

Reporting Examples on Form 1095-C

The Patient Protection and Affordable Care Act (ACA) added Sections 6055 and 6056 to the Internal Revenue Code. Under these provisions, employers and other sponsors of minimum essential coverage (MEC) must comply with certain reporting and disclosure requirements for coverage provided during the calendar year. The following examples do not include ICHRA reporting examples; however, employers who offer ICHRAs should pay close attention to the Code 1 Series and line 17 in Part II of Form 1095-C. To assist employers we created some examples with very specific fact patterns as noted below. Please note also that different requirements apply to specific facts patterns, so the examples below may not exactly correspond to your precise situation. Make sure that you consult the reporting [Instructions](#) for information related to your specific fact pattern.

Before digging into specific examples, it is important to have a basic understanding of the general application of the various codes to be used on lines 14 and 16 of Form 1095-C. The tables below explain the lines 14 and 16 codes.

Meaning of Codes for Form 1095-C, Part II, Line 14

As noted above, Form 1095-C requires the use of special codes. Some of the most important codes are found in Part II on line 14. For that section, employers must use certain codes to indicate **what type of coverage was offered** to an employee, not the coverage selected by the employee. This is an important distinction because the coverage offered may not always be the same as the coverage provided (e.g., family coverage offered but employee enrolled in employee-only coverage). An employer is considered to have made an offer of coverage only if it would have provided health coverage every day of the calendar month with certain limited exceptions. Additionally, an offer of COBRA continuation is not considered to be an offer of coverage. Below is an explanation of each code.

Code	Reason	Comments
1A	Qualifying Offer	<p>Use this code when the employer has offered MEC providing minimum value to full-time employees with a contribution that is affordable using the mainland federal poverty line safe harbor (i.e., employee-only coverage cost is equal to or less than 9.5% (as adjusted annually – 9.78% in 2020, 9.83% in 2021, and 9.61% in 2021)) of the mainland single federal poverty level safe harbor), and at least MEC has been offered to dependent children and spouses.</p> <p>Code may be used whether or not the employer makes a Qualifying Offer for all 12 calendar months; however, employer cannot use alternative method for furnishing Form 1095-C under the Qualifying Offer Method.</p>

Code	Reason	Comments
1B	Minimum essential coverage with minimum value offered only to employee	Use this code when the employer has offered MEC providing minimum value to the employee, but MEC was not offered to a spouse or dependent children. Employer will not qualify for simplified reporting.
1C	Minimum essential coverage providing minimum value offered to the employee and at least minimum essential coverage was offered to dependent children but not spouse	Use this code when the employer has offered MEC providing minimum value to the employee and at least MEC is offered to dependent children, but not spouses. Employer will not qualify for simplified reporting based upon Qualifying Offer Method, but may qualify for 98% Offer Method simplified reporting on Form 1094-C.
1D	Minimum essential coverage providing minimum value offered to the employee and at least minimum essential coverage was offered to spouse, but not dependent children	Use this code when the employer offers MEC providing minimum value to the employee and at least minimum essential coverage is offered to the spouse, but not dependent children. Employer will not qualify for simplified reporting.
1E	Minimum essential coverage providing minimum value was offered to the employee and at least minimum essential coverage provided to spouse and dependent children	Use this code when offering MEC providing minimum value to the employee and at least minimum essential coverage is offered to the spouse and dependent children. Employer may qualify for simplified reporting based upon 98% Offer Method on Form 1094-C.
1F	Minimum essential coverage NOT providing minimum value was offered to the employee, or the employee and spouse, or the employee, spouse, and dependent children	Use this code when offering MEC that does not provide minimum value (e.g., a “skinny” plan). Employer will not qualify for simplified reporting.
1G	Offer of coverage to an individual who was not an employee for <i>any</i> calendar month or employee who was not a full-time employee for <i>any</i> month of the calendar year who enrolled in self-insured coverage for one or more months of the calendar year	Use this code when offering self-insured coverage to an employee who was not a full-time employee for <i>any</i> month during the calendar year. This may include one or more months in which the individual was not an employee. Use this code for individuals who were not employees of the employer (e.g., spouses, alternate recipients). Enter code 1G in the “All 12 months” box or enter 1G in each calendar month. If code 1G is used, then it must apply to all calendar months, or it does not apply at all.
1H	No offer of coverage (i.e., employee not offered any coverage considered to be minimum essential coverage)	Use this code when an employee was not offered coverage or was not offered coverage that is considered to be MEC (e.g., a limited benefit plan). This may include one or more

