

PAY or PLAY

This information is intended to provide you with a high-level understanding of the compliance requirements facing you and your employees. Please note that all details are a best interpretation of available information and should not be construed as tax or legal advice. Due to continual legislative updates, details are likely to change. 010820BP

What is Pay or Play?

- Also known as Employer Shared Responsibility.
- It requires certain size employers, defined as Applicable Large Employers (ALEs) to offer health plan coverage to their full-time employees or pay a penalty.
- The offer of health plan coverage must meet minimum requirements:
 - Coverage must be offered to a certain % of full-time employees (and their children).
 - Coverage must be both affordable and provide minimum value.

Who Does it Affect and When?

- January 1, 2015 – 100 or More
 - Employer with 100 or more full-time equivalent employees will be subject to the Pay or Play mandate in 2015.
 - Must offer coverage to at least 70% of their full-time employees (and their dependents).
 - Coverage must be deemed affordable.
 - Coverage must meet a 60% actuarial value.
 - Penalty triggered if any one eligible employee receives a subsidy through the Marketplace.

- January 1, 2016 – 50 or More
 - Same rules above apply, except:
 - Compliance requirement extended down to employers with 50 or more full-time equivalent employees.
 - Must offer coverage to at least 95% of their full-time employees (and their dependents).

What is an Applicable Large Employer (ALE)?

- In general, the term “applicable large employer” means, with respect to a calendar year, an employer who employed an average of at least 100 full-time employees (2015) and 50 full-time employees (2016) on business days during the preceding calendar year.
- All member entities within a controlled group under Code Section 414(b), (c), (m), and (o) are taken into account when determining if an employer is an applicable large employer.
 - Under controlled group rules, entities are generally considered part of a controlled group if at least 80 percent of their interests are held by one or more common owners or if a significant percentage of one entity’s business is to perform management services for another entity.
 - **Rules are very complex and fact-specific.** Consult qualified CPA or ERISA counsel for determination.
 - Determination will not be covered under a broker’s E&O insurance.

Counting Employees

1

Count your full-time employees (FT)

- An employee who works, on average, ≥ 30 hours of service per week (or at least 130 hours per month).
- Hours of service are generally determined based on the hours which an individual is entitled to payment, examples may include vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence.
- A full-time employee is determined on a monthly basis over the 12-month period.

2

Count the hours worked by full-time equivalents (FTE)

- An employee who is employed, on average, < 30 hours of service per week. (the maximum hours considered is 120 per month).
- Seasonal employees should be counted as full-time equivalents; seasonal employees in positions for which the customary annual employment is six months or less generally will not be considered full-time employees.
- As with full-time employees, hours of service are generally determined based on the hours which an individual is entitled to payment.
- Total hours worked each month by all FTEs and \div by 120 to obtain how many FTEs are employed each month. Keep the fraction!

Counting Employees

3

Total FTs and FTEs for each month

- For each of the 12 months, add full-time employees to the number of full-time equivalents for the total number of employees employed during each month. Continue to keep the fraction!

4

Sum months 1 through 12

- Now you need to add months 1 – 12 together for a grand total.

5

Determine the average number of employees

- \div the grand total by 12 for the average number of employees employed over a 12-month period. Now you can drop the fraction!

Counting Employees

January through December 2016, ABC Company has 91 full-time employees plus 10 employees that work 1,000 combined hours per month. Will ABC Company be subject to the Pay or Play in 2017?

Full-Time Employees (FT) (Working \geq 30 Hrs/Wk or 130 Hrs/Mo)		Full-Time Equivalent Employees (FTE) (Working $<$ 30 Hrs/Wk with a Recognized Maximum of 120 Hrs/Mo)				Total EEs
Month	1 Enter the # of FTs for Each Month	2 Enter the # of Hours Worked by All FTEs for Each Month		Total FTEs	3 FT+FTE	
Jan	91	1000	\div 120 =	8.33	99.33	
Feb	91	1000	\div 120 =	8.33	99.33	
Mar	91	1000	\div 120 =	8.33	99.33	
Apr	91	1000	\div 120 =	8.33	99.33	
May	91	1000	\div 120 =	8.33	99.33	
June	91	1000	\div 120 =	8.33	99.33	
July	91	1000	\div 120 =	8.33	99.33	
Aug	91	1000	\div 120 =	8.33	99.33	
Sept	91	1000	\div 120 =	8.33	99.33	
Oct	91	1000	\div 120 =	8.33	99.33	
Nov	91	1000	\div 120 =	8.33	99.33	
Dec	91	1000	\div 120 =	8.33	99.33	
				4 Sum Month 1 through Month 12	1191.96	
				5 Divide by 12 to Determine the Company's Average (drop the fraction!)	99	

ABC Company has less than 100 full-time equivalent employees and is NOT subject to Pay or Play in 2017.

6

Did you have any seasonal employees during months 1 through 12?

- Treasury Regulation § 54.4980H-1(a)(38) defines the term “seasonal employee” to mean, “an employee who is hired into a position for which the customary annual employment is six months or less.”
- *Seasonal Employee Exemption:*
 - Did the employer exceed 100 full-time employees for 120 days or less (or four calendar months) during the previous 12 months?
 - *The months do not need to be consecutive*
 - Were the excess employees during that 120-day period (or four calendar months) seasonal employees?
 - If so, the employer may exclude the numbers associated with the seasonal employees.
- It is important to remember that a seasonal employee may be counted as a full-time employee and/or a full-time equivalent. It all depends on how many hours they work each month.

Counting Employees

January through December 2016, ABC Company employed 91 full-time employees plus 10 employees that worked a combined 1,000 hours per month AND they employed seasonal employees January through April that consisted of 30 employees that worked a combined 2,600 hours each of the same months.

Full-Time Employees (FT) (Working ≥ 30 Hrs/Wk or 130 Hrs/Mo)		Full-Time Equivalent Employees (FTE) (Working < 30 Hrs/Wk with a Recognized Maximum of 120 Hrs/Mo)				Total EEs
Month	1 Enter the # of FTs for Each Month	2 Enter the # of Hours Worked by All FTEs for Each Month	Total FTEs		3 FT+FTE	
Jan	91	3600	$\div 120 =$	30	121	
Feb	91	3600	$\div 120 =$	30	121	
Mar	91	3600	$\div 120 =$	30	121	
Apr	91	3600	$\div 120 =$	30	121	
May	91	1000	$\div 120 =$	8.33	99.33	
June	91	1000	$\div 120 =$	8.33	99.33	
July	91	1000	$\div 120 =$	8.33	99.33	
Aug	91	1000	$\div 120 =$	8.33	99.33	
Sept	91	1000	$\div 120 =$	8.33	99.33	
Oct	91	1000	$\div 120 =$	8.33	99.33	
Nov	91	1000	$\div 120 =$	8.33	99.33	
Dec	91	1000	$\div 120 =$	8.33	99.33	
				4 Sum Month 1 through Month 12	1278.64	
				5 Divide by 12 to Determine the Company's Average (drop the fraction!)	106	

ABC Company is NOT subject to Pay or Play in 2017 due to the seasonal employee exception.

