



ACA Reporting Requirements

Employer's Guide to Completing the Forms
January 2016



Overview of Forms

	<u>Self-Insured Plan (ALE)</u>		<u>Fully Insured Plan (ALE)</u>	
	<u>Enrolled</u>	<u>Not Enrolled</u>	<u>Enrolled</u>	<u>Not Enrolled</u>
Employer Reporting:				
Full Time Employees	1095-C Part I - Employee/Company Info Part II - Offer & Safe Harbor Codes, Cost ¹ Part III - Employee & Dependent Data	1095-C Part I - Employee/Company Info Part II - Offer & Safe Harbor Codes, Cost ¹	1095-C Part I - Employee/Company Info Part II - Offer & Safe Harbor Codes, Cost ¹	1095-C Part I - Employee/Company Info Part II - Offer & Safe Harbor Codes, Cost ¹
Part Time Employees, COBRA, Retirees, Owners/Partners/ 2% Shareholders	1095-B Part I - Employee Info (enter B on Line 8) Part III - Company Info (skip Part II) Part IV - Employee & Dependent Data OR 1095-C Part I - Employee/Company Info Part II - Offer & Safe Harbor Codes, Cost ¹ Part III - Employee & Dependent Data	No reporting required.	No reporting required.	No reporting required.
Insurer / TPA Reporting:	No reporting required.	N/A	1095-B , including dependent data	N/A
<i>Enrolled Participants only</i>				
What Employees Receive:				
Full Time Employees	Enrolled 1095-C from employer	Not Enrolled 1095-C from employer	Enrolled 1095-C from employer, 1095-B from insurer	Not Enrolled 1095-C from employer
Part Time Employees, COBRA, Retirees, Owners/Partners/ 2% Shareholders	1095-B OR 1095-C from employer	Nothing	1095-B from insurer	Nothing

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Definitions

Definitions of terms and acronyms in this document:

Full time	Full time = working 30+ hours per week or 130+ hours per month.
Cost	Cost = monthly employee contribution for single coverage in the lowest cost plan offered , regardless of employee's actual plan or tier election.
COBRA Cost	COBRA Cost = monthly employee contribution for single coverage in the lowest cost COBRA option offered , regardless of employee's actual plan or tier election.
MEC	MEC = Minimum Essential Coverage
MV	MV = Minimum Value (actuarial value = 60% or greater)
Qualifying Offer	Qualifying Offer = MEC providing minimum value offered to employee, at least MEC to spouse and dependents; coverage meets Federal Poverty Level (FPL) safe harbor (i.e., employee contribution for single coverage in lowest cost plan is less than \$93.18 in 2015).
Safe Harbor	Coverage that does not meet the FPL safe harbor may meet either W-2 or Rate of Pay safe harbor, i.e., employee contribution for single coverage in lowest cost plan does not exceed 9.5% of Box 1 wages on Form W-2 (W-2 safe harbor) or 9.5% of employee's wages based on hourly rate of pay x 130 hours per month (Rate of Pay safe harbor).

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Codes: 1095-C, Part II Line 14

Line 14: Offer of Coverage Codes (Code Series 1)

Most commonly used codes are highlighted in **blue**:

- 1A** **Qualifying Offer - MEC, MV offered to employee, spouse and dependents; FPL safe harbor**
- 1B** MEC, MV - offered to employee only
- 1C** MEC, MV - offered to employee and dependents, not spouse
- 1D** MEC, MV - offered to employee and spouse, not dependents
- 1E** **MEC, MV - offered to employee, spouse, and dependents**
- 1F** MEC, but not MV - offered to employee with or without spouse and dependents
- 1G** Offer of coverage to individual who was **not a FT employee** during the year, **and** who **enrolled in self-insured coverage**
(i.e., can be used for **PT, COBRA, Retiree, owners/ partners/ 2% shareholders** in a self-funded plan - but only if they were **NOT FT at any point in the year**)
NOTE: This code is **OPTIONAL**, as Form **1095-C is not required** for these individuals; a 1095-B (with no codes) may be issued instead.
- 1H** **No offer of coverage - use this code for new hires prior to coverage date (including during waiting period) AND for terminated employees for months following termination, including COBRA participants.**
- 1I** Qualifying Offer Transition Relief - employee (and spouse or dependents) received no offer, an offer that is not a qualifying offer, or a qualifying offer for less than 12 months.