Code	Reason	Comments
		<p>months in which the individual was not an employee. Employer will not qualify for simplified reporting.</p> <p>This code may be used in connection with reporting of COBRA continuation coverage offered to former employees that terminated employment.</p> <p>Use this Code when using Multiemployer interim relief rule (code 2E).</p>
1I	Reserved for future use	
1J	MEC offer to employee providing minimum value, conditional offer of MEC to spouse, but no MEC offer to dependent(s)	This code is used when an employer offered MEC providing minimum value to an employee and at least MEC conditionally offered to spouse, but MEC not offered to dependent(s).
1K	MEC offer to employee providing minimum value, MEC offer to dependent(s), and conditional offer of MEC to spouse	This code is used when an employer offered MEC providing minimum value to an employee; at least MEC to dependent(s); and at least MEC conditionally offered to spouse.
1L	Individual coverage HRA offered to employee only using employee's primary residence ZIP code	Use this code when only the employee is offered an ICHRA and employer uses the employee's primary residence ZIP code to determine affordability.
1M	Individual coverage HRA offered to employee and dependent children (not spouse) using employee's primary residence ZIP code	Use this code when the employee and employee dependent children (but not employee's spouse) are offered an ICHRA and employer uses the employee's primary residence ZIP code to determine affordability.
1N	Individual coverage HRA offered to employee, spouse and dependent children using employee's primary residence ZIP code	Use this code when the employee, spouse, and dependent children are offered an ICHRA and employer uses the employee's primary residence ZIP code to determine affordability.
1O	Individual coverage HRA offered to employee only using employee's primary employment ZIP code	Use this code when only the employee is offered an ICHRA and employer uses the employee's primary place of employment ZIP code to determine affordability.
1P	Individual coverage HRA offered to employee and dependent children (not spouse) using employee's primary employment ZIP code	Use this code when the employee and employee's dependent children (but not employee's spouse) are offered an ICHRA and employer uses the employee's primary place of employment ZIP code to determine affordability.



Code	Reason	Comments
1Q	Individual coverage HRA offered to employee, spouse and dependent children using employee's primary employment ZIP code	Use this code when the employee, spouse, and employee's dependent children are offered an ICHRA and employer uses the employee's primary place of employment ZIP code to determine affordability.
1R	Individual coverage HRA offered is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse and dependents.	Use this code if the ICHRA coverage offered to employee, spouse, and dependent children is not affordable using either the employee's primary residence or primary place employment ZIP code safe harbor.
1S	Individual coverage HRA offered to an individual who was not a full-time employee	Use this code for any part-time employees offered ICHRA coverage.
1T	Individual coverage HRA that is affordable is offered to employee and spouse (not dependents) using employee's primary residence location ZIP code	Use this code when only the employee and spouse (but not dependents) are offered an ICHRA that is affordable and employer uses the employee's primary residence location ZIP code to determine affordability.
1U	Individual coverage HRA that is affordable is offered to employee and spouse (not dependents) using employee's primary employment site ZIP code	Use this code when the employee and spouse (but not dependents) are offered an ICHRA that is affordable and employer uses the employee's primary place of employment ZIP code to determine affordability.
1V	Reserved for future use	
1W	Reserved for future use	
1X	Reserved for future use	
1Y	Reserved for future use	
1Z	Reserved for future use	

Meaning of Codes for Form 1095-C, Part II, Line 16

Line 16 of Form 1095-C seeks information about any **safe harbors from Section 4980H penalties** that may apply. The chart below shows the available codes and their meaning.

