



**IRS Reporting Guide
for Small School Districts and Supervisory Unions**

Calendar Year 2019 Reporting

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INTRODUCTION

The ACA requires annual reporting to the IRS related to both the employer offer of health coverage and the individual mandate to maintain health coverage.

Small school districts (SDs) and supervisory unions (SUs) (those with fewer than 50 full-time equivalent employees) are **not** subject to potential penalties if they do not offer group health plan coverage to full-time employees and their dependent children. When small employers offer coverage through insurance programs, the required ACA reporting for small employers falls on the insurance company providing the coverage.

Small employers that provide self-insured group health plan coverage to its employees are responsible for the required IRS filing and providing covered employees and other participants (COBRA) with a copy of this IRS filing information for their records. Coverage offered by VEHI members is self-insured so members of any size must file forms with the IRS. The forms filed by small SDs/SUs (Form 1095-B and 1094-B) are different from those required for large SDs and SUs. The “B” series forms require less information than the large employer “C” series. **This Guide assists small employers complete and file the “B” series forms.**

This information booklet is to help you familiarize yourself with the reporting requirements and helps you understand and complete Forms 1095-B and 1094-B (SDs and SUs with fewer than 50 FT/FTE). The material goes through line-by-line instructions for the forms. Examples are included in a dedicated handout. If you have worked on completing these forms last year, this will be a refresher. As of the date this material was assembled (October 10, 2019) the IRS had not released the final forms to be used to file for calendar year 2019. However, we do not anticipate changes. However, should changes be made to the forms this material will be updated to include an explanation of the changes and VEHI will notify all SDs and SUs.

Coverage through Group Health Plan and HRAs

When a self-insured group health plan is accompanied by an employer-sponsored HRA, both are considered self-insured plans. If an individual is covered in any month by a self-insured health plan and a health reimbursement arrangement (HRA) provided by the same employer, the employer is only required to report the coverage of the group health plan for that month.

What is my SD or SU Required to Do?

Complete one Form 1095-B for each employee **enrolled** in group health plan coverage for at least one day during the calendar year. Any dependents enrolled under the employee’s group health plan coverage will also be reported on the employee’s Form 1095-B. The form requires you to identify each month each person was enrolled in coverage for at least one day.

If non-employees, such as former employees, divorced spouses or dependents who lost employer plan eligibility, were enrolled in COBRA coverage in 2019, that coverage must be reported as well.

On the next page is a copy of Form 1095-B. Part II of the form is grayed-out because you will not be completing that part. The information in the following pages explains what you need to know to complete and file the Form 1095-B and distribute copies of the forms to employees.

Remember, a Form 1095-B is only completed if an employee (or COBRA participant) enrolled in group health plan coverage during 2019, even if they were enrolled for a short time.

560118

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

► Do not attach to your tax return. Keep for your records.
► Go to www.irs.gov/Form1095B for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2252

2019

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name	2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province
		7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ► <input type="checkbox"/>		

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name	11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town
14 State or province	15 Country and ZIP or foreign postal code

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.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<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"/>	<input type="checkbox"/>
24			<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"/>	<input type="checkbox"/>
25			<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"/>	<input type="checkbox"/>
26			<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"/>	<input type="checkbox"/>
27			<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"/>	<input type="checkbox"/>
28			<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"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form **1095-B** (2018)

Mergers in 2019

All SDs or SUs that were in operation at any time in 2019 with at least 50 FT/FTEs need to report for all of 2019.

- Where SDs or SUs with fewer than 50 FT/FTE merged **with an existing large entity** (least 50 FT/FTEs) on July 1, the continuing entity must include in its filing employees from the smaller entity beginning July 1 for the balance of 2019. **Any small entities will be responsible for filing Form 1094/5-B for January through June using the monthly enrollments in coverage.**
- Where one or more **large SDs or SUs** (least 50 FT/FTEs) merged **with an existing large entity** on July 1, the continuing entity must include in its filing employees from the other entities beginning July 1 for the balance of 2019. All pre-merger entities are be responsible for filing Form 1094/5-C for January through June reflecting actual offers of coverage (or coverage) for those months. The entity will then complete the months of July through December, entering Code 1H on Line 14, leaving Line 15 blank and entering Code 2A on Line 16.
- Where SDs or SUs with fewer than 50 FT/FTE merged with one or more other entities on July 1 to create a **new entity considered a large employer** (least 50 FT/FTEs), each of the entities will complete a filing for 2019 that includes January through June 2019, using the applicable form based on size prior to July 1. The new entity will report for all employees under the new entity beginning July 1 for the balance of 2019. The new entity will enter Code 1H on Line 14, leave Line 15 blank and enter Code 2A on Line 16 for the months January through July 2019 for all individuals for whom a Form 1095-C must be filed based on full-time employment beginning July 1, 2019.
- Where the operations of any SD/SU ended during 2019, the entity will complete the applicable form for the months of January through June 2019. If the entity that ceased operations was a large entity, the Form 1095-C is completed for each FT employee for January through June, completing the codes as applicable. Beginning July 1 the Form 1095-C will show all employees terminated using:
 - Line 14 – Code 1H
 - Line 15 – Blank
 - Line 16 – 2A

Refer to the Reporting Resource Guide for examples.

