

Employer Guide: 2022 ACA Reporting on Forms 1094-C and 1095-C

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Introduction

The Affordable Care Act (ACA) requires applicable large employers (ALEs) to report each year on whether they did or did not offer health coverage to each of their full-time employees. To meet this reporting requirement, the ALE uses two forms designed by the IRS:

- Form 1095-C “*Employer-Provided Health Insurance Offer and Coverage*” is the personalized statement that the ALE furnishes to each full-time employee. If the ALE provided minimum essential coverage through a self-funded (self-insured) health plan, the employer also uses Form 1095-C to report enrollment information.
- Form 1094-C “*Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns*” is the summary form that the ALE files, along with copies of all Forms 1095-Cs, with the IRS.

This guide provides helpful information regarding the annual ACA reporting requirement for ALEs, including key definitions, answers to frequently asked questions, sample forms, line-by-line tips on completing the forms, and more.

Notes:

- Employers that offer Individual Coverage Health Reimbursement Arrangements (ICHRA) must report additional information. ICHRA reporting is more complex and is not discussed here.
- Small employers (under 50 full-time-equivalent employees) that sponsor self-funded health plans are subject to separate reporting requirements not discussed here. Self-funding by small employers is uncommon.

Key Definitions

An **applicable large employer (ALE)** is an employer that employed an average of 50 or more full-time employees, including full-time-equivalent employees, in the prior calendar year.

Full-time employee generally means a common-law employee who averages 30 or more hours of service per week, (or 130 hours per month), as determined under one of two specific measurement methods. An hour of service is each hour for which payment is made or due (e.g., performance of duties, vacation, holidays, paid absence, or leave).

Minimum essential coverage means any employer-sponsored group health plan, other than “excepted benefits.” Most flexible spending accounts (FSAs) or stand-alone dental or vision plans are excepted benefits; that is, they are not minimum essential coverage.

Minimum value coverage means the minimum essential coverage plan’s share of the total allowed cost of benefits is at least 60% of such costs, and it provides substantial coverage of inpatient hospitalization services and physician services. For 2022, the minimum value coverage was **affordable** if the employee’s required contribution for self-only coverage did not exceed 9.61% of the employee’s income from the employer. For 2023, the percentage decreases to 9.12, due to inflation adjustments.

Frequently Asked Questions

What is the purpose of the employer reporting requirements?

The reporting requirements are intended to help the IRS administer several provisions under the Affordable Care Act. Specifically, the IRS uses information reported by employers to determine:

- Employees that are (or are not) eligible for subsidies if they purchase health insurance in the individual Health Insurance Exchange (Marketplace); and
- ALEs that fail to offer affordable minimum value coverage to full-time employees and whether the employer may be subject to potential penalties.

What is Form 1095-C?

Form 1095-C is a form designed by the IRS to collect information about ALEs and the group health coverage, if any, they offer to their full-time employees. Employers provide Form 1095-C (employee statement) to employees and file copies, along with Form 1094-C (transmittal form), to the IRS.

Form 1095-C is comprised of three parts:

- Part I: Identifying information about the employee and the employer.
- Part II: Information about the employer’s offer of group health coverage.
- Part III: Information about the employer’s self-funded health coverage (if any), including names and Social Security numbers of the primary enrollee (e.g., employee) and their covered dependents.

A sample Form 1095-C, along with line-by-line tips for completing the form, appears later in this guide.

What are the due dates for completing the reporting requirements?

The 2022 forms (i.e., forms reporting calendar year 2022 information) are due as follows:

- 2022 Form 1095-C (employee statement): Due March 2, 2023
- 2022 Form 1094-C (transmittal form with copies of Forms 1095-C): Due February 28, 2023 (or March 31, 2023, if filing electronically)

Note: If the due date falls on a weekend or legal holiday, the employer may file by the next business day.

If the employer is part of a controlled group, which entity has to provide Form 1095-C?

Entities that belong to the same controlled group, e.g., parent/subsidiary companies or sister companies under common control, are counted together and their combined employee size determines if they are an ALE. If so, each entity in the controlled group is deemed an ALE and is subject to the reporting requirements. Each of the entities will report under its Employer Identification Number (EIN).

What type of information is required to complete Form 1095-C?

Employers should work with their payroll administrators and human resources information system administrators to identify the data elements needed to complete Forms 1095-C and 1094-C. The level of detail will vary depending on the employer's health coverage offerings.