Counting Employees

January through December 2016, ABC Company employed 91 full-time employees plus 10 employees that worked a combined 1,000 hours per month AND they employed seasonal employees January through April that consisted of 30 employees that worked a combined 2,600 hours each of the same months.

Full-Time Employees (FT) (Working ≥ 30 Hrs/Wk or 130 Hrs/Mo)		Full-Time Equivalent Employees (FTE) (Working < 30 Hrs/Wk with a Recognized Maximum of 120 Hrs/Mo)					Total EEs	
Month	1 Enter the # of FTs for Each Month	2 Enter the # of Hours Worked by All FTEs for Each Month			Total FTEs	3 FT+FTE		
Jan	91	3600	1000	$\div 120$	8.33	30	121	99.33
Feb	91	X	1000	$\div 120$	8.33	X	X	99.33
Mar	91	X	1000	$\div 120$	8.33	X	X	99.33
Apr	91	3600	1000	$\div 120$	8.33	30	121	99.33
May	91	Disregard 2,600 hours worked by seasonal employees; each month reduced to 1,000 hours				8.33	99.33	
June	91					8.33	99.33	
July	91					8.33	99.33	
Aug	91					8.33	99.33	
Sept	91	1000		$\div 120$	=	8.33	99.33	
Oct	91	1000		$\div 120$	=	8.33	99.33	
Nov	91	1000		$\div 120$	=	8.33	99.33	
Dec	91	1000		$\div 120$	=	8.33	99.33	
					4	Sum Month 1 through Month 12	1191.96	
					5	Divide by 12 to Determine the Company's Average (drop the fraction!)	99	

ABC Company is NOT subject to Pay or Play in 2017 due to the seasonal employee exception.

Counting Employees

January through December 2016, ABC Company employed 91 full-time employees plus 10 employees that worked a combined 1,000 hours per month AND they employed seasonal employees January through May that consisted of 2 full-time and 30 employees that worked a combined 2,600 hours each of the same months.

Month	Full-Time Employees (FT) (Working ≥ 30 Hrs/Wk or 130 Hrs/Mo)	Full-Time Equivalent Employees (FTE) (Working < 30 Hrs/Wk with a Recognized Maximum of 120 Hrs/Mo)			Total EEs
	1 Enter the # of FTs for Each Month	2 Enter the # of Hours Worked by All FTEs for Each Month	Total FTEs	3 FT+FTE	
Jan	91	3600	$\div 120 = 30$	121	
Feb	91	3600	$\div 120 = 30$	121	
Mar	91	3600	$\div 120 = 30$	121	
Apr	91	3600	$\div 120 = 30$	121	
May	91	3600	$\div 120 = 30$	121	
June	91	1000	$\div 120 = 8.33$	99.33	
July	91	1000	$\div 120 = 8.33$	99.33	
Aug	91	1000	$\div 120 = 8.33$	99.33	
Sept	91	1000	$\div 120 = 8.33$	99.33	
Oct	91	1000	$\div 120 = 8.33$	99.33	
Nov	91	1000	$\div 120 = 8.33$	99.33	
Dec	91	1000	$\div 120 = 8.33$	99.33	
Sum Month 1 through Month 12				1300.31	
5 Divide by 12 to Determine the Company's Average (drop the fraction!)				108	

Pay or Play will apply to ABC in 2017. The employees in excess of 100 were seasonal employees; however, their employment exceeded 120 days (or 4 months). As a result, they may not be excluded from the calculation and their average will remain 108.

Types of Employees

Ongoing Employee

New Employee

Rehired

Measuring Employees for Offer of Coverage

Ongoing Employee

Ongoing Employee

- Full-time, part-time or variable hour employee employed through at least one Standard Measurement Period.

What are their measurement periods?

Standard Measurement Period (SMP)

- Same time period used every year to look back and determine employees average hours of service per week or month.
- Must be between 3 - 12 months.*

Standard Administrative Period (SAP)

- Same time period used every year, often referred to as open enrollment.
- Not required, but if elected it must immediately follow the SMP.

Standard Stability Period (SP)

- Time period in which an employer must maintain an employee's status.
- Example: if EE measures as full-time, they will remain full-time during the SP regardless of a change in their hours of service.
- Must be the greater of 6 consecutive months OR the length of the SMP and immediately follows the AP (if elected).

**On a one-time basis, in 2014 preparing for 2015, employers may use a measurement period of six months even with respect to a stability period – the time during which an employee with variable hours must be offered coverage – of up to 12 months.*

Measuring Employees for Offer of Coverage

New Employee

New Employee

- An employee not employed through at least one Standard Measurement Period.

New Full-Time Employee

- Reasonably expected to average 30 or more hours/week (130 hours/month) upon their start date.
- Neither a SMP nor an Initial Measurement Period (IMP) is required if expected to work full-time, indefinitely.
- Must be offered coverage within the required timeframe.

New Part-Time Employee

- An employee that is reasonably expected to work less than 30 hours per week.
- Neither a SMP nor an Initial Measurement Period (IMP) is required if expected to work part-time, indefinitely.

Measuring Employees for Offer of Coverage

New Employee

New Variable Hour Employee

- Average hourly work week can not reasonably be determined to be at least 30 hours per week.
- When full-time status can not be determined, an IMP between 3 to 12 months must be conducted.

New Seasonal Employee:

- Treasury Regulation § 54.4980H-1(a)(38) defines the term “seasonal employee” to mean, “an employee who is hired into a position for which the customary annual employment is six months or less.”
- Definition may overlap with Variable Hour Employee.
- An IMP between 3 to 12 months must be conducted to determine full-time status.

Measuring Employees for Offer of Coverage

New Employee

What are their measurement periods?

Initial Measurement Period (IMP)

- Time period used to determine if employees average hours are at least 30 hours per week (or 130 per month).
- Must be between 3 - 12 months.

Initial Administrative Period (IAP)

- Time period employer uses to analyze employee hours and extend an offer of coverage, if applicable.
- Not required, but if elected it must immediately follow the SMP.

Initial Stability Period (ISP)

- Time period in which an employer must maintain an employee's status.
- Example: if EE measures as full-time, they will remain full-time during the ISP regardless of a change in their hours of service.
- Must be the greater of 6 consecutive months OR the length of the SMP and immediately follows the AP (if elected).

NOTE: IRS guidance requires that the combined IMP and IAP may not extend beyond the last day of the first calendar month beginning on or after the one-year anniversary of the employee's start date (totaling, at most, 13 months and a fraction of a month).

