

Section 6056 Reporting Workbook Instructional Guide

Step-by-step Instructions for the Section 6056 Reporting Workbook

The Section 6056 Reporting Workbook can be used to help employers record the information needed to satisfy reporting requirements added by the Affordable Care Act (ACA), under Internal Revenue Code Section 6056. This reporting provision requires applicable large employers (ALEs) subject to the ACA's employer shared responsibility rules to report information to the IRS and to full-time employees about offers of health coverage to their full-time employees. Reporting under Section 6056 was first due in early 2016 for coverage offered (or not offered) in 2015. For coverage in 2022, reporting is due in early 2023.

Section 6056 Reporting Workbook
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This tool is used to record the information that is needed to satisfy the reporting requirements added by the Affordable Care Act (ACA), under Internal Revenue Code Section 6056. Reporting under Section 6056 is required in early 2022 for coverage offered (or not offered) in 2021.

Under Section 6056, applicable large employers (ALEs) use Form 1094-C and Form 1095-C to report information to the IRS about offers of health coverage and enrollment in health coverage for their full-time employees. ALEs that offer self-insured coverage also use Form 1095-C to report information about individuals who are covered under the self-insured plan. Related statements must also be provided to all full-time employees.

- Form 1094-C is a transmittal that reports summary information for each employer and transmits Forms 1095-C to the IRS.
- Form 1095-C is an employee statement that reports information about each full-time employee.

The IRS will use these forms when determining whether an employer owes penalties under the ACA's employer shared responsibility rules, as well as in determining employee eligibility for premium tax credits.

If you have any questions, feel free to click on the links to the left for more information, including access to forms and instructions released by the IRS. To record your information in this tool, click **START** at the top left side of this page.

The Section 6056 reporting rules and requirements are complex. As a result, it is very important that you familiarize yourself with these rules before filing information with the IRS. Please review the IRS' instructions for Forms 1094-C and 1095-C carefully, as they contain key information that is necessary to properly complete and file these forms. Click here to access the IRS' instructions.

Please note that the information contained in this workbook is based on 2021 versions of Forms 1094-C and 1095-C and related instructions provided by the Internal Revenue Service. The information contained in this workbook is for informational purposes only. This workbook should not be filed with the Internal Revenue Service or relied upon for filing.

This workbook is solely intended to assist employers in recording the information required to be reported under Internal Revenue Code Section 6056. The information contained herein is provided for informational purposes only, and does not necessarily address all of the information that must be filed with the Internal Revenue Service under Internal Revenue Code Section 6056. Results are dependent on entry of complete and accurate data, and may be affected by guidance issued by various regulatory agencies and actual implementation of the Affordable Care Act and Internal Revenue Code. This workbook and the information contained herein should not be construed as legal advice. Users should contact legal counsel for legal advice on specific situations and applications of the Internal Revenue Code Section 6056 rules to the user's plan. Users are responsible for ensuring that all information entered in this workbook and/or filed with the Internal Revenue Service complies with all applicable requirements. © 2015-2022 Zywave, Inc. All rights reserved.

The Section 6056 Reporting Workbook does not generate any IRS forms or complete any sections of IRS forms for ALEs. Instead, the Reporting Workbook is intended to help ALEs record and keep track of the information needed in order to do this reporting. The Section 6056 Reporting Workbook should not be filed with the IRS or relied upon for filing. However, please contact HANYS Benefit Services for information about options for completing the paper forms.

Also, please note that the information contained in the Section 6056 Reporting Workbook and this Instructional Guide is based on final versions of forms and instructions provided by the IRS. More information is available in the [Section 6056 final regulations](#), [IRS Q&As on Section 6056](#), [IRS Q&As on Form 1094-C and Form 1095-C](#) and the [final forms and instructions](#). An [Overview of Information Reporting by Applicable Large Employers](#) is also available on the IRS website.

OVERVIEW OF THE SECTION 6056 REPORTING WORKBOOK

The Section 6056 Reporting Workbook is intended to be used by ALEs subject to the ACA's employer shared responsibility rules. An ALE is an employer that employed, on average, at least 50 full-time employees (including full-time equivalent employees, or FTEs) on business days during the prior calendar year. All employers that employ at least 50 full-time (and FTE) employees are considered ALEs and are subject to the ACA's employer shared responsibility rules, including for-profit, nonprofit and government employers.

Each page of the Section 6056 Reporting Workbook where information must be entered corresponds to a specific form that must be filed with the IRS under Section 6056. Each page indicates the IRS form number, as well as the part and line

of the form, to which the specific information on that page relates. The forms that must be filed with the IRS under Section 6056 include:

- [Form 1094-C](#), which is a transmittal that reports summary information for each ALE and transmits Forms 1095-C to the IRS; and
- [Form 1095-C](#), which is an employee statement that must be filed for each full-time employee to report information about the health coverage offered (or not offered) to each full-time employee.

This Instructional Guide is divided into sections based on each page of the Section 6056 Reporting Workbook. It provides step-by-step instructions for using the Section 6056 Reporting Workbook, as well as helpful hints and tips. It also provides some limited background information when necessary.

PAGE 1—WELCOME

The *Welcome* page provides a basic overview of the Section 6056 reporting requirements, and allows users to easily navigate to various pages of the Reporting Workbook for more information or to begin recording data.



TIP: Helpful hints and useful information are provided throughout the Section 6056 Reporting Workbook. Use your cursor to hover over the red question marks in the Workbook (like the one shown on the left here) to view the information.