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Codes: 1095-C, Part II Line 16

Line 16: Safe Harbor Codes (Code Series 2)

Most commonly used codes are highlighted in **blue**:

- 2A** Individual not employed on any day of the month. Use this code for any month in which a terminated employee is enrolled in COBRA.
- 2B** Employee not a FT employee and did not enroll in MEC. Also use for FT employee in month of termination if coverage ended before end of month.
- 2C** Employee enrolled in coverage for each day of the month. If applicable, use this code instead of 2F, 2G, 2H, or 2I. Do not use this for COBRA.
- 2D** Employee in waiting period prior to coverage start date.
- 2E** **Multiemployer** interim rule relief.
- 2F** Form **W-2 affordability** safe harbor.
- 2G** **Federal poverty line affordability** safe harbor.
- 2H** **Rate of pay affordability** safe harbor.
- 2I** **Non-calendar year** transition relief.

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Scenarios

1. Qualifying Offer to Full-Time Employees (FPL Safe Harbor)

-Qualifying Offer: MEC providing minimum value offered to employee, at least MEC to spouse and dependents;
 Federal Poverty Line safe harbor (cost of single coverage in lowest cost MV plan < \$93.18 per month in 2015).

1095-C PART II	Each Full Month		In Waiting Period	Newly Enrolled,	Enrolled	Term Mid-Month,	Each Full Month	Enrolled in COBRA
	Prior to <u>Date of Hire</u>	Waived <u>Coverage</u>	Prior to Benefit <u>Start Date</u>	but NOT Every <u>Day of Month</u>	Every Day <u>of Month</u>	Enrolled Up to <u>Termination Date</u>	Following <u>Termination Date</u>	(if EE was FT <u>for any month</u>)
Line 14	1H	1A	1H	1H	1A	1A	1H	1H
Line 15	blank	blank	blank	blank	blank	blank	blank	blank
Line 16	2A	2G or blank	2D	2D or blank	2C or blank	2B or blank	2A	2A

1095-C
PART III -Complete **only** if plan is **self-insured AND employee is enrolled** for one or more days in at least one month of the year; otherwise leave blank.

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Scenarios

2. Safe Harbor Offer of Coverage to Full-Time Employees

- Assumes MEC providing minimum value offered to employee, at least MEC to spouse and dependents¹;
- Cost of single coverage in lowest cost MV plan meets either W-2 safe harbor (2F) or Rate of Pay safe harbor (2H).

1095-C PART II	Each Full Month		In Waiting Period	Newly Enrolled,	Enrolled	Term Mid-Month,	Each Full Month	Enrolled in COBRA
	Prior to	Waived	Prior to Benefit	but NOT Every	Every Day	Enrolled Up to	Following	(if EE was FT
	<u>Date of Hire</u>	<u>Coverage</u>	<u>Start Date</u>	<u>Day of Month</u>	<u>of Month</u>	<u>Termination Date</u>	<u>Termination Date</u>	<u>for any month)</u>
Line 14	1H	1E	1H	1H	1E	1E	1H	1H
Line 15	blank	Cost	blank	blank	Cost	Cost	blank	blank
Line 16	2A	2F or 2H	2D	2D or blank	2C	2B	2A	2A

1095-C
PART III -Complete **only** if plan is **self-insured AND employee is enrolled** for one or more days in at least one month of the year; otherwise leave blank.

¹Alternate codes may apply in Line 14 if MV coverage offered to employee only (1B), employee + depts. only (1C), or employee + spouse only (1D); if MEC is offered, but does not meet MV, use 1F; for no offer of coverage but Qualifying Offer Transition Relief applies, use 1I.

Scenarios

3. Offer of Coverage to Full-Time Employees does NOT Meet Safe Harbor (Potentially Not Affordable)

- Assumes MEC providing minimum value offered to employee, at least MEC to spouse and dependents¹;
- Cost of single coverage in lowest cost MV plan does not meet any safe harbor.

