



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

Calendar Year 2020 Reporting

January 2021

Table of Contents

INTRODUCTION	3
Coverage through Group Health Plan and HRAs.....	3
What is my SD or SU Required to Do?	3
Need for Individual Entity Filings	5
IRS FORM 1095-B – EMPLOYEES/RESPONSIBLE INDIVIDUALS	6
Active Employees	6
COBRA Participants	7
Examples	7
Requirement to obtain Social Security Number (or Tax ID Number) newly covered individuals.	9
Request for Social Security Number Timeline Examples	9
FORM 1094-B – TRANSMITTAL TO IRS.....	11
Filing Time Line Overview	11
FILING WITH THE IRS	12
When to File	12
Filing Extensions.....	12
Filing Paper Returns With the IRS	12
CORRECTED FORM 1095-B.....	13
FORMS FURNISHED TO INDIVIDUALS	14
Furnishing the Statement to Employees / Responsible Individuals.....	15
Consent to furnish statement electronically to the responsible individual.....	15
Extension of Time to Furnish Statement to Recipients.....	15
VEHI Website Resources.....	16

Questions? – Contact GBS at VEHIhelp@ajg.com

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 in the prior calendar year) 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.

Coverage through Group Health Plan and HRAs

When a self-insured group health plan is accompanied by an employer-sponsored health reimbursement arrangement (HRA), both are considered self-insured plans. If an individual is covered in any month by a self-insured health plan and a 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 2020, 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) is enrolled in group health plan coverage during 2020, 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.	<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2252 <div style="font-size: 2em; font-weight: bold;">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)	
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"/>			
9 Reserved			

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 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			<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"/>
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"/>
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"/>
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"/>
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"/>

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

Cat. No. 60704B

Form **1095-B** (2020)

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 VEHlhelp@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 10) 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** 2020 (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

560118				
Form 1095-B Department of the Treasury Internal Revenue Service	<div style="text-align: center;"> Health Coverage <small>Do not attach to your tax return. Keep for your records.</small> <small>Go to www.irs.gov/Form1095B for instructions and the latest information.</small> </div> <div style="text-align: right;"> <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED </div> <div style="text-align: right;"> <small>OMB No. 1545-2252</small> 2020 </div>			
Part I Responsible Individual				
1 Name of responsible individual—First name, middle name, last name Robert I Smith	2 Social security number (SSN) or other TIN 000-00-0000			
3 Date of birth (if SSN or other TIN is not available) 11/19/1960	4 Street address (including apartment no.) 25 Forest Lane			
5 City or town West Wardsboro	6 State or province VT			
7 Country and ZIP or foreign postal code 05360	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 School District	11 Employer identification number (EIN) 32-0000007			
12 Street address (including room or suite no.) 8137 Glen Eagles St.	13 City or town Montpelier			
14 State or province VT	15 Country and ZIP or foreign postal code 05620			
Part III Issuer or Other Coverage Provider (see instructions)				
16 Name School District	17 Employer identification number (EIN) 32-0000007			
18 Contact telephone number 802-555-5555	19 Street address (including room or suite no.) 8137 Glen Eagles St.			
20 City or town Montpelier	21 State or province 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 Robert I Smith	000-00-0000		<input checked="" 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 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Jane Smith and daughter post-divorce

560118	
Form 1095-B Department of the Treasury Internal Revenue Service	<div style="text-align: center;"> 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. </div> <div style="text-align: right;"> <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED </div> <div style="text-align: right;"> OMB No. 1545-0052 2020 </div>
Part I Responsible Individual	
1 Name of responsible individual—First name, middle name, last name	
Jane A Smith	
2 Social security number (SSN) or other TIN	
111-11-1111	
3 Date of birth (if SSN or other TIN is not available)	
01-07-19	
4 Street address (including apartment no.)	
387 St Louis St.	
5 City or town	
South Barre	
6 State or province	
VT	
7 Country and ZIP or foreign postal code	
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	
School District	
17 Employer identification number (EIN)	
32-0000007	
18 Contact telephone number	
802-555-5555	
19 Street address (including room or suite no.)	
8137 Glen Eagles St.	
20 City or town	
Montpelier	
21 State or province	
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	
24 Mary Y Smith 222-22-2222	

COBRA Coverage Only – 2020

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 2021. Her Form 1095-B is completed as shown in the example below.