HOME

Each page of the Reporting Workbook has a “HOME” button in the upper left corner (indicated either as “HOME” or using this symbol: ). By clicking the “HOME” button, the Reporting Workbook will navigate the user to the *Welcome* page.

START

Use the “START” button to begin recording the information needed to satisfy the Section 6056 reporting requirements. Clicking the “START” button will navigate the user to the first page where information must be recorded—the *Form 1094-C Basic Employer Information* page.

Background

Use the “Background” button to read background information on the Section 6056 reporting requirements. Clicking the “Background” button will navigate the user to the *Background* page, which provides a basic overview of the Section 6056 reporting requirements.

IRS Guidance

Use the “IRS Guidance” button to access official IRS guidance on the Section 6056 reporting requirements. Clicking the “IRS Guidance” button will navigate the user to the *IRS Guidance* page, which contains links to final regulations, Q&As, and final forms and instructions.

More Info

Use the “More Info” button to explore more detailed information on the Section 6056 reporting requirements. Clicking the “More Info” button will navigate the user to the *More Information* page, which provides access to specific information related to Section 6056 reporting.

PAGE 2—FORM 1094-C: BASIC EMPLOYER INFORMATION

The *Form 1094-C: Basic Employer Information* page is used to record basic identifying and contact information for the ALE that is needed to complete Form 1094-C, *Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns*. The information recorded on this page is also reported in Part I of Form 1095-C, *Employer-Provided Health Insurance Offer and Coverage*.

The light green box at the top of the *Form 1094-C: Basic Employer Information* page contains instructions for completing this page. This box also contains a note on the **Authoritative Transmittal**. In general, a single Form 1094-C (called the Authoritative Transmittal) must be filed for each ALE to report aggregate employer-level data for all full-time employees, even in cases in which multiple non-Authoritative Transmittal Forms 1094-C are filed by (or on behalf of) the ALE. This Form 1094-C must be identified as the Authoritative Transmittal on Line 19 of Part I. For example, if an ALE has prepared a separate Form 1094-C for each of its two divisions to transmit Forms 1095-C for each division's full-time employees, one (and only one) of the Forms 1094-C filed must be designated as the Authoritative Transmittal, and must report aggregate employer-level data for all full-time employees of the ALE (the employees of both divisions).

Note: The Section 6056 Reporting Workbook does not distinguish between the Authoritative Transmittal and any other Forms 1094-C that may be filed by (or on behalf of) the ALE. Users are responsible for identifying an Authoritative Transmittal when filing with the IRS, and for ensuring that all information entered and/or filed with the IRS complies with all applicable requirements.

General Information

In the dark green "General Information" box:

- **Enter the total number of Forms 1095-C that will be filed by or on behalf of the ALE.** In general, one Form 1095-C must be filed for each of the ALE's full-time employees, regardless of whether coverage was offered to each full-time employee. There must be **only one** Form 1095-C for each full-time employee of the ALE. For example, if an ALE separately reports for the full-time employees of its two divisions, the ALE must combine the information for any employee who worked at both divisions during the calendar year, so that there is only a single Form 1095-C for that employee, which reports information for all 12 months of the calendar year.
- **Certify using the drop-down menu whether a designated government entity (DGE) is filing on behalf of the ALE.** In general, an ALE that is a governmental unit may report under Section 6056 on its own behalf or may appropriately designate another person (or persons) that is part of (or related to) the same governmental unit to report on its behalf. If "Yes" is selected in the drop-down menu, an additional section will appear on the page below the "General Information" box, where additional information will need to be entered.
- **Certify using the drop-down menu whether the ALE was a member of an Aggregated ALE Group during any month of the calendar year.** For purposes of determining whether an employer is an ALE, all persons or entities treated as a single employer under Code Section 414(b), (c), (m) or (o) are treated as one ALE, called an Aggregated ALE Group. If an ALE is made up of only one person or entity, that one ALE is not a part of an Aggregated ALE Group. For purposes of Section 6056, each member of an Aggregated ALE Group must file returns with the IRS and furnish statements to its full-time employees using its own EIN, even if a particular ALE

member individually does not employ enough employees to qualify as an ALE. If “Yes” is selected in the drop-down menu, an additional section will appear on the page below the “General Information” box, where additional information will need to be entered.

- **Certify using the drop-down menu whether the ALE is reporting information on self-insured coverage that it sponsors.** An ALE that offers health coverage through an employer-sponsored self-insured health plan must also report under Code Section 6055 about each individual who is enrolled in the self-insured coverage. To do this, Form 1095-C and the Section 6056 Reporting Workbook include a separate section to report the information required under Section 6055. If “Yes” is selected in the drop-down menu, the ALE will have to complete the *Form 1095-C: Covered Individuals* page of the Section 6056 Reporting Workbook.

Employer (Part I, Lines 1-6)

The “Employer” section of the *Form 1094-C: Basic Employer Information* page relates to identifying and contact information for the ALE. Under this section:

- Enter the ALE’s name.
- Enter the ALE’s nine-digit employer identification number (EIN), including the dash. A Social Security number (SSN) may not be entered in lieu of an EIN.

Note: A valid EIN is required at the time any Form 1094-C is filed. If a valid EIN is not provided, the Form 1094-C will not be processed. If the ALE does not have an EIN, it may apply for one online at www.irs.gov, or by faxing or mailing [Form SS-4, Application for Employer Identification Number](#), to the IRS. See the [Instructions for Form SS-4](#) and [Publication 1635, Employer Identification Number](#), for more information.