Rehire

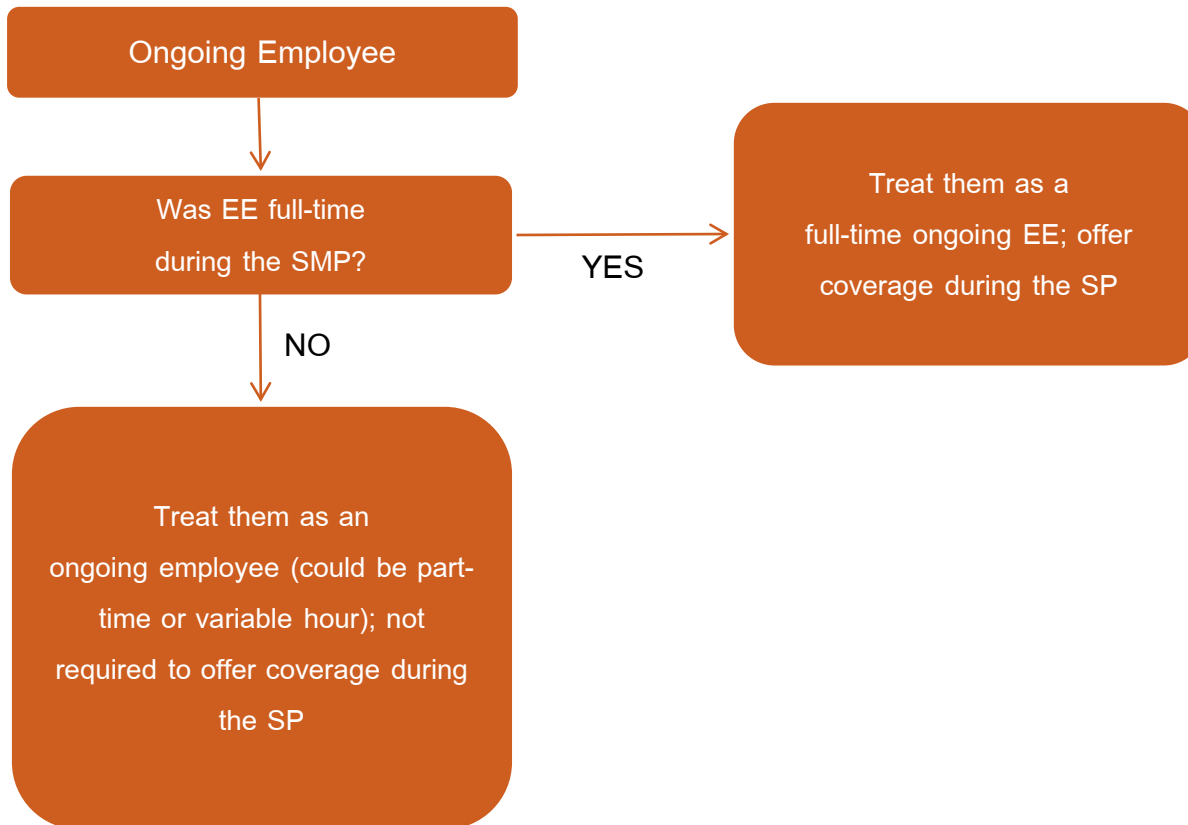
Rehired Employee

- There are two scenarios in which a rehired employee will be viewed a new employee.
 1. Left job for more than 13 weeks (26 weeks for an educational organization).
 2. Left job for at least 4 weeks AND the time in which they were away exceed time they worked.

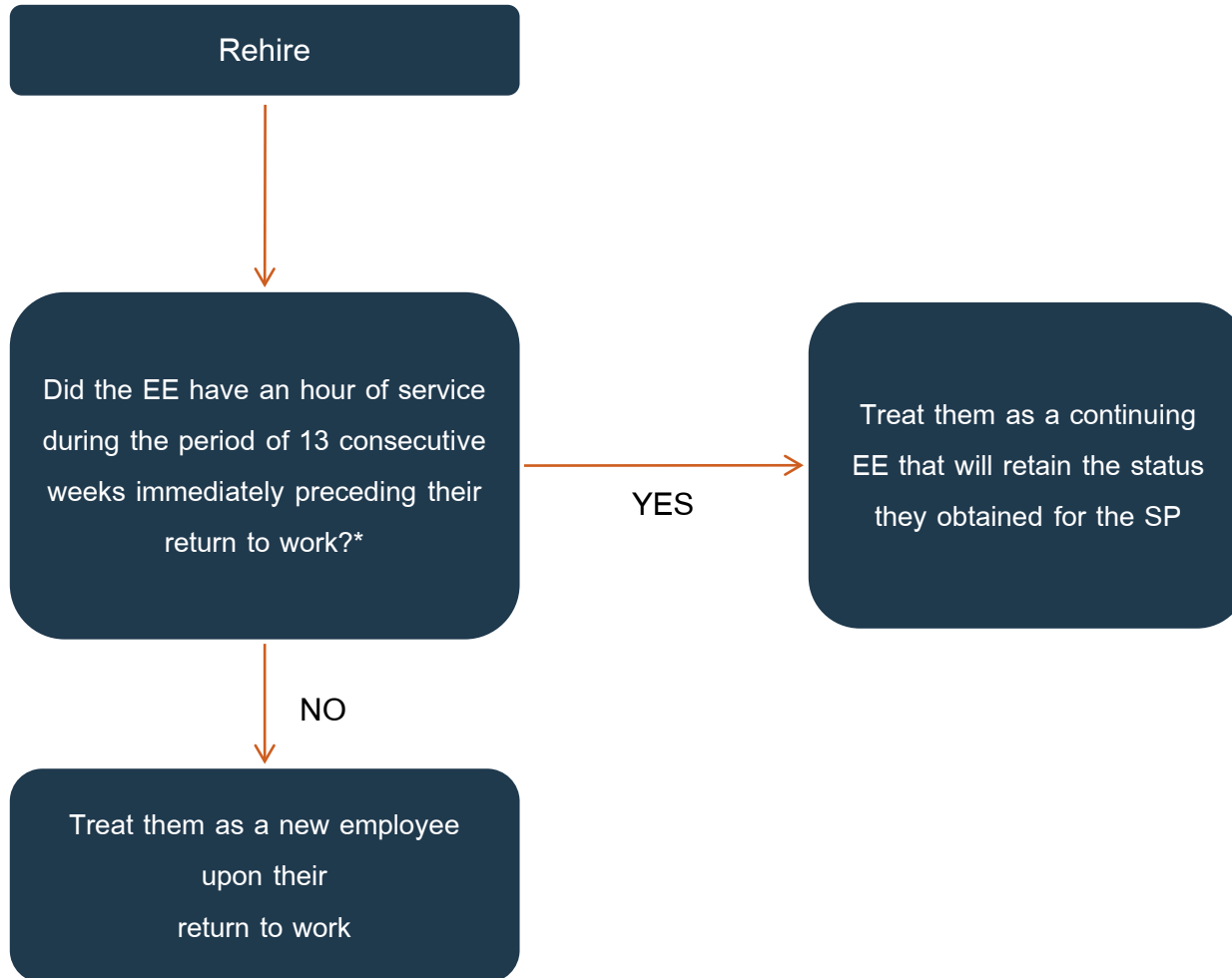
What are their measurement periods?