Code	Reason	Comments
2A	Employee not employed during the month	Enter Code 2A if the employee was not employed on any day of the month. Do not use Code 2A if the individual is an employee of the employer on any day of the month. Do not use this code for the month during which an employee terminates employment with the employer.
2B	Employee not a full-time employee	Use this code if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Use this code if a full-time employee's offer of coverage terminated before the end of the month solely because the employee terminated employment during the month, but coverage would otherwise have extended until the last day of the month.
2C	Employee enrolled in coverage offered	Use this code for any month in which the employee enrolled in health coverage offered by the employer <u>for each day of the month</u> , regardless of whether any other 2 series code might also apply (other than code 2E). Do not use code 2C if code 1G is entered in line 14. Do not enter code 2C in line 16 for any month in which a terminated employee is enrolled in COBRA coverage (enter code 2A). Do not use code 2C for any month in which the employee is enrolled in coverage that is not MEC.
2D	Employee in a Section 4980H Limited Non-Assessment period	Use this code when an employee is in a Limited Non-Assessment period. Limited Non-Assessment periods include: (1) January through March of the first year an employer is an applicable large employer; (2) a waiting period under the monthly measurement method ending no later than two full calendar months after the end of the first calendar month the employee is eligible for coverage; (3) a waiting period under the look-back method ending not later than the end of the employee's third full calendar month of employment; (4) an initial and administrative period under the look-back method (do not use code 2B); (5) a period following a change in status that occurs during an initial measurement period under the look-back method; and (6) the employee's first calendar month of employment. Note that the first five Limited Non-Assessment periods are only non-assessment periods if affordable health coverage providing minimum value is offered by the first day of the first month following the Limited Non-Assessment period. See the "Limited Non-Assessment Periods" section below for more information. Do not use if multiemployer interim guidance also applies – see "2E."
2E	Multiemployer interim relief rule	Use this code for any month in which the multiemployer interim rule relief applies, regardless of whether any other code Series 2 applies (including 2C).

Code	Reason	Comments
		Under the multiemployer interim relief rule, an employer is treated as offering health coverage to an employee if the employer is required by a collective bargaining agreement or related participation agreement to make contributions for that employee to a multiemployer plan that offers health insurance coverage that is affordable and provides minimum value and is also offered to that employee's dependent children.
2F	Section 4980H affordability Form W-2 safe harbor	Use this code if affordability for the purposes of Section 4980H was determined by the Form W-2 safe harbor. If this safe harbor is used, then it must be used for all months of the year that the employer offered coverage. (Do not use if multiemployer interim guidance also applies – see “2E.”)
2G	Section 4980H affordability federal poverty line safe harbor	Use this code if affordability for the purposes of Section 4980H was determined by the federal poverty line safe harbor. (Do not use if multiemployer interim guidance also applies – see “2E.”)
2H	Section 4980H affordability rate of pay safe harbor	Use this code if affordability for the purposes of Section 4980H was determined by the rate of pay safe harbor. (Do not use if multiemployer interim guidance also applies – see “2E.”)
2I	Reserved for future use	

Limited Non-Assessment Periods

Another key area to understand involves the use of code 2D for a Limited Non-Assessment Period. A Limited Non-Assessment Period generally refers to a period during which an applicable large employer will not be subject to an assessable payment under section 4980H(a), and in certain cases section 4980H(b), for a full-time employee, regardless of whether that employee is offered health coverage during that period.

The first five periods described below are Limited Non-Assessment Periods only if the employee is offered health coverage by the first day of the first month following the end of the period, and are Limited Non-Assessment Periods for section 4980H(b) only if the health coverage that is offered at the end of the period provides minimum value.

- 1. First year as applicable large employer period.** January through March of the first calendar year in which an employer is an ALE, but only for an employee who was not offered health coverage by the employer at any point during the prior calendar year. For this purpose, 2021 is not the first year an employer is an ALE, if that employer was an ALE in 2020.
- 2. Waiting period under the monthly measurement method.** If an employer is using the monthly measurement method to determine whether an employee is a full-time employee, the period beginning with the first full calendar month in which the employee is first

otherwise (but for completion of the waiting period) eligible for an offer of health coverage and ending no later than two full calendar months after the end of that first calendar month.

- 3. Waiting period under the look-back measurement method.** If an employer is using the look-back measurement method to determine whether an employee is a full-time employee and the employee is reasonably expected to be a full-time employee at his or her start date, the period beginning on the employee's start date and ending not later than the end of the employee's third full calendar month of employment.
- 4. Initial measurement period and associated administrative period under the look-back measurement method.** If an employer is using the look-back measurement method to determine whether a new employee is a full-time employee, and the employee is a variable hour employee, seasonal employee or part-time employee, the initial measurement period for that employee and the administrative period immediately following the end of that initial measurement period.
- 5. Period following change in status that occurs during initial measurement period under the look-back measurement method.** If an employer is using the look-back measurement method to determine whether a new employee is a full-time employee, and, as of the employee's start date, the employee is a variable hour employee, seasonal employee or part-time employee, but, during the initial measurement period, the employee has a change in employment status such that, if the employee had begun employment in the new position or status, the employee would have reasonably been expected to be a full-time employee, the period beginning on the date of the employee's change in employment status and ending not later than the end of the third full calendar month following the change in employment status. If the employee is a full-time employee based on the initial measurement period and the associated stability period starts sooner than the end of the third full calendar month following the change in employment status, this Limited Non-Assessment Period ends on the day before the first day of that associated stability period.
- 6. First calendar month of employment.** If the employee's first day of employment is a day other than the first day of the calendar month, then the employee's first calendar month of employment is a Limited Non-Assessment Period.