- Enter the ALE’s complete address (including room or suite number, if applicable). This address should match the ALE’s address used on Form 1095-C.

Employer’s Contact Person (Part I, Lines 7-8)

The “Employer’s Contact Person” section of the *Form 1094-C: Basic Employer Information* page relates to identifying and contact information for the ALE’s contact person who is responsible for answering any questions from the IRS regarding the filing of or information reported on Forms 1094-C or 1095-C. This may be different than the contact information reported on Line 10 of Form 1095-C. In this section, enter the name and telephone number for the ALE’s contact person.

Designated Government Entity (DGE) (Part I, Lines 9-14)

If “Yes” is selected in the drop-down menu to certify that a DGE is filing on behalf of the ALE, this section will appear on the *Form 1094-C: Basic Employer Information* page. If “No” is selected in the drop-down menu to certify that a DGE is not filing on behalf of the ALE, this section will not appear and does not have to be completed—skip to the next section.

If a DGE is filing on behalf of the ALE, the following additional identifying and contact information will need to be entered for the DGE under this section:

- Enter the DGE’s name.

- Enter the DGE's nine-digit EIN, including the dash. An SSN may not be entered in lieu of an EIN.

Note: A valid EIN is required at the time any Form 1094-C is filed. If a valid EIN is not provided, the Form 1094-C will not be processed. If the ALE does not have an EIN, it may apply for one online at www.irs.gov, or by faxing or mailing [Form SS-4, Application for Employer Identification Number](#), to the IRS. See the [Instructions for Form SS-4](#) and [Publication 1635, Employer Identification Number](#), for more information.

- Enter the DGE's complete address (including room or suite number, if applicable).
- Enter the name and telephone number of the DGE's contact person who is responsible for answering any questions from the IRS regarding the filing of or information reported on Form 1094-C.

Aggregated ALE Group (Part IV)

If "Yes" is selected in the drop-down menu to certify that the ALE was a member of an Aggregated ALE Group during one or more months of the calendar year, this section will appear on the *Form 1094-C: Basic Employer Information* page. If "No" is selected in the drop-down menu to certify that the ALE was not a member of an Aggregated ALE Group during any month of the calendar year, this section will not appear and does not have to be completed—skip to the next section.

If the ALE was a member of an Aggregated ALE Group for any month of the calendar year, enter the name(s) and EIN(s) of up to 30 of the other Aggregated ALE Group members in descending order, listing first the member with the highest average monthly number of full-time employees. If there are more than 30 members of the Aggregated ALE Group, enter the 30 with the highest monthly average number of full-time employees for the year (or for the number of months during which the ALE Member was a member of the Aggregated ALE Group).



Click the "HOME" button to return to the *Welcome* page.



Click the "NEXT" button to continue to the next page—the *Form 1094-C: Detailed Employer Information* page.



Click the "BACK" button to return to the previous page.

PAGE 3—FORM 1094-C: DETAILED EMPLOYER INFORMATION

The *Form 1094-C: Detailed Employer Information* page is used to record more detailed information for the ALE that is needed to complete Parts II and III of Form 1094-C, *Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns*.

The light green box at the top of the *Form 1094-C: Detailed Employer Information* page contains background information on Parts II and III of Form 1094-C. Line 22 of Part II on Form 1094-C requires the ALE to certify whether it is eligible for certain special rules under the Section 6056 reporting requirements. Part III of Form 1094-C requires the ALE to provide certain information for each month (unless the information is consistent for the entire year).

Certifications of Eligibility (Part II, Line 22)

Under the “Certifications of Eligibility” section of the *Form 1094-C: Detailed Employer Information* page, the ALE will certify whether it meets the eligibility requirements for, and is using, an alternative method of reporting under Section 6056. Two alternative methods of reporting under Section 6056 allow ALEs to report simplified Section 6056 return information to the IRS and provide simplified employee statements for certain employees. Click the links provided in each box under the “Certifications of Eligibility” section on the *Form 1094-C: Detailed Employer Information* page for more information on the alternative methods of reporting.

A. Qualifying Offer Method

In the “Qualifying Offer Method” box, certify (by selecting “Yes” or “No” in the drop-down menu) whether the ALE is eligible for, and is using, the Qualifying Offer Method of reporting for one or more full-time employees. The Qualifying Offer Method is an alternative method of reporting available to ALEs that made a Qualifying Offer to one or more of its full-time employees for all months during the year in which the employee was a full-time employee for whom an employer shared responsibility penalty could apply. To be eligible to use the Qualifying Offer Method, the ALE must:

- Offer minimum essential coverage providing minimum value to one or more full-time employees for all 12 months during the calendar year for which the employee was a full-time employee for whom a Section 4980H employer shared responsibility penalty could apply, with an employee required monthly contribution for the lowest-cost self-only coverage offered to the employee not exceeding 9.5% (as adjusted annually) of the mainland single federal poverty line divided by 12; and
- Offer minimum essential coverage to the employee’s spouse and dependents (if any).

Note: These rules are separate from the employer shared responsibility rules. Although the employer shared responsibility rules do not require employers to offer spousal coverage, ALEs that wish to use the Qualifying Offer Method to report under Section 6056 must offer minimum essential coverage to spouses and dependent children. ALEs that are not eligible to use the Qualifying Offer Method must use the general method of reporting under Section 6056.

Click the link provided in the “Qualifying Offer Method” box on the *Form 1094-C: Detailed Employer Information* page for more information on the Qualifying Offer Method.