- A rehire's measurement period will depend if they are classified a new (Initial) or ongoing (Standard) employee upon their return.

Measuring Employees for Offer of Coverage

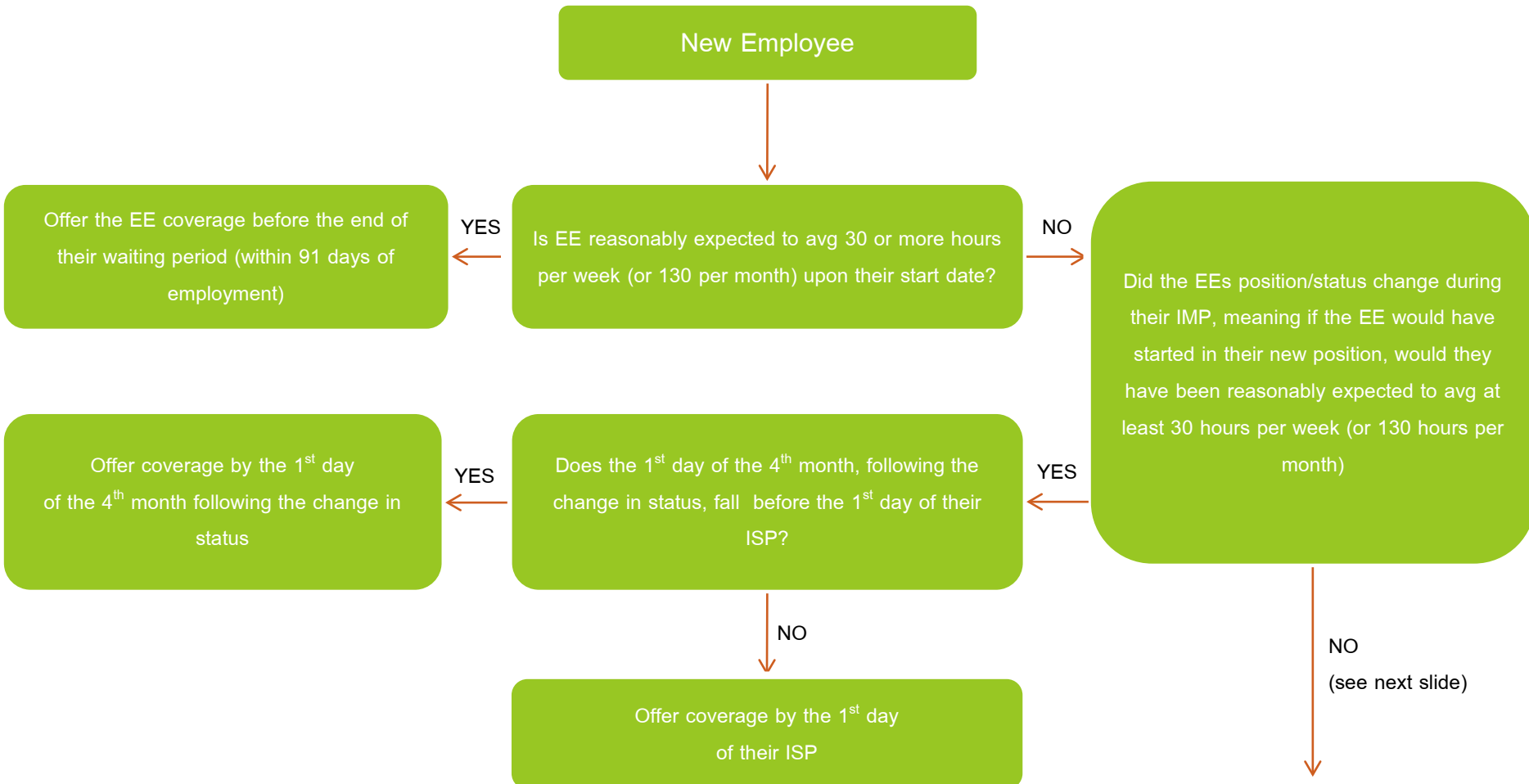


Measuring Employees for Offer of Coverage



**26 weeks for an educational organization.*

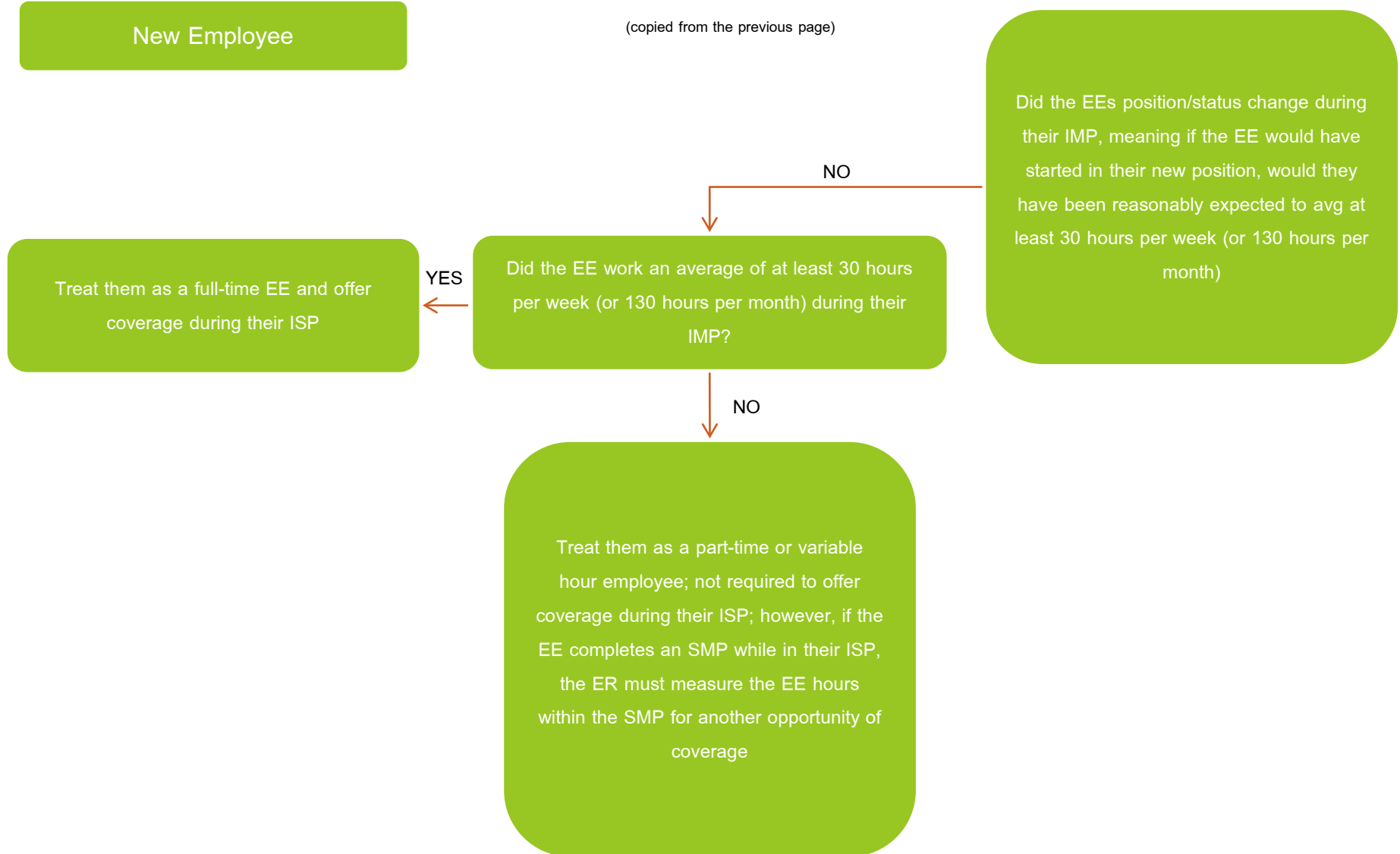
Measuring Employees for Offer of Coverage