Need for Individual Entity Filings

Where SUs are completing the filings for multiple entities, remember each entity must be filed on a stand-alone basis. Do not combine the filings for the multiple entities as a single entity. Generally, where an entity has its own Employer Identification Number, the entity should be filed on its own. If you have any question about filings for multiple entities contact GBS at VEHhelp@ajg.com.

IRS FORM 1095-B – EMPLOYEES/RESPONSIBLE INDIVIDUALS

Active Employees

Part I – Responsible Individual

Under Part 1, lines 1 – 7, enter the name and address for the enrolled employee (COBRA participants are discussed below).

Line 8 should be coded with the letter “B” identifying the coverage as *employer-sponsored coverage*.

Part II - Information About Certain Employer-Sponsored Coverage

Do not complete this section.

Part III - Issuer or Other Coverage Provider

Under Part III, lines 16 – 22, enter the identifying information for the SD or SU (employer) offering the group health plan coverage.

Note: The telephone number listed on line 18 must be the telephone number an employee or other responsible individual seeking additional information may call to speak to a person able to answer the caller’s questions (or get answers to the caller’s questions).

Part IV - Covered Individuals

Under Part IV, lines 23 through 40 (as necessary), column:

- (a) enter the name of each individual enrolled in the employee’s coverage beginning with the employee;
- (b) enter the Social Security Number of the individual named on that line;
- (c) If you do not have the individual’s Social Security Number AND you have made the proper attempts to obtain the Social Security number (see page 9) you can enter the individual’s date of birth;
- (d) If the individual named on that line was enrolled in the group health plan at least one day in each of the 12-months, you can check the ‘*Covered all 12 months*’ box;
- (e) If the individual named on that line was NOT enrolled in the group health plan at least one day in each of the 12-months, check the box for each month the individual was enrolled in coverage for at least one day.

COBRA Participants

Part I – Responsible Individual

If an active employee elected COBRA **during** 2019 (for themselves and, if applicable, their dependents), the SD/SU reports the COBRA coverage as part of the Form 1095-B completed for the active coverage. The former employee will remain the ‘Responsible Individual’ as long as the former employee remains part of the COBRA family unit.

If former dependents of employees (current or former) continue coverage without the employee (for example, if a former employee does not elect COBRA following termination or the employee and spouse divorce, etc.) a second Form 1095-B is created with a new Responsible Individual, the primary person for the coverage as listed through VEHI/BCBSVT.

For example, Bob Smith, his wife Jane and Jane’s daughter Mary were enrolled in coverage under Bob coverage, the Responsible Individual (employee). Bob and Jane divorce and Jane elects coverage for herself and her daughter Mary. Jane is now the Responsible Individual beginning with the effective date of Jane’s COBRA coverage. Under Part 1, on lines 1 - 7 you would enter Jane’s name and address.

Examples:

Robert Smith and family pre-divorce

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095B for instructions and the latest information.		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2252 2019										
Part I Responsible Individual																
1 Name of responsible individual—First name, middle name, last name		2 Social security number (SSN) or other TIN		3 Date of birth (if SSN or other TIN is not available)												
Jane A Smith		111-11-1111		01-07-1959												
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code										
387 St Louis St.		South Barre		VT		05670										
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ B																
Part II Information About Certain Employer-Sponsored Coverage (see instructions)																
10 Employer name				11 Employer identification number (EIN)												
12 Street address (including room or suite no.)				13 City or town		14 State or province										
						15 Country and ZIP or foreign postal code										
Part III Issuer or Other Coverage Provider (see instructions)																
16 Name				17 Employer identification number (EIN)		18 Contact telephone number										
School District				32-0000007		802-555-5555										
19 Street address (including room or suite no.)		20 City or town		21 State or province		22 Country and ZIP or foreign postal code										
8137 Glen Eagles St.		Montpelier		VT		05620										
Part IV Covered Individuals (Enter the information for each covered individual.)																
(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	Jane A Smith	111-11-1111		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	Mary Y Smith	222-22-2222		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Jane Smith and daughter post-divorce