All ALEs must report basic information, similar to W-2 information:

- Employee name, Social Security number (SSN), address.
- Employer name, Employer Identification Number (EIN), address, telephone contact.

IRS regulations provide a general method for all ALEs to complete Form 1095-C. The general method requires reporting information about the full-time employee and the health coverage (type, required contribution) offered to that employee. Some employers, however, may be able to take advantage of one of the alternative (simplified) methods outlined in the regulations.

For example, alternative methods of reporting are available for employers that made a qualifying health coverage offer to employees for all 12 months or for employers that offered affordable minimum value coverage to at least 98% of full-time employees (and their children).

Employers that do not sponsor a self-funded (self-insured) plan complete Parts I and II for each full-time employee. Part III will be left blank.

(Persons covered under a group insurance plan also may receive a separate form directly from the insurance company regarding the coverage.)

For self-funded employers, what type of information is required to complete Form 1095-C?

ALEs that sponsor a self-funded (self-insured) health plan providing minimum essential coverage have additional reporting requirements. For full-time employees, the employer completes Parts I and II of Form 1095-C. If the full-time employee was covered under the self-funded plan, the employer also completes Part III including names and SSNs or Taxpayer Identification Numbers (TINs) of any covered dependents. Small, self-funded employers are subject to separate reporting requirements.

In addition, for any part-time employees or non-employees (e.g., COBRA beneficiaries) covered under the self-funded plan, the employer completes Part I, a portion of Part II, and Part III. (**Note:** The IRS instructions allow using Form 1095-B, not described here, in lieu of Form 1095-C to report self-funded plan coverage for non-full-time employees or non-employees. Self-funded employers also have the option of posting a notice on their website with instructions for how non-employees and non-full-time employees enrolled in their coverage may request a form, instead of the employer automatically providing one to them. That option is not discussed here.)

Are nonprofit employers or governmental employers (e.g., municipalities, public school districts) subject to the reporting requirements?

Yes, the reporting requirements apply to all ALEs, including governmental employers. Employers should review the specific requirements for their type of organization with their tax or legal advisors.

What is Form 1094-C?

Employers file copies of Forms 1095-C with transmittal Form 1094-C to the IRS. The employer indicates on Form 1094-C if it is eligible for alternative (simplified) reporting. Employers also use this form to certify that the employer is eligible for transition relief under the ACA “play or pay” rules, if applicable.

A sample Form 1094-C, along with line-by-line tips for completing the form, appears later in this guide.

Are employers required to use electronic filing?

ALEs must furnish Form 1095-C to individuals on paper by mail (unless the recipient has affirmatively consented to receive the information in an electronic format).

Form 1094-C and Form 1095-C are subject to requirements to file returns electronically with the IRS. This means that ALEs that file 250 or more information returns must file the returns electronically through the ACA Information Returns (AIR) program. (Note that AIR is a separate system solely for ACA information returns. Other IRS e-filing systems, such as for W-2s, do not support the ACA information returns.) The 250-or-more requirement applies separately to each type of return.

Note: It is possible that the IRS could reduce the threshold for mandatory electronic reporting from 250 forms to 100 forms, so preparers should monitor any developments on this topic.

Are there penalties for failing to comply with the information reporting requirements?

Yes, and the penalties may be substantial. For instance, the penalty is \$290 for each failure to file a complete return and for each failure to provide a complete form to an employee (up to over a \$3,000,000 maximum). Lesser penalties may be imposed for reporting incorrect information provided the error is corrected within certain timeframes. Generally, the maximum penalties are reduced for ALEs with receipts less than \$5,000,000. The IRS may abate penalties for reasonable cause.

Official Guidance

For 2022 reporting (forms are due in early 2023):

- [2022 Form 1095-C](#), *Employer-Provided Health Insurance Offer and Coverage*.
- [2022 Form 1094-C](#), *Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns*.
- [Instructions](#) for 2022 Forms 1094-C and 1095-C.

Additionally, the IRS maintains a helpful [Information Center](#) webpage with resources and tips for applicable large employers about the information reporting requirements and other topics.

For entities that are required to file returns electronically, the IRS has released [Publication 5165](#), *Guide for Electronically Filing ACA Information Returns*.

Employers are encouraged to work with experienced vendors, tax advisors, and payroll administrators to prepare the required forms by the due dates.