Measuring Employees for Offer of Coverage

New Employee

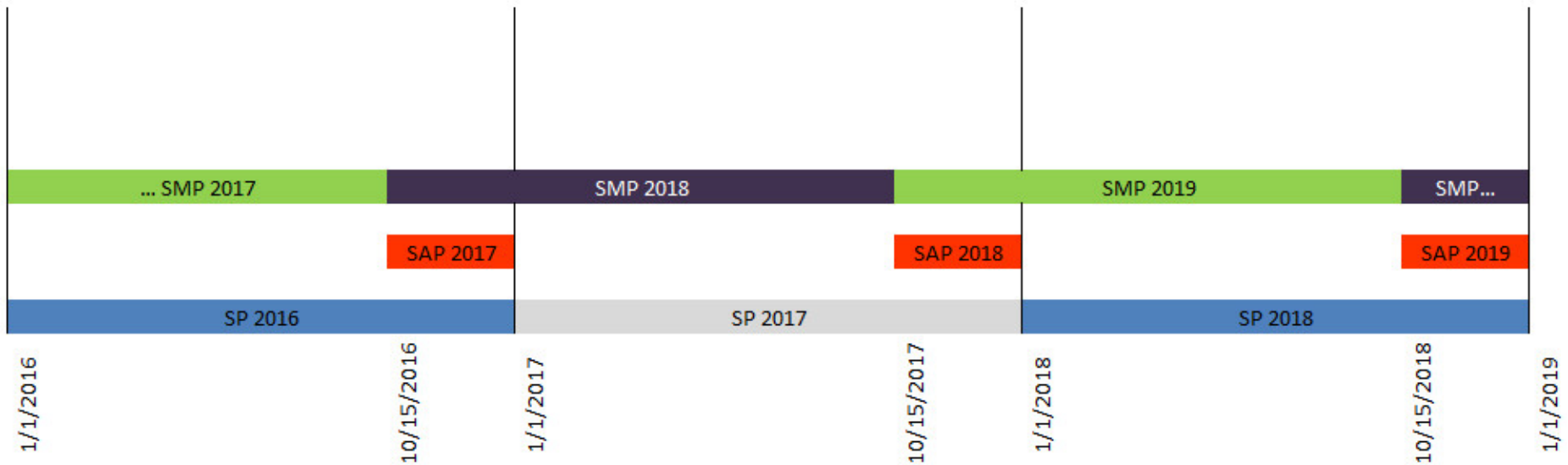
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Illustrating Variable Hour Employees

ABC Company

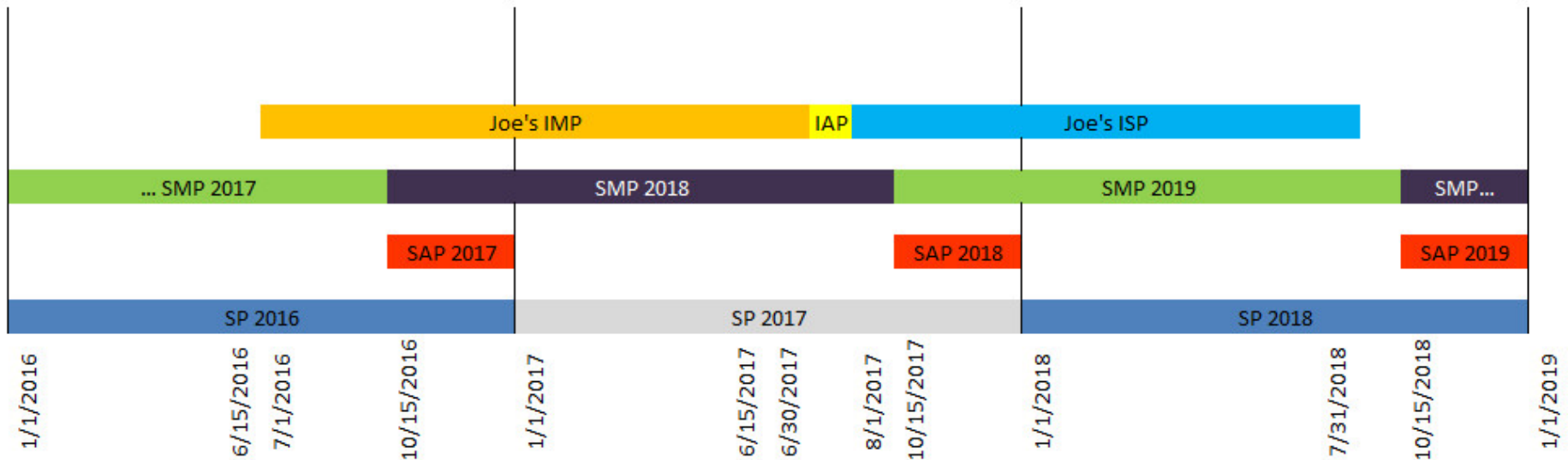
- Time periods below apply to ALL examples
- Time Periods for Ongoing Employees
 - **SMP:** 12 months (beginning 10/15 every year)
 - **SAP:** 10/16 – 12/31 (every year)
 - **SP:** 1/1 – 12/31 (every year)
 - **IMP:** 12 months, beginning the 1st of month after DOH
 - **IAP:** 1 month
 - **ISP:** 12 months