560118	
Form 1095-B Department of the Treasury Internal Revenue Service	<div style="text-align: center;"> 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. </div> <div style="text-align: right;"> <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED </div> <div style="text-align: right;"> OMB No. 1545-0052 2020 </div>
Part I Responsible Individual	
1 Name of responsible individual—First name, middle name, last name	
Jane A Smith	
2 Social security number (SSN) or other TIN	
111-11-1111	
3 Date of birth (if SSN or other TIN is not available)	
01-07-1959	
4 Street address (including apartment no.)	
387 St. Louis St.	
5 City or town	
South Barre	
6 State or province	
VT	
7 Country and ZIP or foreign postal code	
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	
School District	
17 Employer identification number (EIN)	
32-0000007	
18 Contact telephone number	
802-555-5555	
19 Street address (including room or suite no.)	
8137 Glen Eagles St	
20 City or town	
Montpelier	
21 State or province	
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	
24 Mary Y Smith 222-22-2222	

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 Timeline 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 2020
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 (2020)				

Filing Time Line Overview

- **March 1, 2021** Forms 1095-B and 1094-B due to IRS (Mailed)
- **March 31, 2021** Forms 1095-B and 1094-B due to IRS (eFiled)
- **March 2, 2021** 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 2021 reporting coverage provided in calendar year 2020, Forms 1094-B and 1095-B must be filed by March 1, 2021, or March 31, 2021, 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 as soon as you know an extension of time to file is necessary, but not later than the due date for the Form 1094-B and 1095-B. The form cannot be filed before January 1 of the year in which the return is due. A sample completed Form 8809 is available at this [link](#). Form 8809 may be submitted on paper or through the IRS FIRE System as either 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 2. File a Form 1094-B Transmittal with the corrected Form 1095-B 3. Furnish a copy of the corrected Form 1095-B to the person identified as the responsible individual
b. Origin of the Health Coverage (Part I)	
c. Social security number (SSN) or taxpayer identification number (TIN) (Part I)	
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

Under the regulations, employers must provide a statement (COPY OF Form 1095-B) to the person identified as the "employee" on the form by January 31, 2020. The IRS has extended this date to March 2, 2021. In view of this extension, no additional extensions will be provided for the 2020 reporting year.

While small employers are required to file a Form 1095-B for each employee who was enrolled in employer health plan coverage for at least one day in calendar year 2020, the IRS has offered small employers limited relief for filing year 2020. Small employers responsible for providing Form 1095-B (NOT Forms 1095-C) are relieved of any penalty for the 2020 filing year if instead of automatically furnishing the form to employees, two conditions are met:

1. The employer posts prominently on its website stating employees and responsible individuals may obtain a copy of their 2020 Forms 1095-B upon request. The notice must include an email address and a physical address to which a request for the form may be sent, as well as a telephone number that employees may use to contact the employer with questions, and
2. The employer promptly furnishes a copy of the Form 1095-B upon request within 30 days of the date the request is received.

Furnishing the Statement to Employees / Responsible Individuals

Employers must provide a copy of Form 1095-B to the person identified as the “responsible individual” on the form by March 2, 2021.

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

Due to the IRS guidance automatically extending the date the statements must be furnished as discussed earlier, the extension for providing statements to employees for the 2020 filing year is not available.

VEHI Website Resources

[Small Employer Resources](#)

[General IRS Reporting Resources](#)

IRS Forms for 2020

Form 1094-B [Link to Form](#)

Form 1095-B [Link to Form](#)

Form 1094/5-B Instructions [Link to Form](#)

Questions? – Contact GBS at VEHIhelp@ajg.com