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Examples

All examples below assume the following information unless specifically noted otherwise:

ABC Organization offers three self-insured health plan options: (1) an HDHP with an employee cost of \$63 per month for employee-only coverage; (2) a PPO I option with an employee cost of \$144 per month for employee-only coverage; and (3) a PPO II option with an employee cost of \$184 per month for employee-only coverage. All three plan options provide minimum value. All three plan options are offered to an employee, the employee's spouse, and the employee's dependent children. ABC uses the federal poverty line safe harbor to determine affordability of the lowest cost self-only plan. Coverage extends to the end of the month in which a COBRA qualifying event occurs. The employer's health plan year begins January 1. Employees who work an average of 30 or more hours per week are eligible for enrollment. The employer uses the look-back method to determine eligibility for hourly employees and the monthly measurement method for salaried employees. However, hourly employees who are reasonably expected to work 30 or more hours per week and full-time salaried employees are eligible for coverage on the date of hire.

Example 1a: Joel is hired on March 15 as a full-time employee reasonably expected to work 30 or more hours per week. He elects coverage effective March 15 under the PPO I option for himself, his spouse, and his two dependent children. Assuming that the employer does not use code 1A for a Qualifying Offer, Joel's coverage for the year will be reported as follows:

Part II Employee Offer of Coverage		Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	

If an individual is enrolled in coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>															
	(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	June	July	Aug	Sept	Oct	Nov	Dec
17 Joel	123-11-1234		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18 Baker	123-22-1234		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20 Jeremy	Baker	123-33-1234	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21 Jenny	Baker		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Treated as no offer of coverage because coverage not provided every day of the month

Joel is in a Limited Non-Assessment period because March was his first calendar month of employment and he began work on a day other than the first day of the month

A fully-insured health plan will not complete Part III

Even though Joel enrolled himself and his family in PPO I, use the lowest-cost premium for employee-only coverage which is the HDHP

Joel and his family are credited with coverage for March because they were each covered for at least one day in March

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2A = Not an employee for the month
2C = Employee enrolled in coverage
2D = Employee in Limited Non-Assessment Period

Example 1b: Same facts as in Example 1a, but the employer is eligible to use Qualifying Offer Code 1A for months April through December because it uses the federal poverty line safe harbor to calculate affordability and offers coverage to the employee, spouse, and dependent children. Joel's coverage for the year will be reported as follows. Note: January through March are reported in the same manner as the previous example.

Part II Employee Offer of Coverage					Employee's Age on January 1					Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D										
17 ZIP Code														

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.															
	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other ID number	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	Joel Baker			<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19	Jana Baker			<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
20	Jeremy Baker			<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
21	Jenny Baker	123-44-1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

The IRS has indicated that line 16 may be left empty when using code 1A on line 14

Line 15 is left blank when code 1A is used because code 1A indicates coverage is affordable using the federal poverty line safe harbor

1A = Qualifying Offer made to employee
1H = No offer of coverage

2A = Not an employee for the month
2D = Employee in Limited Non-Assessment Period*

Example 1c: Joel is hired on January 15 as an adjunct professor for the Spring semester. Joel does not teach during the Fall semester, and his employment is terminated as of May 31. ABC University uses the adjunct professor safe harbor to credit its adjunct professors with 2.25 hours of service for each credit hour taught (i.e., for teaching time, class preparation, and grading papers) and credits one hour of service for each hour that is not associated with credit hours (e.g., faculty meetings, office hours, etc.). Joel is assigned to teach 12 credit hours, attends one 1-hour faculty meeting per month, and holds 4 office hours per week. For each month of the Spring semester, Joel is credited with 31.25 hours per week [27 (12 x 2.25 for classroom time) + 4.25 (for 4 office hours and .25 hour for his monthly faculty meeting per week)]. As an adjunct professor, Joel is not eligible for employee benefits. Joel's coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)	1H														
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)							2A	2A	2A	2A	2A	2A	2A		
17 ZIP Code															