Illustrating Variable Hour Employees

ABC Company (new variable hour EE to be full-time EE)

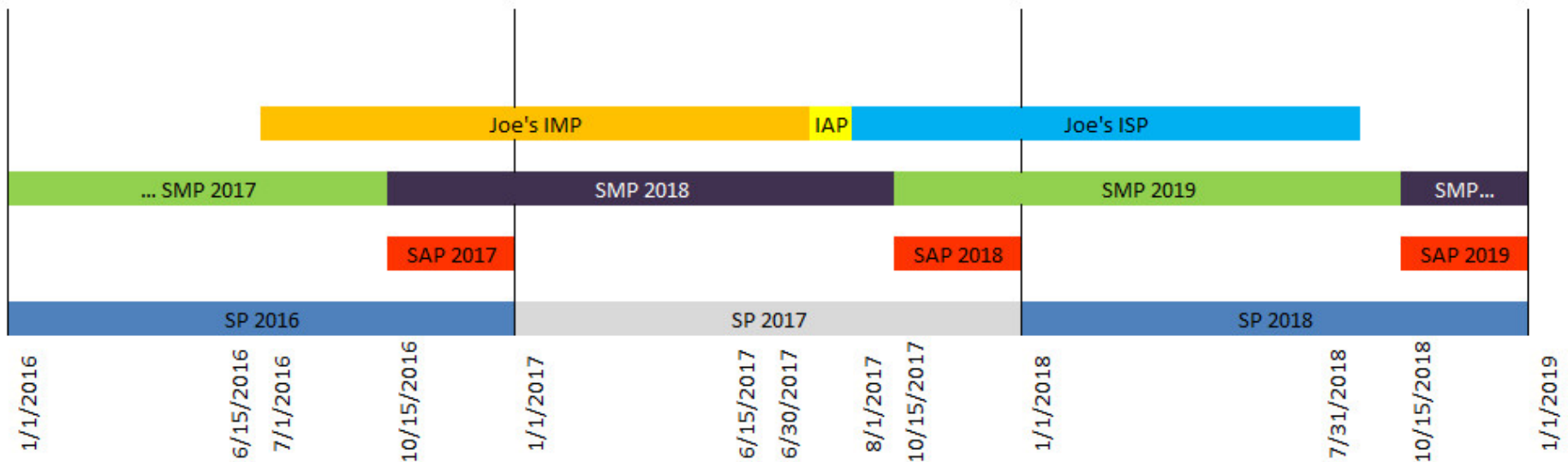
- Joe is hired 6/15/16
- IMP: 7/1/16 - 6/30/17; averages 30 hours per week
- IAP: Will be offered coverage in month of July for August effective date
- ISP: 8/1/16 – 7/30/17
- Joe must be measured again under the company's first SMP that begins after his start date which is 10/15/16



Illustrating Variable Hour Employees

ABC Company (continues full-time employment)

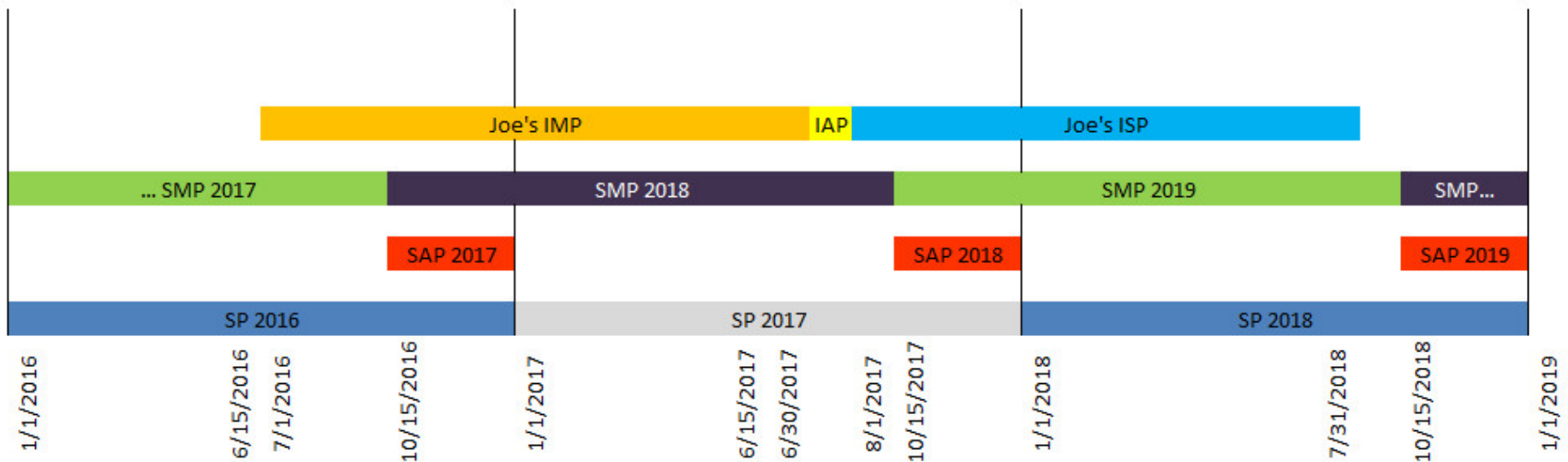
- Joe hours are measured again 10/15/16 – 10/14/17 and he continues to average 30 hours per week during that time period
- Therefore, he should be offered coverage for the remainder of the stability period associated with the 10/15/16 – 10/14/17 SMP to avoid penalty
- NOTE: he already has an offer of coverage 10/1/17 through 7/31/18 due to his ISP that is associated with his IMP



Illustrating Variable Hour Employees

ABC Company (new variable hour EE not to be a full-time EE)