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095B for instructions and the latest information.			560118 OMB No. 1545-2252 <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> 2019 </div>											
Part I Responsible Individual																
1 Name of responsible individual—First name, middle name, last name		2 Social security number (SSN) or other TIN		3 Date of birth (if SSN or other TIN is not available)												
Jane A Smith		111-11-1111		01-07-1959												
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code										
387 St. Louis St.		South Barre		VT		05670										
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ B																
Part II Information About Certain Employer-Sponsored Coverage (see instructions)																
10 Employer name				11 Employer identification number (EIN)												
12 Street address (including room or suite no.)				13 City or town		14 State or province										
						15 Country and ZIP or foreign postal code										
Part III Issuer or Other Coverage Provider (see instructions)																
16 Name				17 Employer identification number (EIN)		18 Contact telephone number										
School District				32-0000007		802-555-5555										
19 Street address (including room or suite no.)				20 City or town		21 State or province										
8137 Glen Eagles St.				Montpelier		VT										
						22 Country and ZIP or foreign postal code										
						05620										
Part IV Covered Individuals (Enter the information for each covered individual.)																
(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	Jane A Smith	111-11-1111		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	Mary Y Smith	222-22-2222		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COBRA Coverage Only – 2019

When reporting just COBRA coverage (that is, the individual continued on COBRA from the previous calendar year, the Form 1095-B is completed the same as it would be for an active individual. For example, let's use Jane's election of COBRA (above) and assume she remained enrolled in COBRA through June 2020. Her Form 1095-C is completed as shown in the example below.

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095B for instructions and the latest information.			560118 OMB No. 1545-2252 <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> 2020 </div>											
Part I Responsible Individual																
1 Name of responsible individual—First name, middle name, last name		2 Social security number (SSN) or other TIN		3 Date of birth (if SSN or other TIN is not available)												
Jane A Smith		111-11-1111		01-07-1959												
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code										
387 St. Louis St.		South Barre		VT		05670										
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ B																
Part II Information About Certain Employer-Sponsored Coverage (see instructions)																
10 Employer name				11 Employer identification number (EIN)												
12 Street address (including room or suite no.)				13 City or town		14 State or province										
						15 Country and ZIP or foreign postal code										
Part III Issuer or Other Coverage Provider (see instructions)																
16 Name				17 Employer identification number (EIN)		18 Contact telephone number										
School District				32-0000007		802-555-5555										
19 Street address (including room or suite no.)				20 City or town		21 State or province										
8137 Glen Eagles St.				Montpelier		VT										
						22 Country and ZIP or foreign postal code										
						05620										
Part IV Covered Individuals (Enter the information for each covered individual.)																
(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	Jane A Smith	111-11-1111		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Mary Y Smith	222-22-2222		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requirement to obtain Social Security Number (or Tax ID Number) newly covered individuals.

Employers offering group health plan coverage must request the employee's and all dependents Social Security Number (or Tax ID Number) on enrollment forms, including annual enrollment forms and special enrollment forms. If the SSN is not entered when the enrollment form is initially completed and returned, IRS guidance requires the SSN be requested within 75 days after the date a coverage application is received. Employers are required to make certain attempts to obtain the number before using an enrolled individual's date of birth in lieu of a SSN. If the SSN is not obtained at enrollment:

- The employer must request the SSN by December 31 of the year in which coverage for the individual begins (January 31 of the following year if the coverage begins in December).
- If SSN is not provided after first request, a second solicitation is required by December 31 of the following year.
- If a SSN is still not provided, the employer has acted in a reasonable manner and need not continue to solicit a SSN. In lieu of the SSN, the employer may report using the individual's date of birth.

To demonstrate compliance with this requirement, each SD and SU should have a written procedure in place and maintain copies of materials used to obtain the Social Security Numbers (emails, letters, etc.). A sample 'best practice' procedure for obtaining missing SSNs and a notice template is available on the [VEHI website](#).

Request for Social Security Number Time Line Examples

The Social Security Number of all individuals enrolled must be requested at the time of enrollment. However, if the SSN is not on file for IRS Reporting, the following timelines for requesting the SSN apply.