ACA Reporting Requirements Tip Sheet (2022)

STEP	ACTION ITEMS	RESOURCES
<p>1. Determine whether you are an ALE (Applicable Large Employer)</p>	<p>Pull hours of service for all employees for the previous calendar year, on a month-by-month basis. Commonly owned controlled groups need to include employees across all member companies. They will also need the names and employer identification number of each member company for Form 1094-C.</p>	<p>See our Play or Pay Guide on the platform.</p> <p>Final Regulations</p> <p>Check with tax and legal advisors regarding controlled group status.</p>
	<p>Calculate full-time (FT) and full-time equivalent (FTE) count for each month and average for the entire year. If you had seasonal workers, consider using the seasonal worker adjustment (optional) to reduce your count.</p>	
	<p>Note whether your total FT/FTE count for the year is under 50 (no further action needed), or 50 or more.</p>	
<p>2. Determine who is an employee</p>	<p>Review the definition of an “employee”; speak with legal counsel if unclear in unusual situations.</p>	
	<p>Pull the total number of employees for each month; make note of that number. You must use the same date each month to pull the count; date options are listed in the instructions. This data will be used to complete column (c) of Part III of Form 1094-C.</p>	<p>Form Instructions (Page 9 for instructions on counting employees.)</p>
	<p>Confirm employee personal data is available: Employee legal name, Social Security number, mailing address.</p>	
<p>3. Determine who is a full-time employee</p>	<p>Confirm whether you are using the monthly method or look-back method to measure hours of service for full-time status. If using the look-back method, confirm which categories of employees you use it for.</p>	<p>Check your summary plan description (SPD). If you are using the look-back method, it should be detailed there.</p>
	<p>Ensure you understand what the monthly and lookback methods are and what full time means under each method.</p>	<p>See our Play or Pay Guide on the platform.</p> <p>Final Regulations</p>
	<p>Pull a report showing the total hours of service each employee had each month. You may be able to reuse the data you pulled for step 1.</p>	

STEP	ACTION ITEMS	RESOURCES
	Identify and make note of whether each employee is full time (or not) for each month.	
	Make note of the total number of full-time employees per month, for each month. This data will be used to complete column (b) in part III of Form 1094-C.	Form Instructions (Page 9 for instructions on counting employees.)
4. Determine the key components of your plan	Make a list of each of your medical plan options for employees. Determine whether each plan is insured or self-insured.	
	Determine and note whether each plan covers children and spouses of employees.	Check your Summary Plan Description (SPD).
	Determine whether your plan provides minimum essential coverage (MEC) and whether there were any months of the year where you didn't provide MEC.	Check the Summary of Benefits and Coverage (SBC).
	Determine whether your plan provides minimum value.	Check the Summary of Benefits and Coverage (SBC).
	Determine whether your plan is affordable and if so, based on which safe harbor.	See our Play or Pay Guide on the platform. Final Regulations
	List the lowest monthly cost for each plan at the employee-only level. If you have different classes of employees that may be subject to different costs (for example, employees in California have one cost while employees in Kansas have another), note this as well.	Check your benefit plan documents and collateral.
	Identify whether you have a calendar-year or non-calendar-year health plan.	Check your Summary Plan Description (SPD).

STEP	ACTION ITEMS	RESOURCES
	<p>For self-insured ALEs only, pull the following data:</p> <ul style="list-style-type: none"> • Name, Social Security number, and months of enrollment for individuals enrolled during the year. • Name, Social Security number or taxpayer identification number (or date of birth), and months of enrollment for all dependents enrolled during the year. 	<p>Date of birth may only be used for dependents if you have made appropriate attempts to obtain Social Security numbers (SSNs) or taxpayer identification numbers (TINs).</p>
<p>5. Determine whether a limited non-assessment period applies to the employee.</p>	<p>Review definitions for limited non-assessment periods (LNP). Determine and make note of whether any apply to your company.</p>	<p>See our Play or Pay Guide on the platform. Final Regulations</p>
	<p>Make note of which employees have an LNP which applies to them and for what months of the year.</p>	
<p>6. Complete Forms 1095-C</p>	<p>Review the available codes and definitions for Lines 14 and 16 of Form 1095-C Consider grouping employees by code “profile” and starting with the easiest ones first. For example:</p> <ul style="list-style-type: none"> • All employees who were full time all year, offered coverage, and enrolled in coverage • All employees who were full time all year, offered coverage, and waived coverage • Other groupings 	<p>See “<i>Form 1095-C Code Cheat Sheet</i>” later in this guide. Form Instructions (Pages 11-13)</p>
	<p>Complete Form 1095-C (Parts I & II) for all employees who were full time for at least one month of the year</p>	<p>Form Instructions</p>
	<p>Complete Form 1095-C (Parts I, II & III) for all employees who were full time for at least one month of the year, and any non-full-time individuals, who were enrolled in a self-insured health plan. (Only self-insured plan information is reported in Part III.)</p>	<p>Form Instructions</p>
	<p>Ensure forms to employees and individuals are postmarked no later than March 2, 2023. (Forms may be furnished electronically to persons giving affirmative consent; specific criteria are required.)</p>	<p>Consent to furnish statement electronically: Form Instructions (Page 6)</p>