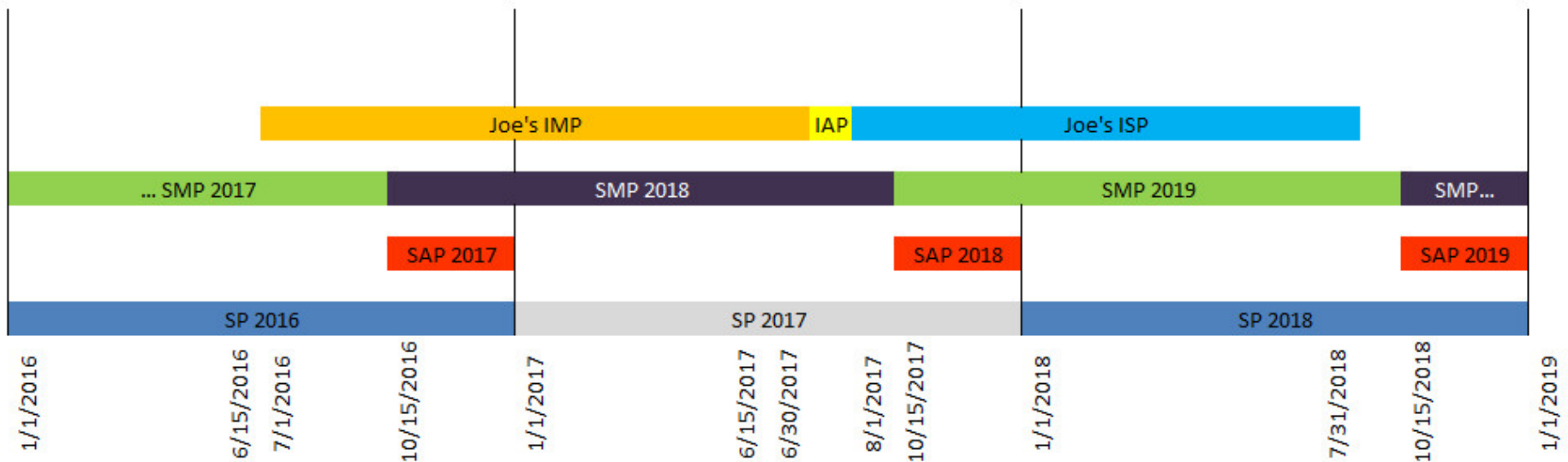
- IMP: 7/1/16 – 6/30/17; averages 27 hours per week
- ABC treats Joe as a part-time employee and does not extend an offer of coverage during his ISP (8/1 – 7/31)
- Joe's initial ISP can not extend beyond the end of the SMP + SAP in which his IMP ends
- ABC can treat Joe as a part-time employee through 12/31/17 without penalty exposure
- Joe must also be measured again under the company's first SMP that begins after his start date (10/15/16 – 10/14/17)



Illustrating Variable Hour Employees

ABC Company (initially part-time, moves to full-time)

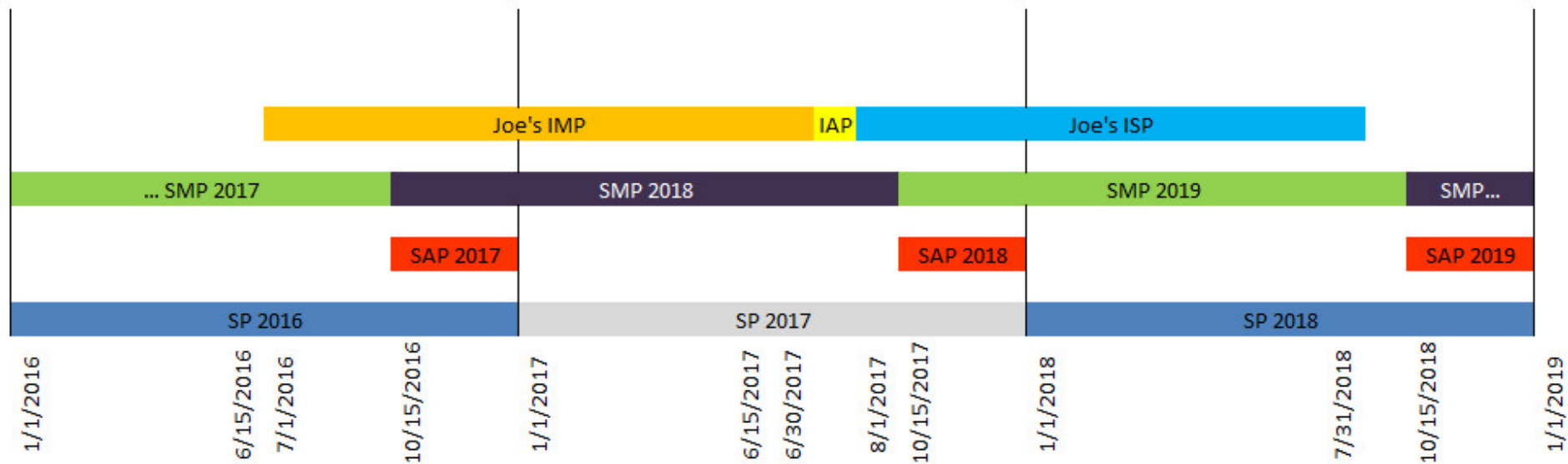
- Joe was initially part-time and is tested again 10/15/16 – 10/14/17 (SMP)
- During the SMP testing he averages 30 hours of service
- Joe should be offered coverage during ABCs SAP (10/15/17 – 12/31/17) for the 2018 SP to avoid penalty



Illustrating Variable Hour Employees

ABC Company (continues part-time employment)

- Joe was initially part-time and is tested again during the SMP 10/15/16 – 10/14/17
- During the SMP testing he continues to average 27 hours of service and maintains part-time status
- ABC is not required to extend an offer of coverage to Joe during their 2017 SAP for the 2018 SP and will not be exposed to a penalty