Part III Covered Individuals				If Employer provided self-insured coverage, check the box and enter the number of months of coverage, including the employee. <input type="checkbox"/>						
(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) Coverage for all 12 months	July	Aug	Sept	Oct	Nov	Dec	
18			<input type="checkbox"/>							
19			<input type="checkbox"/>							

Part III is left blank because the employee is not enrolled in coverage

1H = No offer of coverage

2A = Not an employee for the month

ABC University is not entitled to a safe harbor code on line 16 for months Jan - Mar because it did not offer coverage to Joel, and he is a full-time employee under the ACA

Example 2a: Joel is hired on March 1 as a full-time employee reasonably expected to work 30 or more hours per week. He elects coverage effective March 1 under the PPO I option for himself, his spouse, and his two dependent children. Assuming that the employer does not use code 1A for a Qualifying Offer, Joel's coverage for the year will be reported as follows:

Part II Employee Offer of Coverage					Employee's Age on January 1					Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	
17 ZIP Code														

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>															
(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	June	July	Aug	Sept	Oct	Nov	Dec
18 Joel	1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 Jana			<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20 Jeremy	1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21 Jenny	Baker	123-44-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2D is not used in March because (unlike example 1a) Joel and his family are covered every day of the month

A fully-insured health plan will not complete Part III

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2A = Not an employee for the month
2C = Employee enrolled in coverage

Example 2b: Same facts as in Example 2a, but the employer is eligible to use Qualifying Offer Code 1A. Joel's coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							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)		1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A												
17 ZIP Code															

Part III Covered Individuals																	
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
	(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	June	July	Aug	Sept	Oct	Nov	Dec	
18	Joel Baker	12-1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Jana Baker	1-1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	Jeremy Baker	3-1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21	Jenny Baker	4-1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

When using code 1A on line 14, it is not necessary to enter a code on line 16

1A = Qualifying Offer made to employee
1H = No offer of coverage

2A = Not an employee for the month

Example 3a: Zelda has been an employee of ABC Organization for ten years as a full-time employee. She terminated employment on October 31. Zelda had been enrolled in the PPO II option in family coverage and elected COBRA continuation coverage for herself and her dependent children, Fitz and Fredericka, but not her spouse, Addison. Assuming that the employer does not use code 1A for a Qualifying Offer, Zelda's coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01											
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec									
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H									
15 Employee Required Contribution (see instructions)	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$									
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2A	2A									
17 ZIP Code																						

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>															
(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	June	July	Aug	Sept	Oct	Nov	Dec
18 Zelda Fitzhough	234-11-1234		<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"/>
19 Addison Fitzhough	234-22-1234		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Fritz Fitzhough	234-33-1234		<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"/>
21 Fredericka Fitzhough	234-44-1234		<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"/>

Even though Zelda was offered COBRA, an offer of COBRA coverage is not treated as an offer of coverage.

Even though Zelda and her children enrolled in COBRA, code 2A is used because Zelda was not an employee during the month.

A fully-insured health plan will not complete Part III

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2A = Not an employee for the month
2C = Employee enrolled in coverage



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Example 3b: Zelda has been an employee of ABC Organization for ten years as a full-time employee. She terminated employment on October 15, but did not elect COBRA continuation coverage. Zelda's coverage terminated on the date of her employment termination. Zelda had been enrolled in the PPO II option in family coverage. Assuming that the employer does not use code 1A for a Qualifying Offer, Zelda's coverage for the year will be reported as follows:

Part II Employee Offer of Coverage		Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	
15 Employee Required Contribution (see instructions)	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2B	2A	2A	
17 ZIP Code														

Part III Covered Individuals														
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee: <input checked="" type="checkbox"/>														
(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	June	July	Aug	Sept	Oct	Nov	Dec
18 Zelda	Fitzhough 234-11-1234	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Addison	Fitzhough 234-22-1234	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Fitz	Fitzhough 234-33-1234	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fredericka	Fitzhough 234-44-1234	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Because Zelda's coverage did not extend to the end of the month in which she terminated, it is not treated as an offer of coverage for the month of termination