STEP	ACTION ITEMS	RESOURCES
7. Complete Form 1094-C	If you are required to file electronically (that is, you are filing at least 250 Forms 1095-C along with your Form 1094), make sure your vendor is prepared. If self-filing electronically, start the process to prepare long before the forms are due.	Get started with electronic self-filing here .
	<p>Ensure forms are postmarked no later than February 28, 2023, if filing on paper.</p> <p>Ensure forms are filed no later than March 31, 2023, if filing electronically. (In the event of a weekend or holiday, the due date is the next following business day.)</p>	<p>Electronic filing waivers: Form Instructions (Page 4)</p> <p>Deadline extension request: Form Instructions (Page 3)</p>

Form 1095-C: At-a-Glance (2022)

This is not intended as tax or legal advice or to replace form instructions. Employers should review the form instructions available here (<https://www.irs.gov/pub/irs-pdf/i109495c.pdf>) and speak with tax or legal advisors as appropriate.

General Form Information

The form must be completed by all applicable large employers (ALEs). There is no transition relief to avoid form completion.

IRS uses form information to determine whether ALE is subject to penalty and whether an individual taxpayer is eligible for a premium tax credit (subsidy) for an Exchange policy.

The form must be provided: 1) To every employee who was full time for at least one month of the calendar year, and 2) To any individuals, regardless of full-time status, who enrolled for at least one day of the year in the ALE’s self-insured minimum essential coverage plan. **(Note: Most employers do not have self-insured medical plans.)**

Provide the form to employees by March 2, 2023. Electronic delivery requires express permission from the recipient.

ICHRAs are not discussed here as reporting is complex. Refer to your tax or legal advisors for information if needed.

1095-C <small>Form Department of the Treasury Internal Revenue Service</small>	Employer-Provided Health Insurance Offer and Coverage <small>Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.</small>	<input type="checkbox"/> VOID	<small>OMB No. 1545-2251</small>
		<input type="checkbox"/> CORRECTED	2022

Forms change from year to year; make sure you are using the 2022 form.

Recipients may use information in the form to complete their tax returns but should not include this form with their taxes. They should keep it with other tax records.

The void box is only for the IRS.

The “Corrected” box should only be used when correcting forms that were already sent to the recipient and the IRS.

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 I provides identifying information about the employee and the ALE. Gather needed information before you start.

1. Use the employee’s legal name.

2. You may truncate the Social Security number and just use the last four digits (XXX-XX-1234 or ***-**-1234) on the employee’s form. Truncation is not permitted on the form filed with the IRS.

3. Employee’s mailing address (continued on lines 4-6).

7. Use the employer’s legal name. Check with your tax advisor to see what name is normally used for tax purposes.

8. You may not truncate the employer ID number (EIN). For controlled group members, make sure the EIN corresponds to the EIN that employs this particular employee (i.e., the EIN on the employees’ W-2).

9. Employer’s mailing address (continued on lines 11-13).

10. Enter a contact number for an individual (or department) who can answer questions about this form from the employee or IRS.

Part II	Employee Offer of Coverage			Employee's Age on January 1					Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													

Line 14 provides information on the type of coverage offered and to whom.

- **Employee’s Age:** This line is used if the employee was offered an individual coverage HRA (ICHRA), which are not discussed in this guide. Enter the employee’s age on January 1, 2022. For non-calendar year plans or employees who become eligible midyear, discuss the appropriate age to enter with your counsel.
- **Plan Start Month:** Enter a 2-digit number for the first month of the plan year of the health plan offered to the employee (e.g., “01” for January).
- If no health plan was offered to the employee, enter “00.” Do not leave it blank.
- Line 14 must be completed for all employees receiving Form 1095-C; you may not leave it blank.
- Alphanumeric 1-series codes (available in form instructions on pages 11 and 12) are used to tell the IRS whether coverage was minimum essential, minimum value, affordable coverage, and whether it was offered to the employee only or also to spouses and children. See our *2022 Form 1095-C Code Cheat Sheet* available in this guide.
- Use the code corresponding to the best coverage offer made to this employee; it might not be what the employee actually enrolled in. If an employee was offered family coverage but enrolled in employee-only coverage, the family coverage offer would still be reported.
- Use either the *All 12 Months* box or enter a code in the box for every single month. This is true even if an employee wasn’t employed for every single month of the year. On line 16, there will be codes to tell the IRS someone was not employed.
- Using a code indicating an offer of coverage means that the offer applied for every day of the calendar month. If coverage doesn’t reflect every day of the month there is no offer of coverage. There is a corresponding code available for scenarios where coverage wasn’t offered every day of the month because the employee terminated; this code will appear on line 16.