B. Qualifying Offer Method Transition Relief

The Qualifying Offer Method Transition Relief was available for the 2015 calendar year only. It is not available for 2016 calendar year reporting and beyond. **Do not use this section or enter any information in this box.**

C. Section 4980H Transition Relief Based on Number of Full-Time Employees

This Section 4980H Transition Relief was available only for the 2015 plan year (including any calendar months in 2016 that fell within that 2015 plan year). It is not available for 2017 calendar year reporting and beyond. **Do not use this section or enter any information in this box.**

D. 98% Offer Method

In the “98% Offer Method” box, certify (by selecting “Yes” or “No” in the drop-down menu) whether the ALE is eligible for, and is using, the 98% Offer Method. The 98% Offer Method is an alternative method of reporting available to ALEs that, for all months of the calendar year, offered affordable, minimum value coverage to at least 98% of their employees (and dependents) that are reported on a Form 1095-C filed for the ALE.

Note: These rules are separate from the employer shared responsibility rules. Although the employer shared responsibility rules allow ALEs to satisfy the “substantially all” standard by offering coverage to 95% of their full-time employees (and dependents), ALEs that wish to use the 98% Offer Method to report under Section 6056 must offer coverage to at least 98% of their employees (and dependents) that are reported on a Form 1095-C filed for the ALE. ALEs that are not eligible to use the 98% Offer Method must use the general method of reporting under Section 6056.

Click the link provided in the “98% Offer Method” box on the *Form 1094-C: Detailed Employer Information* page for more information on the 98% Offer Method.

Monthly Information (Part III)

Under the “Monthly Information” section of the *Form 1094-C: Detailed Employer Information* page, ALEs will provide certain information related to each month using the table provided. This information is needed to complete Part III of Form 1094-C. Note that some rows in this table may not be available, based on answers previously selected in the Section 6056 Reporting Workbook.

There are grey instructional boxes below the table on the *Form 1094-C: Detailed Employer Information* page, which provide specific instructions on how to complete each line.

(a) Minimum Essential Coverage Offer Indicator

On the “Minimum Essential Coverage Offer Indicator” line of the table, indicate whether the ALE offered minimum essential coverage under an employer-sponsored plan to substantially all full-time employees and dependents for each month of the calendar year. Click the link provided in the grey “Minimum Essential Coverage Offer Indicator” instructional box below the table for more information on offers of minimum essential coverage.

An ALE satisfies the “substantially all” standard if it offers coverage to **at least 95%** of its full-time employees (and dependents). If the ALE offered coverage to **all but five** of its full-time employees (and dependents), and if five is greater than 5% of the ALE’s number of full-time employees, the ALE may report for each month as if it offered coverage to at least 95% of its full-time employees (and dependents).

If the ALE offered coverage to substantially all full-time employees (and dependents) **for the entire calendar year**:

- Select “**Yes**” in the “**ALL**” box

| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Yes | | | | | | | | | | | | |

If the ALE offered coverage to substantially all full-time employees (and dependents) **only for certain months of the calendar year**:

- Select “**Yes**” in the applicable box for the months in which **coverage was offered**
- Select “**No**” in the applicable box for the months in which **coverage was not offered**

| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | No | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

If the ALE did not offer coverage to substantially all full-time employees (and dependents) **for any month of the calendar year**:

- Select “**No**” in the “**ALL**” box

| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| No | | | | | | | | | | | | |

Note: An employee in a Limited Non-Assessment Period is not counted in determining whether minimum essential coverage was offered to substantially all of an ALE’s full-time employees (and dependents). Click the link in the grey “Minimum Essential Coverage Offer Indicator” instructional box for more information on Limited Non-Assessment Periods.

(b) Section 4980H Full-Time Employee Count for ALE

On the “Full-Time Employee Count for ALE” line of the table, enter the ALE’s number of **full-time employees for each month**, but do not include any employee in a Limited Non-Assessment Period. If the ALE’s number of full-time employees in a month is zero, enter “0.” An employee should be counted as a full-time employee for a month if the employee satisfied the definition of “full-time employee” under either the monthly measurement method or the look-back measurement method (as applicable to the employee) on any day of the month. Click the link provided in the grey “Full-Time Employee Count for ALE” instructional box for more information on full-time employee status and Limited Non-Assessment Periods.

Note: If “Yes” is selected in the “98% Offer Method” box above to certify that the ALE is using the 98% Offer Method, this line of the table will not be available and does not have to be completed.

(c) Total Employee Count for ALE

On the “Total Employee Count for ALE” line of the table, enter the ALE’s **total number of employees for each month**, including both full-time and non-full-time employees. An ALE must choose to use one of the following days to determine the number of employees per month and must use the same day for all months of the year:

- (1) The first day of each month;
- (2) The last day of each month;
- (3) The 12th day of each month;
- (4) The first day of the first payroll period that starts during each month; or
- (5) The last day of the first payroll period that starts during each month (provided that, for each month, that last day falls within the calendar month in which the payroll period starts).

If the total number of employees was the same for every month of the entire calendar year, enter that number in the “ALL” box. If the number of employees for any month is zero, enter “0.”

(d) Aggregated ALE Group Indicator

On the “Aggregated ALE Group Indicator” line of the table, certify the month(s) of the calendar year (if any) in which the ALE was a member of an Aggregated ALE Group.