Example 1:

- | | |
|---|-------------------|
| ➤ Employee Enrolls and Coverage Effective | July 1, 2018 |
| ➤ SD/SU must request missing Social Security Number(s) by | December 31, 2018 |
| ➤ If no response, must request Social Security Number(s) again by | December 31, 2019 |

Example 2:

- | | |
|---|-------------------|
| ➤ Employee Enrolls and Coverage Effective | December 1, 2018 |
| ➤ SD/SU must request missing Social Security Number(s) by | January 31, 2019 |
| ➤ If no response, must request Social Security Number(s) again by | December 31, 2019 |

Example 3:

- | | |
|---|-------------------|
| ➤ Employee Enrolls and Coverage Effective | July 1, 2019 |
| ➤ SD/SU must request missing Social Security Number(s) by | December 31, 2019 |
| ➤ If no response, must request Social Security Number(s) again by | December 31, 2020 |

Example 4:


- Employee Enrolls and Coverage Effective December 1, 2019
- SD/SU must request missing Social Security Number(s) by January 31, 2020
- If no response, must request Social Security Number(s) again by December 31, 2020

Example 5:

- Employee Enrolls and Coverage Effective July 1, 2019
- Employee Adds New Spouse Effective September 1, 2019
- SD/SU must request missing Social Security Number(s) by December 31, 2019
- If no response, must request Social Security Number(s) again by December 31, 2020

FORM 1094-B – TRANSMITTAL TO IRS

A Form 1094-B (a transmittal form) must be sent to the IRS with your Form 1095-Bs. The transmittal only requires identifying information, however, it is the form used to certify (signature) the accuracy of the information being submitted.

Form 1094-B Department of the Treasury Internal Revenue Service		Transmittal of Health Coverage Information Returns ▶ Go to www.irs.gov/Form1094B for instructions and the latest information.		110116 OMB No. 1545-2252 2019
1 Filer's name School District		2 Employer identification number (EIN) 32-0000007		For Official Use Only 
3 Name of person to contact James Martin		4 Contact telephone number 802-555-5555		
5 Street address (including room or suite no.) 8137 Glen Eagles St.		6 City or town Montpelier		
7 State or province VT		8 Country and ZIP or foreign postal code 05620		
9 Total number of Forms 1095-B submitted with this transmittal ▶		37		
Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.				
Signature _____		Title _____		Date _____
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61570P Form 1094-B (2018)				

Time Line Overview

- **February 28, 2020** Forms 1095-B and 1094-B due to IRS (Mailed)
- **March 31, 2020** Forms 1095-B and 1094-B due to IRS (eFiled)
- **January 31, 2020** Copy of Form 1095-B due to employee (Covered Individual)

FILING WITH THE IRS

When to File

Generally, the return and transmittal form must be filed with the IRS no later than February 28 if filing on paper (March 31 if filing electronically) of the year following the calendar year of coverage being reported.

To meet this requirement, ensure the envelope containing the forms is properly addressed and mailed on or before the due date. If the regular due date falls on a Saturday, Sunday, or legal holiday, file by the next business day. A business day is any day that isn't a Saturday, Sunday, or legal holiday.

For forms filed in 2020 reporting coverage provided in calendar year 2019, Forms 1094-B and 1095-B must be filed by February 28, 2020, or March 31, 2020, if filing electronically.

Filing Extensions

You can get an automatic 30-day extension of time to file by completing [Form 8809](#) and filing it with the IRS. The form should be filed as soon as you know an extension of time to file is necessary, but not before January 1 of the year in which the return is due. Form 8809 must be filed by the due date of the returns. Form 8809 may be submitted on paper or through the IRS FIRE System either as a fill-in form or an electronic file. No signature or explanation is required for the extension. (To use the IRS FIRE System your organization must have IRS approval and have an existing account or create an account. For more information go to this IRS site – [link](#)).

You must file Form 8809 by the due date of the returns in order to get the 30-day extension. Under certain hardship conditions, you may apply for an additional 30-day extension. See [Form 8809](#) and the instructions for more information about extensions of time to file.

Filing Paper Returns With the IRS

Where to File

Send all information returns filed on paper to the following.

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

Shipping and mailing.

If you're filing on paper, send the forms to the IRS in a flat mailing (not folded) and don't staple or paperclip the forms together. If you're sending many forms, you may send them in conveniently sized packages. On each package, write your name, and number the packages consecutively. Place Form 1094-B in package number one **and a copy of Form 1094-B in each additional package**. Postal regulations require forms and packages to be sent by first-class mail. Returns filed with the IRS must be printed in landscape format.

Keeping copies. Generally, keep copies of information returns you filed with the IRS or maintain the ability to reconstruct the data for at least 3 years, from the due date of the returns.

CORRECTED FORM 1095-B

This information relates to corrections to forms filed on paper. A corrected return should be filed as soon as possible after an error is discovered. File the corrected returns as follows.

If you filed electronically, you are most likely using a third party service provider to perform the actual electronic filing. If you have to make corrections to some of your forms, check with your filing service provider as that may be part of your service or they may be able to assist you.

