Important ACA Reporting Update

California's Valued Trust
Healthcare Benefits for the Education Community

Important ACA Reporting Update

The IRS issued final 2015 reporting instructions including Multiemployer arrangement interim guidance regarding completing form 1095-C for employers contributing to a multiemployer health plan like CVT.

Introduction

The Affordable Care Act (ACA) will require applicable employers/health administrators to file information returns with the IRS and provide statements to full-time employees/individuals about their health insurance coverage. Based on the most current instructions from the IRS, CVT can provide some insight for this upcoming requirement in the illustration below.

For details see instructions for Forms 1094-C and 1095-C at
www.irs.gov/instructions/i10949c/ar01.html

ACA Reporting Forms	Who Files?	Details	Filing Deadlines
1094-C Form	**School District (Applicable Large Employer, 50+)**	1094-C is the transmittal form or cover sheet submitted to the IRS by districts in conjunction with the 1095-C.	A copy of each form along with the 1094-C transmittal is sent to the IRS no later than end of **March, 2016 (February, 2016 for paper copies).**
1095-C Form View sample 1095-C form for instructions	**School District Applicable Large Employer, 50+)**	1095-C shows the IRS if the Employer Mandate was not met by the District and therefore a penalty is due. Districts are responsible for reporting Parts I and II of the 1095-C form for all employees offered coverage in 2015. See Multiemployer interim guidance** at www.irs.gov/instructions/i10949c/ar01.html **Districts are not responsible for completing Part III of the 1095-C form for employees/dependents enrolled in CVT medical coverage***	The electronic 1095-C transmittal is sent to the IRS no later than **March 31st, 2016 (February 28, 2016 for paper copies).** 1095-C is the form sent to each individual employee by the end of **January 2016** for calendar year 2015 coverage.
1094-B Form	**CVT and HMO Partners (Plan Sponsors)**	1094-B is the transmittal form to be sent by CVT in conjunction with the 1095-B.	The return and transmittal form must be filed with the IRS on or before **February 28, 2016 (March 31 if filed electronically)** of the year following the calendar year of coverage.
1095-B Form View sample 1095-B form for instructions	**CVT and HMO Partners(Plan Sponsors)**	Shows the IRS if the Individual Mandate was not met and therefore a tax is owed. CVT and HMO partners are responsible for reporting Parts I, III and IV of the 1095-B form for all CVT covered employees in 2015. CVT and HMO partners are responsible to report dependents and months of coverage in Part IV of 1095-B.	The return and transmittal form must be filed with the IRS on or before **February 28, 2016 (March 31 if filed electronically)** of the year following the calendar year of coverage. Filers of Form 1095-B must furnish a copy by **January 31, 2016**, to the person identified as the "responsible individual" on the form

Multiemployer Plan*

CVT is a Multiemployer Plan as it pertains to the reporting requirements of the Affordable Care Act (ACA). A Multiemployer plan is an employee benefit plan maintained under one or more collective bargaining agreements to which more than one employer contributes. By making contributions to CVT, districts are contributing to a Multiemployer Plan, thus becoming eligible for the multiemployer interim relief.

Multiemployer Interim Guidance**

Employers contributing to a Multiemployer Plan (CVT) should enter **Code 1H** (no offer of coverage) on **Line 14** and **2E** (Multiemployer plan relief) on Line 16 for each month the employee was enrolled in a CVT medical plan. By entering a code 2E in **line 16** the IRS will be aware that an offer of coverage was made through a Multiemployer Plan for the corresponding month of coverage. More details can be found at www.irs.gov/instructions/i10949c/ar01.html. See section: *Specific instructions for Form 1095-C – Part II Employee offer and coverage – "For reporting for 2015, Code 1H may be entered without regard to whether the employee was eligible to enroll or enrolled in coverage under the multiemployer plan."*

This is for informational purposes only and not intended to be used as legal advice. We suggest you share this important information with your payroll department or County Office of Education.

Questions? Contact your CVT Account Manager at (800) 288-9870 for assistance.

District will submit this form to employees and the IRS.

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

Employer-Provided Health Insurance Offer and Coverage

▶ Information about Form 1095-C and its separate instructions is at *www.irs.gov/form1095c*

☐ VOID
☐ CORRECTED

600116

OMB No. 1545-2251

2015

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer
8 Employer identification number (EIN)
one number
11 City or town
12 State or province
13 Country and ZIP or foreign postal code

District will complete this section using employee information

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage													
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

District will complete this section – see Multiemployer interim guidance at www.irs.gov/instructions/i10949c/ar01.html

Part III Covered Individuals

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

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18														☐	☐	☐
19														☐	☐	☐
20														☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

District does not complete this section for CVT covered employees

CVT and HMO partners will submit this form to District employees and the IRS.

560115

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

► Information about Form 1095-B and its separate instructions is at *www.irs.gov/form1095b.*

☐ VOID
☐ CORRECTED

OMB No. 1545-2252

2015

Part I Responsible Individual

1 Name of responsible individual | 2 Social security number (SSN) | 3 Date of birth (If SSN is not available)

4 Street address (including apartment n | and ZIP or foreign postal code

8 Enter letter identifying Origin of the Policy (see instructions for codes): ► | 9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable

CVT will complete this section using eligibility data

Part II Employer Sponsored Coverage (see instructions)

10 Employer name | on number (EIN)

12 Street address (including | foreign postal code

Multiemployer plans are not required to complete this section

Part III Issuer or Other Coverage Provider (see instructions)

16 Name | 17 Employer identification number (EIN) | 18 Contact telephone number

19 Street address (including room or suite no.) | 20 City or town | 21 State or province | 22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual(s).)

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
															Oct	Nov	Dec
23															☐	☐	☐
24															☐	☐	☐
25															☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

CVT will complete form Part III and Part IV using eligibility data