- If the ALE was an Aggregated ALE Group member for **all 12 months of the calendar year**, enter an “X” in the “ALL” box.
- If the ALE was a member of an Aggregated ALE Group for **some, but not all, months of the calendar year**, enter an “X” in the corresponding box for each month in which it was a member of an Aggregated ALE Group.

Note: If “No” is selected on the *Form 1094-C: Basic Employer Information* page to certify that the ALE was not a member of an Aggregated ALE Group for any month of the calendar year, this line of the table will not be available and does not have to be completed.

(e) Section 4980H Transition Relief Indicator

This Section 4980H Transition Relief was available only for the 2015 plan year (including any calendar months in 2016 that fell within that 2015 plan year). It is not available for 2017 calendar year reporting and beyond. **Do not use this section or enter any information on this line of the table.**



Click the “HOME” button to return to the *Welcome* page.



Click the “NEXT” button to continue to the next page—the *Form 1095-C: Employee Information* page.



Click the “BACK” button to return to the *Form 1094-C: Basic Employer Information* page.

PAGE 4—FORM 1095-C: EMPLOYEE INFORMATION

The *Form 1095-C: Employee Information* page is used to record all of the information needed to complete Form 1095-C, *Employer-Provided Health Insurance Offer and Coverage*. ALEs must complete and file a separate Form 1095-C for each employee who was a full-time employee of the ALE for any month of the calendar year, **regardless of whether the ALE offered (or did not offer) health coverage to the employee**. The light green box at the top of the *Form 1095-C: Employee Information* page contains instructions for using this page. Each step of the instructions is color-coded along with the section of the table to which that step relates. Some of the information on this page is reported using indicator codes provided by the IRS. The light green box also contains links to access detailed information on the indicator codes.

| Employee Name | SSN | Address |
|---------------|-----|---------|
|---------------|-----|---------|

The blue section of the table relates to identifying and contact information for each full-time employee. Under this section:

- Enter the name of each full-time employee of the ALE (first name, middle initial, last name).
- Enter the nine-digit SSN for each full-time employee, including the dashes (111-11-1111).

- Enter the complete mailing address for each full-time employee (including apartment number, if applicable). A country code is not required for U.S. addresses.

Plan Start Month

The pink column of the table relates to the plan start month. **This box is required for 2022 calendar year reporting.**

To complete the "Plan Start Month" box, enter the two-digit number (01 through 12) indicating the calendar month during which the plan year begins for the health plan in which the employee is offered coverage (or would be offered coverage, if the employee were eligible to participate in the plan). If more than one plan year could apply (for instance, if the ALE changes the plan year during the year), enter the earliest applicable month. If there is no health plan under which coverage is offered to the employee, enter "00."

Offer of Coverage

The orange section of the table relates to the type of health coverage offered by (or on behalf of) the ALE to the employee, the employee's spouse and the employee's dependents, if any. **If an employee was not offered coverage for a month, enter Code 1H. Do not leave this section blank for any month (including months when the individual was not an employee of the ALE).** A code must be entered for each calendar month January through December, even if the employee was not a full-time employee for one or more of those months. However, if the same code applies for all 12 calendar months, select the applicable code in the "ALL" box, and do not complete the individual calendar month boxes.

- Under this section, select the applicable code for each calendar month to identify the type of health coverage actually offered by (or on behalf of) the ALE to the employee, if any. If the employee was not actually offered coverage, enter Code 1H (no offer of coverage).
- An ALE offers health coverage for a month only if it offers health coverage that would provide coverage for every day of that calendar month. Thus, if coverage terminates before the last day of the month (because, for instance, the employee terminates employment with the ALE or otherwise loses eligibility for coverage under the plan), the employee does not actually have an offer of coverage for that month (and Code 1H should, therefore, be entered). However, an ALE may enter Code 2B in the "Applicable Safe Harbor" section of the table for a month in which a full-time employee's 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).
- An ALE makes an offer of coverage to an employee if it provides the employee an effective opportunity to enroll in the health coverage (or to decline that coverage) at least once for each plan year. An ALE makes an offer of health coverage to an employee for the plan year if it continues the employee's election of coverage from a prior year, but provides the employee an effective opportunity to opt out of the health coverage. If an ALE provides health coverage to an employee, but does not provide the employee an effective opportunity to decline the

coverage, the ALE is treated as having made an offer of health coverage to the employee only if that health coverage provides minimum value and is affordable based on the federal poverty line safe harbor.

- Codes 1J and 1K address conditional offers of spousal coverage. A conditional offer is an offer of coverage that is subject to one or more reasonable, objective conditions (for example, an offer to cover an employee’s spouse only if the spouse is not eligible for coverage under Medicare or a group health plan sponsored by another employer). Using Codes 1J and 1K, an ALE may report a conditional offer to a spouse as an offer of coverage, regardless of whether the spouse meets the reasonable, objective condition.
- An ALE may not report a conditional offer of coverage to an employee’s dependents as an offer to the dependents unless the ALE knows that the dependents met the condition to be eligible for the ALE’s coverage. Also, an offer of coverage is treated as having been made to an employee’s dependents only if the offer of coverage is made to an unlimited number of dependents, regardless of the actual number of dependents (if any) an employee has during any particular calendar month.
- An offer of COBRA coverage is reported differently depending on whether or not the offer is made due to an employee’s termination of employment.
 - An offer of COBRA continuation coverage that is made to a **former employee** (or to a former employee’s spouse or dependents) due to termination of employment should not be reported as an offer of coverage. In this situation, Code 1H (no offer of coverage) must be entered in the "Offer of Coverage" section for any month for which the offer of COBRA coverage applies, and Code 2A (employee not employed during the month) must be entered in the "Applicable Safe Harbor" section of the table, without regard to whether the employee or spouse or dependents enrolled in the COBRA coverage. However, an ALE may enter Code 2B in the "Applicable Safe Harbor" section of the table for the month in which the employee terminates employment with the ALE.
 - An offer of COBRA continuation coverage that is made to an **active employee** who remains employed by the ALE (or to that employee’s spouse and dependents) should be reported as an offer of coverage, but only for any individual who receives an offer of COBRA coverage (or an offer of similar coverage that is made at the same time as the offer of COBRA coverage is made to enrolled individuals). Generally, an offer of COBRA coverage is required to be made only to individuals who were enrolled in coverage and would lose eligibility for coverage due to the COBRA qualifying event, but an ALE may choose to extend a similar offer of coverage to a spouse or dependent, even if the offer is not required by COBRA.