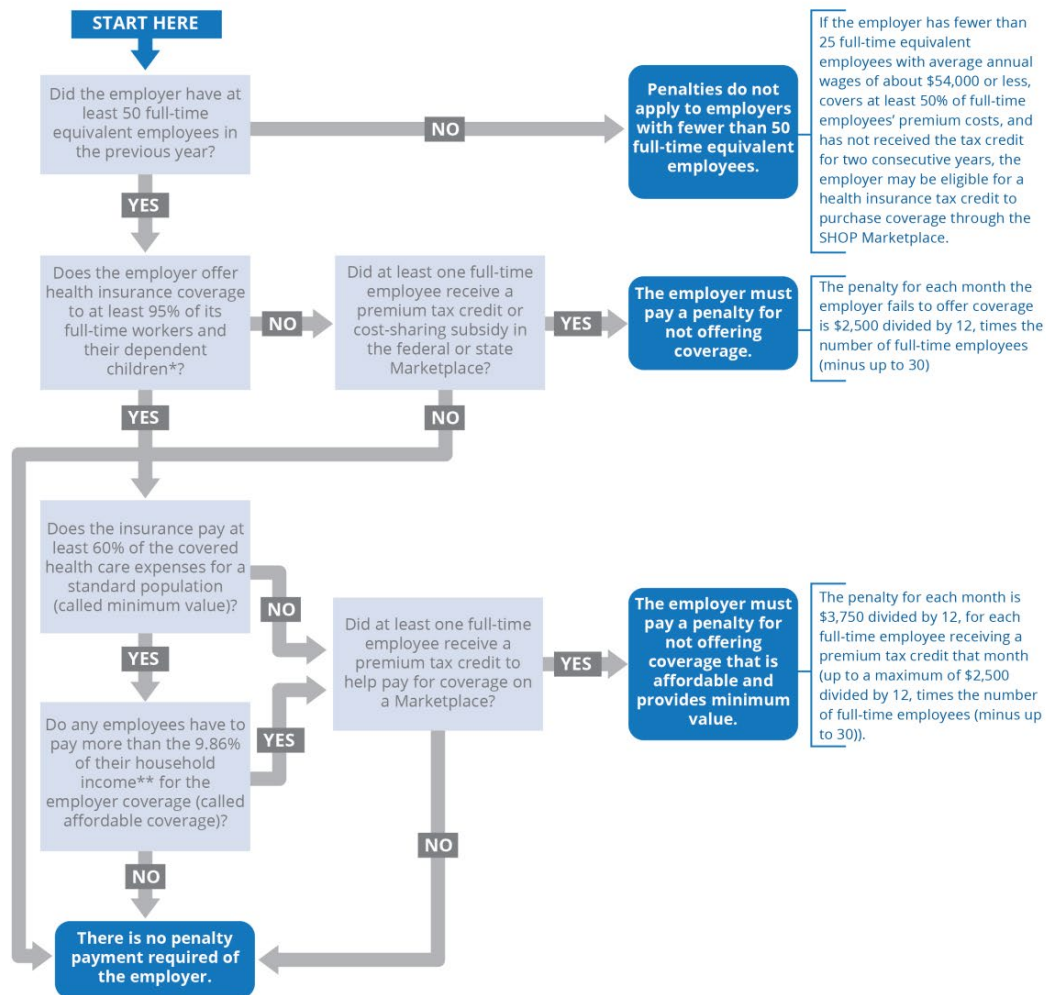
Applicable Large Employers (ALEs)

What Should Employers Focus On?

- Track monthly hours of part-time employees.
- Count the number of full-time employees and full-time equivalents every months.
- Identify if other employers whose employees must be included in the ALE calculation.
- Determine which months to use in determining the large employer count.
- Establish measurement and stability periods to identify ongoing full-time employees to ensure they are offered coverage as required.
- Track each new hire's initial measurement period, initial stability period, and overlapping standard measurement period until they transition to an ongoing employee.
- Assess affordability and minimum value of employee plans.

PENALTIES FOR EMPLOYERS NOT OFFERING COVERAGE UNDER THE AFFORDABLE CARE ACT DURING 2019

UPDATED AS OF JUNE 10, 2019



* A dependent child is defined as a child of an employee who is under the age of 26. Employers do not face a penalty under the Affordable Care Act if they do not offer coverage to the spouse of a full-time employee.

** Affordability is determined by reference to the taxpayer's household income (i.e., the employee's required contribution for self-only coverage should not exceed 9.86% in most states for 2019). Since employers generally do not know the worker's household income, to determine if an employer may be subject to a penalty, the employer can measure 9.86% against three separate safe harbor amounts (the worker's Form W-2 wages, the worker's hourly rate of pay as of the first day of the coverage period, or the federal poverty line for a single individual). Note that a worker's and the worker's dependents' eligibility for premium tax credits or cost sharing subsidies are based on family income, not the safe harbor amounts.

PENALTY EXAMPLES (Not Offering Coverage to Required # of Full-Time EEs)	2019 Example A	2019 Example B
	\$2,500 Penalty	
Full-Time Employees	114	114
Permitted Waivers	30	30
# of Employees Receiving Subsidy	0	1 or more
Total Penalty <i>(prorated on a monthly basis)</i>	\$0 <i>(no penalty assessed since no Employee received a subsidy)</i>	\$210,000 <i>((84 x \$2,500); the penalty is always assessed on the # of FTEs regardless of how many receive a subsidy)</i>

PENALTY EXAMPLES (Offering Coverage not Meeting Minimum Thresholds)	2019 Example A	2019 Example B
	\$3,750 Penalty	
Full-Time Employees	114	114
Permitted Waivers	30	30
# of Employees Receiving Subsidy	0	25
Total Penalty <i>(prorated on a monthly basis)</i>	\$0 <i>(no penalty assessed since no Employee received a subsidy)</i>	\$93,750 <i>(the penalty is always the lesser of (# of employees receiving subsidy x \$3,750) OR ((# of FTEs – 30) x \$2,500). In this example the total penalty equals \$93,750 and \$210,000 respectively.)</i>

	6056 (Reporting Offers of Health Insurance by Employers)
Group Size	Employers with 50 or more full-time equivalent employees.*
Reported by	Fully-Insured Plans: Employer Self-Insured Plans: Employer
Reporting Deadline	March 2, 2020 to employees. February 28, 2020 to IRS (if employer reporting on paper). March 31, 2020 to IRS (if employer reporting electronically).
Required Forms	Form 1095-C (Employer Provided Health Insurance Offer and Coverage) Form 1094-C (Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns)
Form Instructions	Form 1095-C Instructions Form 1094-C Instructions

	6056 (Reporting Offers of Health Insurance by Employers)	
Required Information	1095-C is a monthly collection of an employee's name, address, and social security numbers, whether the employee and their dependents were offered health coverage each month that met the minimum value standard, the employee's share of the monthly premium for the lowest-cost minimum value health coverage offered, whether the employee was full-time, whether the employee was enrolled in the health plan, plus additional information.	
Why	The IRS will use the information reported on Form 1095-C to determine whether an employer is assessed a penalty tax. This form will also be used to determine whether an employee is eligible for premium tax credits if they purchased coverage through their state's marketplace.	
General Penalty	Up to \$270 per return for failing to timely file the returns or furnish statements to employees. For full penalties, see IRC sections 6721 and 6722 .	
More Info	IRS Q&A	6056 Final Regulations

Employer Reporting – IRC 6056

600118

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

Employer-Provided Health Insurance Offer and Coverage

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

▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

2019

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

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

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

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employer Reporting – IRC 6056

120118

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

Department of the Treasury Internal Revenue Service **2019**

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

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) 2 Employer identification number (EIN)

3 Street address (including room or suite no.)

4 City or town 5 State or province 6 Country and ZIP or foreign postal code

7 Name of person to contact 8 Contact telephone number

9 Name of Designated Government Entity (only if applicable)

11 Street address (including room or suite no.)

12 City or town 13 State

15 Name of person to contact

17 Reserved

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

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box.

Part II ALE Member Information

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

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

22 Certifications of Eligibility (select all that apply):
 A. Qualifying Offer Method B. Reserved

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

Signature _____ Title _____

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

120118

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Part III ALE Member Information – Monthly

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

Form 1094-C (2019)

VENDORS

- **Sterling HSA**

<http://www.sterlinghsa.com/>

800-617-4729

- **TASC**

<http://www.tasconline.com/>

800-422-4661

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