- Self-insured ALEs using the form to report coverage enrollment to non-employees can use Code 1G, but it must apply for all months of the year to be used.

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Line 15 tells the IRS what the employee would pay for the lowest cost, employee-only, minimum essential coverage option providing minimum value (e.g., the required payroll deduction without regard to the plan’s copays or deductibles).

- It may not reflect what the employee actually paid if the employee elected an option other than the lowest cost, employee-only, minimum essential coverage option providing minimum value.
- If you offer different coverage options to different groups of employees make sure what you are entering here is the lowest cost, employee-only, minimum essential coverage option providing minimum value available to this employee.
- The IRS will use this amount to determine whether coverage was affordable.
- Use the *All 12 Months* box or the individual month boxes.
- You should only fill in boxes where the corresponding box on line 14 contains codes 1B, 1C, 1D, 1E, 1J, or 1K. (There is also an obligation to complete it for Series 1 codes 1L through 1U corresponding to ICHRAs but discuss these scenarios with your counsel.)
- If you are not filling in a box, leave it blank.
- If the cost of coverage to the employee is zero, enter \$0.00. Leaving it blank is not the same as entering \$0.00.

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

On Line 16, enter codes if applicable to tell the IRS whether you are using any safe harbors and provide information about whether an employee enrolled in coverage or was even employed for a month.

- Providing information here may help to avoid a penalty; if no code applies, however, line 16 may be left blank.
- Alphanumeric 2-series codes (available in form instructions on pages 12 and 13) are used to tell the IRS various things.
- The instructions indicate that the 2-series codes have a hierarchy (i.e., some codes are “better” than others in certain scenarios). Review pages 12 and 13 of the form instructions to learn more and see our *2022 Form 1095-C Code Cheat Sheet* available in this guide.
- There is no code available which indicates that an employee waived (declined) coverage. Review the list of codes to see if other options fit or leave the line blank in that scenario.

- You will need to know, for each employee for whom you are completing this line, whether the person was employed, whether the person was full time, whether the person was enrolled in coverage, whether coverage was affordable (and if so, under what safe harbor), and whether any limited non-assessment periods apply to this employee for any month of the year.
- The form instructions contain definitions of limited non-assessment periods (page 17).

Line 17 is reserved for ICHRAs; ICHRA reporting is complex and not discussed here. Leave line blank unless ICHRAs were offered.

Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																
	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III should only be completed for ALEs that offered self-insured coverage, including an ICHRA, in which the employee or other individual enrolled in for at least one day during the year.

- If applicable, check the box indicating that you offered self-insured minimum essential coverage. Do not check the box if the only self-insured coverage was a Health Reimbursement Arrangement (HRA) that was integrated with your group medical plan. In that case, the carrier will file a Form 1095-B for the insurance coverage, and you don't need to report the HRA component.
- This section may also be used if you are completing the form for non-employees enrolled in your self-insured coverage (i.e., non-employee directors, a former employee who terminated before 2022 but is still enrolled in COBRA, etc.).
- The covered employee's information should be entered on line 18 and the other lines should contain information about enrolled family members of the employee.
- Check the *Covered All 12 Months* box or check the individual month boxes for each month an individual was enrolled.
- If you have requested dependent Social Security numbers (SSNs) or Taxpayer Identification Numbers (TINs) from the employee and have been unable to obtain them, you may use the date of birth for the dependents. However, the IRS has very specific guidance on how often you must request the SSNs or TINs. See the IRS proposed rule on SSN/TIN solicitation at: <https://www.govinfo.gov/content/pkg/FR-2016-08-02/pdf/2016-18100.pdf>.