If the same code applies for all 12 calendar months, enter the applicable code in the “ALL” box, and do not complete the individual calendar month boxes. When a code is selected in the “ALL” box, the boxes for each month will be darkened to indicate to the user that a code should not be entered in any of those boxes (as illustrated in the example below). **If a code is entered in any monthly box, be sure to delete that information before entering a code in the “ALL” box.**

| Offer of Coverage | | | | | | | | | | | | |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| 1A | | | | | | | | | | | | |

When a code is selected in a box for any month, the “ALL” box will be darkened to indicate to the user that a code should not be entered in the “ALL” box (as illustrated in the example below). **If a code is entered in the “ALL” box, be sure to delete that code before entering any codes in the monthly boxes.**

| Offer of Coverage | | | | | | | | | | | | |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1A | 1A | 1A |

Click the link provided in the light green instructions box for a description of each Offer of Coverage indicator code.

Employee Required Contribution

Note: Complete this section only if 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T or 1U is selected for any month in the “Offer of Coverage” column. Do not complete this section if the ALE did not offer health coverage, or offered health coverage that was not minimum essential coverage or did not provide minimum value. Also, ALEs that are eligible for the Qualifying Offer Method for an employee do not have to complete this section for that employee.

The green section of the table relates to the employee required contribution (generally, the employee share of the monthly cost for the lowest-cost self-only minimum essential coverage providing minimum value that is offered to the employee). Under the green “Employee Required Contribution” column of the table, enter the amount (including any cents) of the employee required contribution. **Note that this amount may not be the amount the employee is paying for the coverage (for example, if the employee enrolled in more expensive coverage, such as family coverage).**

- If the employee is offered coverage, but is not required to contribute any amount towards the premium, enter “0.00” (do not leave it blank).
- If the employee required contribution was the same amount for all 12 calendar months, enter that monthly amount in the “ALL” box, and do not complete the monthly boxes. When an amount is entered in the “ALL” box, the boxes for each month will be darkened to indicate to the user that information should not be entered in any of those boxes (as illustrated in the example below). **If a dollar amount is entered in any monthly box, be sure to delete that information before entering a dollar amount in the “ALL” box.**

| Employee Required Contribution | | | | | | | | | | | | |
|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| \$60.00 | | | | | | | | | | | | |

- If the employee required contribution was *not* the same for all 12 months, enter the amount in each calendar month for which the employee was offered minimum value coverage. If an “X” is entered in a box for any month, the “ALL” box will be darkened to indicate to the user that information should not be entered in the “ALL” box (as illustrated in the example below). **If a dollar amount is entered in the “ALL” box, be sure to delete that information before entering any dollar amounts in the monthly boxes.**

| Employee Required Contribution | | | | | | | | | | | | |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | \$60.00 | \$60.00 | \$60.00 | \$60.00 | \$60.00 | \$60.00 | \$60.00 | \$65.00 | \$65.00 | \$65.00 | \$65.00 | \$65.00 |

Section 4980H Safe Harbor

The purple section of the table relates to the type of Section 4980H Safe Harbor or other relief (if any) for which the ALE is eligible. Under this section, select the applicable code (if any) indicating the Section 4890H Safe Harbor or other relief for which the ALE is eligible. These codes indicate that one of the following situations applied to the ALE:

- The employee was not employed or was not a full-time employee;
- The employee enrolled in the minimum essential coverage offered;
- The employee was in a Limited Non-Assessment Period with respect to Section 4980H(b);
- The ALE met one of the Section 4980H affordability safe harbors with respect to this employee; or
- The ALE was eligible for multiemployer interim rule relief for this employee.

Although more than one code may apply to the same employee for the same month in some cases, **only one code may be selected per calendar month**. Click on the link provided in the light green instructions box for more information on which code to use for a month, if more than one code could apply. If no indicator code applies for a calendar month, leave the line blank for that month.

- If the same code applies for all 12 calendar months, enter the applicable code in the “ALL” box. Do not complete individual calendar month boxes. When a code is selected in the “ALL” box, the monthly boxes will be darkened to indicate that information should not be entered in any of those boxes (as illustrated in the example below). **If a code is entered in any monthly box, delete that information before entering a code in the “ALL” box.**

| Section 4980H Safe Harbor | | | | | | | | | | | | |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| 2A | | | | | | | | | | | | |

- If a code is selected in a box for any month, the “ALL” box will be darkened to indicate to the user that information should not be entered in the “ALL” box (as illustrated in the example below). **If a code is entered in the “ALL” box, be sure to delete that code before entering any codes in the monthly boxes.**

| Section 4980H Safe Harbor | | | | | | | | | | | | |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | 2A | 2A | 2A | 2A | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C |

Individual Coverage HRA (ICHRA)

The teal section of the table relates to offers of individual coverage HRAs (ICHRAs). **Complete this section only if the employee was offered an ICHRA.**

- If the employee was offered an ICHRA, enter the employee’s age on Jan. 1, 2022.