1095-C PART II	Each Full Month		In Waiting Period	Newly Enrolled,	Enrolled	Term Mid-Month,	Each Full Month	Enrolled in COBRA
	Prior to	Waived	Prior to Benefit	but NOT Every	Every Day	Enrolled Up to	Following	(if EE was FT
	<u>Date of Hire</u>	<u>Coverage</u>	<u>Start Date</u>	<u>Day of Month</u>	<u>of Month</u>	<u>Termination Date</u>	<u>Termination Date</u>	<u>for any month)</u>
Line 14	1H	1E	1H	1H	1E	1E	1H	1H
Line 15	blank	Cost	blank	blank	Cost	Cost	blank	blank
Line 16	2A	blank	2D	2D or blank	2C	2B	2A	2A

1095-C
PART III -Complete **only** if plan is **self-insured AND employee is enrolled** for one or more days in at least one month of the year; otherwise leave blank.

¹Alternate codes may apply in Line 14 if MV coverage offered to employee only (1B), employee + deps. only (1C), or employee + spouse only (1D); if MEC is offered, but does not meet MV, use 1F; for no offer of coverage but Qualifying Offer Transition Relief applies, use 1I.

Scenarios

4. Offer of Coverage to Part-Time Employees, Retirees, COBRA, Non-Employees (including directors, partners, owners, 2% shareholders)

- Use **Form 1095-B** if member was NOT a full-time employee for any month of the year; no codes or cost required on 1095-B
- Coding below applies if employer **chooses** to use Form 1095-C instead of Form 1095-B, and member was **NOT a full-time employee for any month** of the year.

1095-C PART II	Waived Coverage	Newly Enrolled, but NOT Every Day of Month	Enrolled Every Day of Month	Enrolled in COBRA (if EE was NOT FT for any month)
Line 14	1G	1G	1G	1G
Line 15	<i>blank</i>	<i>blank</i>	<i>blank</i>	<i>blank</i>
Line 16	<i>blank</i>	<i>blank</i>	<i>blank</i>	<i>blank</i>

**1095-C
PART III** - Complete **only** if plan is **self-insured AND employee is enrolled** for one or more days in at least one month of the year; otherwise leave blank.

SPECIAL NOTE FOR MEMBERS WHO WERE FULL-TIME EMPLOYEES FOR ANY MONTH OF THE YEAR:

Coding above applies only to members who were not full-time for any month of the year (i.e., full year of COBRA coverage, retiree coverage, etc.). Different coding applies during the year in which a member was full-time for part of the year and then converted to COBRA coverage, retiree coverage, etc:

- If member **was a full-time employee for any month** of the year, **use 1H in line 14 and 2A in line 16** for each month the member was offered coverage (regardless of whether or not the member enrolled).

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Scenarios

5. Change in Hours: Full Time to Part Time, Part Time to Full Time Transitions

-Employee is still an active employee - reported in the same manner and using the same codes as an offer of coverage to any other active employee.

1095-C PART II	Reduced Hours (FT to PT), Loss of Coverage, COBRA Offer to Active EE		Increased Hours (PT to FT), Offer of Active Coverage					
			Qualifying Offer			Not Qualifying Offer		
	Enrolls in COBRA	Not in COBRA	While PT	In Waiting Period	FT - Enrolled	FT - Waived	FT - Enrolled	FT - Waived
Line 14	1E	1E	1H	1H	1A	1A	1E	1E
Line 15	COBRA Cost	COBRA Cost	<i>blank</i>	<i>blank</i>	<i>blank</i>	<i>blank</i>	Cost	Cost
Line 16	2C	<i>blank</i> or 2B	2B	2D	2C or <i>blank</i>	2G or <i>blank</i>	2C	2F, 2H, or <i>blank</i>

1095-C
PART III -Complete **only** if plan is **self-insured AND employee is enrolled** for one or more days in at least one month of the year; otherwise leave blank.

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Examples



Examples – Qualifying Offer

1. Qualifying Offer to Full-Time Employees

Example 1A: Full-time employee enrolled in coverage (Qualifying Offer) for all 12 months of the year.

1095-C Part II	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14	1A												
Line 15	blank												
Line 16	2C or blank												

Example 1B: Full-time employee waives coverage (Qualifying Offer) for all 12 months of the year.

1095-C Part II	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14	1A												
Line 15	blank												
Line 16	2G or blank												

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Examples – Qualifying Offer: New Hire

Example 1C: *New Hire: Hired March 15, enrolls in coverage (Qualifying Offer), effective date of hire.*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2A	2A	2D	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank

Example 1D: *New Hire: Hired March 15, enrolls in coverage, effective first of the month following 30 days of employment (effective date = May 1).*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2A	2A	2D	2D	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank

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Examples – Qualifying Offer: Termination

Example 1E: Termination: Employee enrolled in coverage (Qualifying Offer) terminates August 15; coverage ends on date of termination.

