |        |                  | 3          | 33-333       | -3333       |           |
| 4 City or town   |   | 5 State of         | province     | a :                                       | and the second se | try and ZIP or foreign |                           | the second s |                              |  | 12 51    | tate or pro | Nince  |        | 13               | Country a  | nd ZIP or t  | oraign post | tal code  |
| Big Happy Ci   | ty                                      | Georgia            | 1            |   | USA 4   | 14444-4321             |                           | Big Happ   | y City                       |  | Geo      | rgia        |        |        | US               | SA 444     | 44-444       | 14          |           |
| Part II Em   | ployee OX                               | er and             | Covera       | age                                       | 11  |                        |                           | Plan Sta   | art Mor                      | nth (Ent   | ter 2-di | git num     | ber):  |        |                  |            |              |             |           |
|  | All 12 Months                           | Ja                 | n            | Feb                                       | Mar   | Apr                    | May                       | June   |                              | July   | 1        | lug         | Se     | pŧ     | Oct              |            | Nov          | 1           | )ec       |
| 14 Offer of<br>Coverage (enter<br>equited code)                |   |                    | -            | 1E  | 1E  | 1E                     | 1E                        | 1H   |                              | 1H   | -        | 1H          | 11     | 4      | 1H               |            | 1H           | 1           | IH        |
| 5 Employee Share   | 0                                       |                    |              | TL.                                       | 11  | IL.                    | 16                        |  |                              | 111  |          |             |        |        | - 10             |            | 10           |             |           |
| of Lowest Cost   |   |                    |              |   |   |                        |                           |  |                              |  |          |             |        |        |                  |            |              |             |           |
|  |   |                    |              |   |   |                        |                           |  |                              |  |          |             |        |        |                  |            |              | _           |           |
| Aorithly Pramium,<br>or Salt-Only<br>Ainimum Value<br>Sovarage | \$                                      |                    | 0.00         | 0.00                                      | •   | Ŷ                      |                           | ÷  | s                            | _  | s        |             | \$     | \$     | 6                | \$         |              | \$          |           |
| GMA <u>A</u><br>Part III,                                      | becau                                   | )ata<br>se R       | File<br>alpł | will p<br>n and                           | rovide<br>deper   | e inform<br>ndents w   | ation<br>vere f           | for Li<br>lagge  | d as                         |  |          |             |        |        | 2A               | \$         | 2A           | ľ           | ZA        |
| GMA <u>A</u><br>Part III,                                      | becau                                   | )ata<br>se R       | File<br>alpł | will p<br>n and                           | rovide<br>deper   | e inform               | ation<br>vere f           | for Li<br>lagge  | d as                         |  |          |             |        |        | ZA<br>age<br>Aug | \$<br>Sept | 2A<br>Oct    | ľ           | ZA<br>Dec |
| GMA <u>A</u><br>Part III,<br>Ralph's                           | becau                                   | )ata<br>se R       | File<br>alpł | will p<br>n and                           | rovide<br>deper   | e inform<br>ndents w   | ation<br>vere f<br>ry – N | for Li<br>lagge  | d as                         |  |          |             |        |        | aga              | \$<br>Sapt |              |             | ZA<br>Doc |
| GMA <u>A</u><br>Part III,<br>Ralph's                           | becau                                   | oata<br>se R<br>em | File<br>alpł | will p<br>n and<br>ment                   | rovide<br>deper   | e inform<br>ndents w   | ation<br>vere f           | for Li<br>lagge  | d as                         |  |          |             |        |        | aga              | \$<br>Sept |              |             | ZA        |
| GMA <u>A</u><br>Part III,<br>Ralph's                           | becau<br>active<br>Year Retire          | oata<br>se R<br>em | File<br>alpł | will p<br>n and<br>ment<br>123-2          | rovide<br>deper<br>durin  | e inform<br>ndents w   | ation<br>vere f<br>ry – N | for Li<br>lagge  | d as                         |  |          |             |        |        | aga              | Sapt       |              |             | ZA<br>Dec |
| GMA <u>A</u><br>Part III,<br>Ralph's                           | becau<br>active<br>Year Retire<br>Jones | oata<br>se R<br>em | File<br>alpł | will p<br>n and<br>ment<br>123-2<br>234-5 | rovide<br>deper<br>durin  | e inform<br>ndents w   | ation<br>vere f<br>ry – N | for Li<br>lagge  | d as                         |  |          |             |        |        | aga              | Sopt       |              |             | Dac       |