Form 1095-C Code Cheat Sheet (2022)

Line 14 Code Series 1

A Series 1 code must be entered in line 14 to indicate the type of coverage offered (or no coverage offered) to the employee and family. Enter a code for each month or enter one code in the “all 12 months” box if the same code applies for the entire calendar year. “Spouse” means the employee’s spouse. “Dependents” means children of the employee.

Note: ICHRAs are not discussed here, including codes 1L – 1U. ICHRA reporting is more complex, and employers should refer to their tax or legal advisors for assistance if needed.

Code	What Does the Code Mean?	Additional Notes
1A	Qualifying Offer: Minimum essential coverage (MEC) providing minimum value (MV) offered to full-time employee with Employee Required Contribution equal to or less than 9.61% (2022 plan year) of mainland single federal poverty line. At least MEC also offered to spouse + dependent(s).	Do not use code 1A if employee required contribution exceeded the allowed percentage of mainland single federal poverty line (e.g., appx. \$103.14/month for self-only coverage for a calendar year plan based on 2022 FPL chart).
1B	Minimum essential coverage providing minimum value offered to employee only.	Examples of using code 1B: <ul style="list-style-type: none"> No coverage offered to spouse or dependents. COBRA offered to employee after losing coverage (e.g., changing from full-time to part-time status); no COBRA offer to dependents because none had been covered.
1C	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).	
1D	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).	If coverage for the spouse was offered conditionally (e.g., offer was conditioned on spouse not being eligible for coverage under another employer’s plan), do not use code 1D. Instead use code 1J.

Code	What Does the Code Mean?	Additional Notes
1E	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.	If coverage for the spouse was offered conditionally (e.g., offer was conditioned on spouse not being eligible for coverage under another employer's plan), do not use code 1E. Instead use code 1K.
1F	Minimum essential coverage NOT providing minimum value offered to employee; employee + spouse or dependent(s); or employee, spouse, and dependents.	
1G	Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year (or to an employee who was not a full-time employee for any month of the calendar year, which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.	Not applicable for an ALE Member that does not self-insure the coverage. Code 1G applies for the entire year or not at all. Therefore, if code 1G applies, the ALE Member must enter code 1G on line 14 in the "All 12 Months" column or in each separate monthly box (for all 12 months).
1H	No offer of coverage (i.e., employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).	Code 1H also applies in following cases: <ul style="list-style-type: none"> • Multiemployer interim rule relief (e.g., union trust). • COBRA offer made to former employee (or spouse or dependents) due to termination of employment.
1I	Reserved.	Do not use.
1J	Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s).	Use only if coverage for the spouse was offered conditionally (e.g., conditioned on spouse not being eligible for other coverage under another employer's plan).
1K	Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse.	Use only if coverage for the spouse was offered conditionally (e.g., conditioned on spouse not being eligible for other coverage under another employer's plan).

Line 16—Code Series 2

Enter a Series 2 code for one or more months in line 16 to indicate a § 4980H safe harbor or other penalty relief (e.g., individual was not employed or was not full-time employee; employee enrolled in minimum essential coverage; employee was in a waiting period or other limited non-assessment period).

A different Series 2 code, or no code, may be entered for each month. If no Series 2 codes apply, leave line 16 blank.

Code	What Does the Code Mean?	Additional Notes
2A	<p><i>Code 2A generally means not employed.</i> Enter code 2A if the individual was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the ALE Member on any day of that calendar month.</p>	<p>Individual was not employed during the month.</p> <p>Do not use code 2A for the month during which an employee terminates employment with the ALE Member.</p>
2B	<p><i>Code 2B generally means not a full-time employee.</i> Enter code 2B if:</p> <ul style="list-style-type: none"> • The employee was not a full-time employee for the month and did not enroll in minimum essential coverage (if offered); OR • The employee was a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month). 	<p>Do not enter code 2B for any month that employee was in an initial measurement period (i.e., did not yet meet definition of full-time employee). In that case, use code 2D.</p>
2C	<p><i>Code 2C generally means enrolled in coverage.</i> Employee enrolled in health coverage offered. Enter code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE Member, regardless of whether any other code in Code Series 2 might also apply (e.g., the code for a section 4980H affordability safe harbor), but see Additional Notes.</p>	<p>Do not enter code 2C in line 16:</p> <ul style="list-style-type: none"> • For any month in which the multiemployer interim rule relief applies (enter code 2E). • If code 1G is entered in line 14. • For any month in which a terminated employee is enrolled in COBRA or other post-employment coverage (enter code 2A). • For any month in which the employee enrolled in