1095-C Part II		NOTE: Same coding applies if employee enrolls in COBRA.											
	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1A	1A	1A	1A	1A	1A	1A	1H	1H	1H	1H	1H
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2B	2A	2A	2A	2A

Example 1F: Termination: Employee enrolled in coverage (Qualifying Offer) terminates August 15; coverage continues to end of the month.

1095-C Part II		NOTE: Same coding applies if employee enrolls in COBRA.											
	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1A	1A	1A	1A	1A	1A	1A	1A	1H	1H	1H	1H
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2A	2A	2A	2A

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Examples – Safe Harbor

2. No Qualifying Offer, but Safe Harbor (2F - W2 or 2H - Rate of Pay)

Example 2A: Full-time employee enrolled in coverage for all 12 months of the year.

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14	1E												
Line 15	Cost												
Line 16	2C												

Example 2B: Full-time employee waives coverage for all 12 months of the year.

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14	1E												
Line 15	Cost												
Line 16	2F or 2H												

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Examples – Safe Harbor: New Hire

Example 2C: *New Hire: Hired March 15, enrolls in coverage, effective date of hire.*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	blank	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Line 16		2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C

Example 2D: *New Hire: Hired March 15, enrolls in coverage, effective first of the month following 30 days of employment (effective date = May 1).*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	blank	blank	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Line 16		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

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Examples – Safe Harbor: Termination

Example 2E: Termination: Employee enrolled in coverage terminates August 15; coverage ends on date of termination.

1095-C Part II		NOTE: Same coding applies if employee enrolls in COBRA.											
	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H
Line 15		Cost	Cost	Cost	Cost	Cost	Cost	Cost	blank	blank	blank	blank	blank
Line 16		2C	2C	2C	2C	2C	2C	2C	2B	2A	2A	2A	2A

Example 2F: Termination: Employee enrolled in coverage terminates August 15; coverage continues to end of the month.

1095-C Part II		NOTE: Same coding applies if employee enrolls in COBRA.											
	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H
Line 15		Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	blank	blank	blank	blank
Line 16		2C	2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A

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Examples – Not Safe Harbor

3. No Qualifying Offer, No Safe Harbor (Potentially Unaffordable)

Example 3A: Full-time employee enrolled in coverage for all 12 months of the year.

1095-C Part II		All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E												
Line 15		Cost												
Line 16		2C												

Example 3B: Full-time employee waives coverage for all 12 months of the year.

1095-C Part II		All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E												
Line 15		Cost												
Line 16		blank												

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Examples – Not Safe Harbor: New Hire

Example 3C: New Hire: Hired March 15, enrolls in coverage, effective date of hire.

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	blank	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Line 16		2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C

Example 3D: New Hire: Hired March 15, enrolls in coverage, effective first of the month following 30 days of employment (effective date = May 1).

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	blank	blank	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Line 16		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

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Examples – Not Safe Harbor: Termination

Example 3E: Termination: Employee enrolled in coverage terminates August 15; coverage ends on date of termination.

1095-C Part II		NOTE: Same coding applies if employee enrolls in COBRA.											
	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H
Line 15		Cost	Cost	Cost	Cost	Cost	Cost	Cost	blank	blank	blank	blank	blank
Line 16		2C	2C	2C	2C	2C	2C	2C	2B	2A	2A	2A	2A

Example 3F: Termination: Employee enrolled in coverage terminates August 15; coverage continues to end of the month.