#### 10<u>95</u>-C Part III, Example 10.1 – What if Dependents separately elected COBRA part of year? BHC must file a separate Form 1095-C for Ralph's wife Jane because she elected COBRA for herself and their son after Ralph retired. Part Employee 1 Name of employee 2 Social security number (SS Jane Spouse New Retiree - Example 10.1 222-22-2222 **Big Happy City** 00-00000 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number 123 First Street 456 Big Happy Boulevard 333-333-3333 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 USA 44444-4321 **Big Happy City** USA 44444-4444 Big Happy City eorgia Georgia Part I Employee Offer and Coverage All 12 Months Feb Mar May June July Aug Nov Dec 14 Offer of Coverage (enter GMA **Active** Data File will provide employee information in Lines 1-6 and will required code) 15 Employee S of Lowest Cost provide information for Part III, because Jane and Henry were flagged as Monthly Premiu for Self-Only Minimum Value enrolled due to Ralph's active employment for part of the year. Coverage 16 Applicable Section 4980H Harbor (enter code, If applicable) **Covered Individuals** $\times$ If Employer provided self-insured coverage, check|the box and enter the information for each covered individual. (c) DOB (IT SSN Is (e) Months of Coverage (d) Covered (b) SSN (a) Name of covered individual(s) not available) all 12 months Mar Aug Nov Jan Feb Apr May June July Sept Oct Dec X X X X X X × X X 17 Jane Spouse New Retiree 222-22-2222 X X X X X X X $\times$ X 333-33-3333 Henry Son New Retiree





## FILING AND DELIVERY









### Complete 10<u>95</u>-C Form Two Times

- Print horizontally
- The IRS gets a copy of the 1095-C with Full Social Security Numbers
- ACA Full-Time Employees and enrolled primary responsible individuals get a copy of the 1095-C with only the last four digits of the SSN
- The 1095-C goes to the individual identified in Lines 1-6, even if enrolled dependents live at different addresses. A dependent who made a separate COBRA election will have his or her own 1095-C Form, with address listed in Lines 1-6.
- The employer may provide the exact same form to both the IRS and the individual, with the full SSN





### Filing with the IRS

- Employer must file all 10<u>95</u>-C Statements with Full SSN along with the 10<u>94</u>-C Transmittal Form to the IRS.
- All employers may file electronically with the IRS.
- Only employers filing fewer than 250 forms may file by mail.

IRS

General deadline for filing is last day of Feb.
 of the year following the year being
 reported (if filing by mail) or 3/31 (if filing electronically).



### Delivery of 10<u>95</u>-C to ACA FTE/Primary Responsible Individual

- In general, must be <u>mailed</u> by <u>first class mail</u> to the last known permanent address, or if none know, to temporary address.
  - Electronic delivery is permitted but must follow consent rules (big hassle)
  - General Deadline is 1/31 of year following the year being reported (BEFORE the IRS deadline)
- For active employees only, the statement may be handdelivered in accordance with W-2 delivery rules.





### Delivery of 1095-C to ACA FTE/PRI

 Retirees, COBRA enrollees, individuals who were ACA FTEs or enrolled during year, but are not active employees at time of delivery: mail or electronic (consent rules apply)





 Active Employees (active at time of delivery): mail or hand-delivery or electronic (consent rules apply)



### Penalties

- If employer <u>intentionally disregards reporting rules</u>, \$500\* per Form, with no annual cap or reductions for correction
- Otherwise, \$250\* per late/missing/incorrect or incomplete
   Form, with reductions to \$50\* per Form (if corrected in 30 days) or \$100\* per Form (if corrected by August 1); yearly cap of \$3 million\* (\$1 million\* if employer has < \$5 million in gross receipts)</li>
- \*Amounts are for 2015 tax year- they are indexed for inflation and will vary each year. For example, for the 2017 filing of 2016 tax year, the "per Form" penalty is \$260.





### Penalties

- Penalties for failure to file the forms are separate from Sledgehammer and Tack Hammer Pay or Play Penalties.
- Keep careful records!
  - Eligibility for 50-99 one year delay (for 2015 year only)
  - Identification of ACA Full-Time Employees
  - Proof of Limited Assessment Periods, Initial Measurement Periods
  - Proof that enrollment documents were provided (showing offer actually made)
  - Proof of satisfaction of affordability safe harbors





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### For more information...

### **ALISON CLINE EARLES**

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aearles@gmanet.com