Code	What Does the Code Mean?	Additional Notes
		coverage that was not minimum essential coverage.
2D	<p><i>Code 2D generally means a Limited Non-Assessment Period.</i></p> <p>Enter code 2D for any month during which an employee is in a section 4980H(b) Limited Non-Assessment Period. If an employee is in an initial measurement period, enter code 2D for the month, and not code 2B.</p>	If the employee is in a Limited Non-Assessment Period but the ALE is also eligible for the multiemployer interim relief for the month, use code 2E (see below) and not code 2D.
2E	<p><i>Code 2E generally means multiemployer interim rule relief (e.g., union trust).</i></p> <p>Enter code 2E for any month for which the multiemployer arrangement interim guidance applies for that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply.</p>	An ALE Member eligible to use code 2E and also eligible to use codes 2F, 2G, or 2H (affordability safe harbor codes) should use code 2E instead of codes 2F, 2G, or 2H.
2F	Enter code 2F if the ALE Member used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. See Important Note below.	<p>See our guide Understanding Affordability and Safe Harbors on the platform.</p> <p>If an ALE Member uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.</p> <p>If code 2E also applies, use code 2E instead.</p>
2G	Enter code 2G if the ALE Member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s). See Important Note below.	<p>See our guide Understanding Affordability and Safe Harbors on the platform.</p> <p>If code 2E also applies, use code 2E instead.</p>
2H	Enter code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s). See Important Note below.	<p>See our guide Understanding Affordability and Safe Harbors on the platform.</p> <p>If code 2E also applies, use code 2E instead.</p>
2I	Reserved.	Do not use.

Important Note: Code 2F, 2G or 2H cannot be entered on line 16 for any month that the ALE Member did not offer minimum essential coverage to at least 95% of its full-time employees and their dependents (i.e., any month for which the ALE Member checked the “No” box on Form 1094-C, Part III, column (a)). For more information, see the instructions for Form 1094-C, Part III, column (a).

Form 1094-C: At-a-Glance (2022)

This is not intended as tax or legal advice or to replace form instructions. Employers should review the form instructions available here: <https://www.irs.gov/pub/irs-pdf/i109495c.pdf> and speak with tax or legal advisors as appropriate.

General Form Information:


- The form must be completed by all applicable large employers (ALEs). There is no transition relief to avoid form completion.
- The IRS uses form information to consolidate data about the employer and its employee populations and coverage offer(s).
- This data is used to help determine whether employer penalties will be assessed and whether individual premium tax credits are valid.
- Known as the “transmittal form.” ALEs will submit it along with the associated 1095-Cs to the IRS.
- Submit the form to the IRS by February 28, 2023, if filing on paper, or by March 31, 2023, if filing electronically. If the due date falls on a weekend or holiday, forms may be filed on next following business day. Electronic filing is required for ALEs filing at least 250 1095-C forms in their submission.

Form 1094-C Department of the Treasury Internal Revenue Service	Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns Go to www.irs.gov/Form1094C for instructions and the latest information.	<input type="checkbox"/> CORRECTED	OMB No. 1545-2251 2022
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- Forms change from year to year; make sure you are using the 2022 form.
- The “Corrected” box should only be used when correcting forms that were already sent to the IRS.

Part I Applicable Large Employer Member (ALE Member)			
1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
3 Street address (including room or suite no.)			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	
17 Reserved			<input type="checkbox"/>
18 Total number of Forms 1095-C submitted with this transmittal			<input type="text"/>
19 Is this the authoritative transmittal for this ALE Member? If “Yes,” check the box and continue. If “No,” see instructions			<input type="checkbox"/>

For Official Use Only



Part I provides identifying information about the employer. Gather needed information before you start.

1. Use the employer’s legal name. Check with your tax advisor to see what name is normally used for tax purposes.
2. You may not truncate the employer ID number (EIN). For controlled group members, make sure the EIN corresponds to the EIN for the particular ALE Member company.
3. Employer’s mailing address (continued on lines 4-6).
7. Enter a contact name for an individual (or department) who can answer questions about this form from the employee/ IRS. Enter a contact telephone number on line 8.
9. Lines 9 through 16 are only used if the employer is a governmental unit and has designated some of its reporting responsibilities for some employees to another governmental unit. See page 15 of the form instructions for more information.
17. For IRS use. Skip this line.
18. Enter the total number of 1095 -C forms submitted with this 1094-C form. Unless you are submitting 1095-C forms in batches and using multiple forms 1094-C, this number will generally correspond to the total number of 1095-Cs you are submitting overall. If you are submitting in batches then enter only the number of forms being submitted with this particular 1094-C.
19. The authoritative transmittal is the version of the 1094 -C form which reports aggregate data for all full-time employees and all employees, as applicable, for the ALE Member. Unless you are submitting 1095-C forms in batches, this will be the authoritative transmittal and you can check Yes. If you check no, skip **down to the signature section in part II and leave the rest of the form blank**. See page 2 of the form instructions for more information on authoritative transmittals.