1095-C Part II		NOTE: Same coding applies if employee enrolls in COBRA.											
	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H
Line 15		Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	blank	blank	blank	blank
Line 16		2C	2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A

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Examples – Part-Time / Non-Employee

4. Part-time Employees, Retirees, COBRA, Non-Employees

Example 4A: *Part-time, Retiree, or Non-Employee enrolled in coverage for all 12 months of the year.*

1095-C Part II

All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
---------------	---------	----------	-------	-------	-----	------	------	--------	-----------	---------	----------	----------

Line 14 1G
Line 15 blank
Line 16 blank

OR USE FORM 1095-B - NO CODES REQUIRED

Example 4B: *Part-time, Retiree, or Non-Employee waives coverage for all 12 months of the year.*

DO NOT SUBMIT A FORM - NO REPORTING REQUIRED

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Examples – Part-time New Hire

Example 4C: *Part-time New Hire: Hired March 15, enrolls in coverage, effective date of hire.*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1G	1G	1G	1G	1G	1G	1G	1G	1G
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2A	2A	2B or 2D	blank	blank	blank	blank	blank	blank	blank	blank	blank

OR USE FORM 1095-B - NO CODES REQUIRED

Example 4D: *Part-time New Hire: Hired March 15, enrolls in coverage, effective first of the month following 30 days of employment (effective date = May 1).*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1H	1G	1G	1G	1G	1G	1G	1G	1G
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2A	2A	2B or 2D	2B or 2D	blank	blank	blank	blank	blank	blank	blank	blank

OR USE FORM 1095-B - NO CODES REQUIRED

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Examples – Part-time Termination

Example 4E: Termination: Part-time employee enrolled in coverage terminates August 15; coverage ends on date of termination.

1095-C Part II NOTE: Same coding applies if employee enrolls in COBRA.

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1G	1G	1G	1G	1G	1G	1G	1H	1H	1H	1H	1H
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		blank	blank	blank	blank	blank	blank	blank	2B	2A	2A	2A	2A

OR USE FORM 1095-B - NO CODES REQUIRED

Example 4F: Termination: Part-time employee enrolled in coverage terminates August 15; coverage continues to end of the month.

1095-C Part II NOTE: Same coding applies if employee enrolls in COBRA.

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1G	1G	1G	1G	1G	1G	1G	1G	1H	1H	1H	1H
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		blank	blank	blank	blank	blank	blank	blank	blank	2A	2A	2A	2A

OR USE FORM 1095-B - NO CODES REQUIRED

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Examples – Full Time / Part Time Transitions

5. Change in Hours: Full Time to Part Time, Part Time to Full Time Transitions

Example 5A: *Full-time employee (Qualifying Offer) converts to part time March 1; reduction in hours results in loss of coverage, employee enrolls in COBRA.*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1A	1A	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost
Line 16		2C or blank	2C or blank	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

Example 5B: *Full-time employee (Qualifying Offer) converts to part time March 1; reduction in hours results in loss of coverage, employee declines COBRA.*

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1A	1A	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost
Line 16		2C or blank	2C or blank	2B	2B	2B	2B	2B	2B	2B	2B	2B	2B

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Examples – Full Time / Part Time Transitions

Example 5C: Full-time employee (not Qualifying Offer) converts to part time March 1; reduction in hours results in loss of coverage, employee enrolls in COBRA.

1095-C Part II		All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		Cost	Cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost
Line 16		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

Example 5D: Full-time employee (not Qualifying Offer) converts to part time March 1; reduction in hours results in loss of coverage, employee declines COBRA.

1095-C Part II		All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		Cost	Cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost	COBRA cost
Line 16		2C	2C	2B	2B	2B	2B	2B	2B	2B	2B	2B	2B	2B

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Examples – Part Time / Full Time Transitions

Example 5E: Part time employee converts to full time March 1; enrolls in active plan (Qualifying Offer), coverage effective April 1.

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2B	2B	2D	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank	2C or blank

Example 5F: Part time employee converts to full time March 1; 1 month waiting period, then declines coverage in active plan (Qualifying Offer).

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A
Line 15		blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank	blank
Line 16		2B	2B	2D	blank	blank	blank	blank	blank	blank	blank	blank	blank

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Examples – Part Time / Full Time Transitions

Example 5G: Part time employee converts to full time March 1; enrolls in active plan (not Qualifying Offer), coverage effective April 1.

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	blank	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Line 16		2B	2B	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C

Example 5H: Part time employee converts to full time March 1; 1 month waiting period, then declines coverage in active plan (Qualifying Offer).

1095-C Part II

	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
Line 14		1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		blank	blank	blank	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Line 16		2B	2B	2D	2F, 2H or blank	2F, 2H or blank	2F, 2H or blank	2F, 2H or blank	2F, 2H or blank	2F, 2H or blank	2F, 2H or blank	2F, 2H or blank	2F, 2H or blank

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