- **Form 1095-B:** Fully complete Form 1095-B and enter an “X” in the CORRECTED checkbox. File a Form 1094-B Transmittal with the corrected Forms 1095-B. (Do not file a corrected Form 1094-B.)
- **Recipient's statement:** A copy of the corrected Form 1095-B must be furnished to the individual who received the original Form 1095-B.

Note. Enter an “X” in the CORRECTED checkbox only when correcting a Form 1095-B previously filed with the IRS. If you are correcting a Form 1095-B that was previously furnished to a recipient, but not filed with the IRS, write, print, or type CORRECTED on the new Form 1095-B furnished to the recipient.

Original Form 1095-B Filed With the IRS and Furnished to the Recipient	
IF any of the following are incorrect ...	THEN ...
a. Name of responsible individual (Part I)	1. Fully complete a new Form 1095-B and enter an “X” in the CORRECTED checkbox
b. Origin of the Health Coverage (Part I)	2. File a Form 1094-B Transmittal with the corrected Form 1095-B
c. Social security number (SSN) or taxpayer identification number (TIN) (Part I)	3. Furnish a copy of the corrected Form 1095-B to the person identified as the responsible individual
d. Issuer or Other Coverage Provider (Part III)	
e. Covered Individuals (Part IV)	

You must file a corrected return to report retroactive changes in coverage

Example 1. Tim enrolls in a school district’s group health plan coverage in January 2019. Tim fails to pay his contributions while on leave for November and December 2019 and January 2020. The District sends Tim a Form 1095-B on January 31, 2019, reporting coverage for every month in 2019. On

February 1, 2020, the District cancels Tim's coverage effective November 1, 2019. The District must send Tim a corrected Form 1095-B reporting that Tim was covered only for January through October 2019. If the District filed the Form 1095-B with the IRS, it must file a corrected Form 1095-B with the IRS reporting coverage only for January through October 2019.

Example 2. Sharon is enrolled in a supervisory union's group health plan coverage for January through October 2019. Sharon goes on leave November 1 and does not continue coverage. Sharon returns from the leave on November 30 and coverage is reinstated December 1. The supervisory union completes and files Sharon's 1095-B showing coverage from January through October (before the group health plan records are updated to reflect the December reinstatement). The error is caught before the forms are filed with the IRS but after the forms were sent to participants. Since incorrect information was not sent to the IRS, the form sent to the IRS is not marked as 'Corrected', however, Sharon is provided a new form with the word 'Corrected' typed at the top of the form (the Corrected box is NOT checked).

FORMS FURNISHED TO INDIVIDUALS

Employers must provide a copy of Form 1095-B to the person identified as the "responsible individual" on the form by January 31, 2020.

The "responsible individual" is generally the employee. However, the responsible individual for COBRA coverage is the person who is the primary name on the coverage.

If only minor children are covered individuals, the copy may be sent to a parent.

Copies of Form 1095-B provided to responsible individuals may include a truncated SSN of the responsible individual and covered individuals by showing only the last four digits of the SSN and replacing the first five digits with asterisks (*) or Xs.

The employer's EIN may not be truncated on the statement furnished to recipients and truncation of TINs, including EINs, is not allowed on returns filed with the IRS.

In general, statements must be provided on paper by mail (or hand delivered), unless the recipient affirmatively consents to receive the statement in an electronic format (see paragraph below). If mailed, the statement must be sent to the recipient's last known permanent address, or, if no permanent address is known, to the recipient's temporary address.

Consent to furnish statement electronically to the responsible individual.

If the employer wants to make the statements available electronically, the employer is required to obtain affirmative consent to furnish a statement electronically. The requirement to obtain affirmative consent to furnish a statement electronically ensures that statements are sent electronically only to individuals who are able to access them. The consent must relate specifically to receiving Form 1095-B electronically. Refer to additional, supplemental information on the requirements located at the [VEHI website](#).

Extension of Time to Furnish Statement to Recipients

You may request an extension of time to furnish statements to recipients ('responsible individuals') by sending a letter to:

Internal Revenue Service
Attn: Extension of Time Coordinator
240 Murall Drive
Mail Stop 4360
Kearneysville, WV 25430.

The letter must include:

- a. filer (SD or SU) name,
- b. filer TIN,
- c. filer address,
- d. type of return,
- e. a statement that the extension request is for providing statements to recipients,
- f. reason for delay, and
- g. the signature of the filer or authorized agent.

Your request must be postmarked by the date on which the statements are due to the recipients. If your request for an extension is approved, generally you will be granted a maximum of 30 extra days to furnish the recipient statements.

Questions? – Contact GBS at VEHlhelp@ajg.com