- If the ALE used code 1L, 1M, 1N, 1O, 1P, 1Q, 1T or 1U in the “Offer of Coverage” section of the table because it offered the employee an ICHRA, enter the appropriate ZIP code used for identifying the lowest-cost silver plan used to calculate the Employee Required Contribution. This will be the ZIP code of the employee’s residence (code 1L, 1M, 1N or 1T) or the ZIP code of the employee’s primary site of employment, if the ALE uses the work location safe harbor (code 1O, 1P, 1Q or 1U).

Location safe harbor for ICHRAs. For purposes of Section 4980H(b), an employer may use the cost of self-only coverage for the lowest-cost silver plan for the employee for self-only coverage offered through the Exchange where the employee’s primary site of employment is located for determining whether an offer of an ICHRA to a full-time employee is affordable. The ZIP code for the employee’s primary site of employment is used to identify the applicable lowest-cost silver plan to determine affordability.



Click the “HOME” button to return to the *Welcome* page.



Click the “NEXT” button to continue to the next page—the *Form 1095-C: Covered Individuals* page.



Click the “BACK” button to return to the *Form 1094-C: Detailed Employer Information* page.

PAGE 5—FORM 1095-C: COVERED INDIVIDUALS

This page should be completed ONLY if the ALE provides self-insured coverage in which any individual enrolled. ALEs that provide coverage only under an insured group health plan through an insurer or carrier should not complete this page. If an ALE offers both insured and self-insured coverage, complete this page only for employees who enroll in the self-insured coverage.

The *Form 1095-C: Covered Individuals* page is used to record all of the information needed to complete Part III of Form 1095-C, *Employer-Provided Health Insurance Offer and Coverage*. This part is used by ALEs that sponsor self-insured plans for combined reporting under both Section 6056 and Section 6055. Section 6055 reporting applies to all providers of minimum essential coverage, including self-insured plan sponsors. An ALE should complete Part III of Form 1095-C ONLY if it offers employer-sponsored self-insured health coverage in which any employee or other individual enrolled. For this purpose, employer-sponsored self-insured health coverage does not include coverage under a multiemployer plan.

An ALE with a self-insured major medical plan and a health reimbursement arrangement (HRA) that has an individual who enrolls in both types of minimum essential coverage must report the individual’s coverage under only one arrangement.

An ALE with an insured major medical plan and an HRA is not required to report HRA coverage of an individual if the individual is eligible for the HRA because he or she enrolled in the insured major medical plan. However, an ALE with an HRA must report coverage under the HRA in Part III for any individual who is not enrolled in a major medical plan of the ALE (for example, if the individual is enrolled in a group health plan of another employer (such as spousal coverage)).

- Part III of Form 1095-C **must** be completed by an ALE offering self-insured health coverage for any individual who was an employee for one or more calendar months of the year (whether full-time or non-full-time) and who enrolled in the coverage. The employee (if enrolled in self-insured coverage) should be listed as a "Covered Individual" AND as the "Associated Employee" in the table on the *Form 1095-C: Covered Individuals* page; any

other family members who enrolled in coverage offered to the employee should be listed as a "Covered Individual," with the employee listed as the "Associated Employee."

If the individual who enrolled in self-insured coverage is a full-time employee for any month of the calendar year, the ALE must also enter information on the *Form 1095-C: Employee Information* page for that employee.

- Part III of Form 1095-C **may** be completed by an ALE offering self-insured health coverage for any other individual who enrolled in the coverage under the plan for one or more calendar months of the year, but who was not an employee for any calendar month of the year (such as a non-employee director, a retired employee who retired in a previous year, a terminated employee receiving COBRA continuation coverage (or any other form of post-employment coverage) who terminated employment during a previous year, or a non-employee COBRA beneficiary, but not including an individual who obtained coverage through the employee's enrollment, such as a spouse or dependent obtaining coverage when an employee elects family coverage). Alternatively, ALEs may use Forms 1094-B and 1095-B to report coverage for these individuals and their family members.

If the Form 1095-C is used for an individual who was not a full-time employee for any month of the calendar year, use Code 1G in the "ALL" box in the "Offer of Coverage" column on the *Form 1095-C: Employee Information* page, and do not complete the remaining columns of that table.

All employee family members that are covered individuals through the employee's or individual's enrollment (for example, because the employee elected family coverage) must be included on the same form as the employee (or the individual to whom the offer was made).

The light green box at the top of the *Form 1095-C: Covered Individuals* page contains instructions for using this page. Each step of the instructions is color-coded along with the section of the table on the page to which that step relates. The light green box also contains a link to access detailed information on when a birthdate of a covered individual may be reported in lieu of an SSN.

| Name of Covered Individual (first name, middle initial, last name) | SSN | DOB (if SSN is unavailable) |
|---|-----|--------------------------------|
|---|-----|--------------------------------|

The blue section of the table relates to identifying and contact information for each covered individual. Under this section:

- Enter the name of each covered individual (first name, middle initial, last name). This includes all individuals who actually enrolled in the minimum essential coverage for any month during the calendar year, **including the employee, if the employee is enrolled in the self-insured coverage.**
- Enter the nine-digit SSN for each covered individual, including the dashes (111-11-1111). If the covered individual does not have an SSN, a taxpayer identification number (TIN) may be entered in lieu of an SSN.