Part II ALE Member Information		
20	Total number of Forms 1095-C filed by and/or on behalf of ALE Member	<input style="width: 100%;" type="text"/>
21	Is ALE Member a member of an Aggregated ALE Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," do not complete Part IV.		
22 Certifications of Eligibility (select all that apply):		
<input type="checkbox"/>	A. Qualifying Offer Method	<input type="checkbox"/>
<input type="checkbox"/>	B. Reserved	<input type="checkbox"/>
<input type="checkbox"/>	C. Reserved	<input type="checkbox"/>
<input type="checkbox"/>	D. 98% Offer Method	
<small>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.</small>		
_____ <small>Signature</small>	_____ <small>Title</small>	_____ <small>Date</small>

Complete lines 20-22 only if this 1094-C is the Authoritative Transmittal.

20. This number should match line 18 if this is the only 1094-C form being submitted for the employer. If you are filing multiple 1094-Cs then this line should reflect the sum of all 1095-Cs being filed with all 1094-Cs for this ALE Member.

21. If during any month of the calendar year, you are a member of a controlled group that met the ALE threshold when counted together you are an ‘Aggregated ALE’ and should check yes. Check with your tax/legal advisors if you are unsure whether you are part of a controlled group.

22. Line 22 indicates to the IRS whether an ALE is eligible for an Offer Method. This line is optional, and you should only check the box if you are actually using an Offer Method. **Please review the details explained on pages 7-8 of the form instructions.**

- A. Qualifying Offer Method – To be eligible the employer must have made a qualifying offer (an offer of coverage that is minimum essential, minimum value coverage, and affordable based on the federal poverty line safe harbor) to one or more employees for every single month where a Play or Pay penalty could have applied. The form instructions include more details about relief under this option and how to complete Part II of Form 1095-C if you select this option.
- B. Reserved for the IRS. Do not use.
- C. Reserved for the IRS. Do not use.
- D. 98% Offer Method – To be eligible the employer must have offered affordable health coverage providing minimum value to at least 98% of the employees for whom it is filing a 1095-C, AND offered minimum essential coverage to the children of those employees. To determine the 98%, it must take into account all months where the 1095-C recipients were employees and were not in a limited non-assessment period. Affordability in this context refers to any of the safe harbor options provided by the IRS (W-2, rate of pay, or federal poverty line). An employer who checks this option can skip column (b) in Part III of Form 1094-C. The instructions contain definitions of limited non-assessment periods (page 17).

The last part of this section includes the signature and title of the responsible individual signing this form, along with the date.

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"/>	

For this section, if the information is exactly the same for every month of the year, only complete line 23 for the All 12 Months option. Otherwise, complete every month of the year (lines 24 through 35).

- **Column (a)** – Check yes for each month (or All 12 Months) if you offered minimum essential coverage to at least 95% of your full-time employees (not counting those in a limited non-assessment period) and their children for those months. Otherwise, check No.

- **Column (b)** – Skip this column if you checked option D on Line 22 of this form. Otherwise, enter the total number of full-time employees (not counting those in a limited non-assessment period) you had for each month of the calendar year.
- **Column (c)** – Enter the total number of employees you had each month of the calendar year. This total includes all full-time and non-full-time employees. However, you must obtain the count on the same date of each month and you must use one of the following five date options: First day of each month, last day of each month, twelfth day of each month, first day of the first payroll period that starts during each month, or the last day of the first payroll period that starts during each month (provided that the last day falls in the same month the payroll period started).
- **Column (d)** - Only applies to ALE Members of Aggregated ALEs/controlled groups. If you were an ALE Member of an aggregated group, check the box for each month of the year in which you were a member. You will also have to complete Part IV of this form.

Part IV Other ALE Members of Aggregated ALE Group			
Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).			
Name	EIN	Name	EIN
36		51	
37		52	
38		53	

Only complete this section if you are part of an aggregated ALE.

- Enter the name and EIN for each of the other members of the aggregated ALE.