Note: Reporting of SSNs or TINs for all covered individuals is necessary for the IRS to verify an individual's coverage without the need to contact the individual. If an ALE is unable to obtain an SSN or other TIN for a nonemployee covered individual after making a reasonable effort to do so, the covered individual's date of birth (YYYY-MM-DD) may be entered instead. **However, an ALE may be subject to penalties for failing to report an SSN or other TIN if it cannot demonstrate to the IRS that it properly solicited the SSN or other TIN, but did not receive it.** Click the link provided in the light green instructions box for more information.

Name of Associated Employee

The green section of the table relates to the employee associated with the covered individual. Under this section, use the drop-down menu to select the name of the employee who enrolled the individual in the coverage.

Note: For this section to work properly, the *Form 1095-C: Employee Information* page must first be completed.

Months of Coverage

The orange section of the table relates to the months during the calendar year that each individual was covered under the self-insured employer-sponsored plan. Under this section, enter an “X” in the applicable box(es) for each month in which the individual was covered for at least one day.

- If the individual was covered for at least one day per month for all 12 months of the calendar year, enter an “X” in the “ALL” box. Do not enter an “X” in any other box. If an “X” is entered in the “ALL” box, all of the other boxes will be darkened to indicate to the user that information should not be entered in those boxes (as illustrated in the example below). **If an “X” is entered in any monthly box, delete that information before entering an “X” in the “ALL” box.**

| Months of Coverage | | | | | | | | | | | | |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| X | | | | | | | | | | | | |

- If the individual was not covered for all 12 months of the calendar year, enter an “X” in the applicable box(es) for each month in which the individual was covered for at least one day. Do not enter an “X” in the “ALL” box. If an “X” is entered in a box for any month, the “ALL” box will be darkened to indicate to the user that information should not be entered in the “ALL” box (as illustrated in the example below). **If an “X” is entered in the “ALL” box, delete that information before entering an “X” in any monthly boxes.**

| Months of Coverage | | | | | | | | | | | | |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ALL | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | | | | | | | | X | X | X | X | X |



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.

PAGE 6—OFFER OF COVERAGE INDICATOR CODES

The *Offer of Coverage Indicator Codes* page provides a description of the Offer of Coverage indicator codes provided by the IRS that are used to report the type of health coverage offered by (or on behalf of) the ALE to an employee. These

codes are entered in the “Offer of Coverage” column of the table on the *Form 1095-C: Employee Information* page of the Reporting Workbook.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.

PAGE 7—SECTION 4980H SAFE HARBOR CODES AND OTHER RELIEF

The *Section 4980H Safe Harbor Codes and Other Relief* page provides a description of the Section 4980H Safe Harbor indicator codes provided by the IRS that are used to report the Section 4980H relief for which the ALE is eligible (if any). These codes indicate that one of the following situations applied to the employee:

- The employee was not employed or was not a full-time employee;
- The employee enrolled in the minimum essential coverage offered;
- The employee was in a Limited Non-Assessment Period with respect to Section 4980H(b);
- The ALE met one of the Section 4980H affordability safe harbors with respect to this employee; or
- The ALE was eligible for multiemployer interim rule relief for this employee.

These codes are entered in the “Applicable Section 4980H Safe Harbor” column of the table on the *Form 1095-C: Employee Information* page of the Reporting Workbook.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.

PAGE 8—BACKGROUND

The *Background* page provides an overview of the Section 6056 reporting requirements. It includes basic information about entities that are required to report, the forms that must be filed and the filing deadlines. It also includes information on how to report under Section 6056, including an electronic filing requirement and the combined reporting method used to report under both Section 6056 and the related Section 6055 reporting requirement.



Click the “HOME” button to return to the *Welcome* page.

PAGE 9—IRS GUIDANCE

The *IRS Guidance* page provides access to official IRS guidance on the Section 6056 reporting requirements. The links on this page provide access to the Section 6056 final regulations, IRS Q&As and final forms and instructions.



Click the “HOME” button to return to the *Welcome* page.

PAGE 10—MORE INFORMATION

The *More Information* page provides access to more specific information on the Section 6056 reporting requirements. The links on this page provide access to information on the reporting methods, important definitions, reporting a birthdate in lieu of an SSN and additional information on offers of coverage.



Click the “HOME” button to return to the *Welcome* page.

PAGE 11—REPORTING METHODS

The *Reporting Methods* page provides an overview of the methods of reporting under Section 6056. There is a general reporting method, as well as two alternative methods that may be used for specific groups of employees.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1094-C: Detailed Employer Information* page.

PAGE 12—DEFINITIONS

The *Definitions* page contains definitions of key terms used for reporting under Section 6056.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1094-C: Detailed Employer Information* page.

PAGE 13—REPORTING A BIRTHDATE IN LIEU OF A SOCIAL SECURITY NUMBER

The *Reporting a Birthdate in Lieu of a Social Security Number* page provides an overview of the circumstances under which a reporting entity may report a covered individual’s birthdate in lieu of an SSN.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.

PAGE 14—ADDITIONAL INFORMATION ON OFFERS OF COVERAGE

The *Additional Information on Offers of Coverage* page provides additional information related to offers of coverage for purposes of these rules, including specific information for certain types of offers of coverage.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.