Use code 2B if a full-time employee's offer of coverage terminated before the end of the month solely because the employee terminated employment during the month

A fully-insured health plan will not complete Part III

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2A = Not an employee for the month
2B = Not a full-time employee
2C = Employee enrolled in coverage



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Example 4a: Rashid waived coverage during the last annual enrollment. On March 1, he and his wife had a beautiful baby boy. During a special enrollment period, Rashid added himself, his wife, and his son in the HDHP effective March 1 (retroactive to his son's birthdate). Assuming that his employer does not use the 1A code for a Qualifying Offer, Rashid's coverage for the year would be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	1E													
15 Employee Required Contribution (see instructions)	\$ 63.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2G	2G	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	
17 ZIP Code														

Part III Covered Individuals																	
If Employer provides self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
	(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	June	July	Aug	Sept	Oct	Nov	Dec	
18	Rashid	Jdipi	345-11-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Raja	Jdipi	345-22-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	Amrit	Jdipi	345-33-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

A fully-insured health plan will not complete Part III

Because Rashid did not enroll in coverage even though he was offered coverage, a safe harbor code is used

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

2C = Employee enrolled in coverage
2G = Coverage affordable using federal poverty line safe harbor

Example 4b: Same facts as Example 4a except Rashid and his wife have a baby on March 15th and enroll retroactive to the date of the baby's birth through a special enrollment. Assuming that his employer does not use the 1A code for a Qualifying Offer, Rashid's coverage for the year would be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 63.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2G	2G	2G	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Part III Covered Individuals																	
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
	(a) Name of covered individual(s) First name, middle initial, last name	(b) Employer 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	June	July	Aug	Sept	Oct	Nov	Dec	
18	Rashid	Udipi	45-11-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Raja	Udipi	345-22-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	Amrit		345-33-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Because Rashid did not enroll in coverage for the full month, a safe harbor code is used for March even though Rashid will be credited with enrollment for the full month under the Individual Mandate and Part III of the Form

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

2C = Employee enrolled in coverage
2G = Coverage affordable using federal poverty line safe harbor



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Example 5a: Becca and her spouse are enrolled in employee + spouse coverage under the PPO II option. On May 1, she and her spouse have a baby girl. Becca adds her daughter to coverage effective May 1. Assuming that her employer does not report using a Qualifying Offer code 1A, her coverage for the year would be reported as follows:

Part II Employee Offer of Coverage					Employee's Age on January 1					Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	1E													
15 Employee Required Contribution (see instructions)	\$ 63.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													
17 ZIP Code														

Part III Covered Individuals																	
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
	(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	June	July	Aug	Sept	Oct	Nov	Dec	
18	Becca Taylor	523-11-1234		<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"/>	<input type="checkbox"/>
19	Reginald Taylor	523-22-1234		<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"/>	<input type="checkbox"/>
20	Asia Taylor	523-33-1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

A fully-insured health plan will not complete Part III

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

2C = Employee enrolled in coverage

Example 5b: Same facts as in Example 5a, but Becca's baby is born on May 15 and added retroactive to that date.

Reporting will be identical to Example 5a. Baby Asia is credited with coverage in Part III for the full month because she had coverage for at least one day of the month. The reporting on Part II for coverage offered to Becca does not change because the information relates to the coverage *offered* to her, not the coverage she actually enrolled in.

Part II Employee Offer of Coverage		Employee's Age on January 1								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)	1E												
15 Employee Required Contribution (see instructions)	\$ 63.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>													
(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	June	July	Aug	Sept	Oct	Nov	Dec
18 Becca Taylor	523-11-1234		<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"/>
19 Reginald Taylor	523-22-1234		<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"/>
20 Asia Taylor	523-33-1234		<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

A fully-insured health plan will not complete Part III

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

2C = Employee enrolled in coverage

Example 6a: Mark was hired on May 1, 2020 as a variable hour employee. His initial measurement period extended from May 1, 2020 through April 30, 2021. Mark was determined to average 33 hours or more per week during his initial measurement period. Mark is eligible for enrollment as of June 1, 2021. Mark enrolls himself and his spouse, Donna, in the HDHP with coverage effective June 1, 2021. Assuming that his employer does not use the Qualifying Offer code 1A for line 14, Mark's coverage will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C	
17 ZIP Code														

Part III Covered Individuals																	
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
(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	June	July	Aug	Sept	Oct	Nov	Dec
18	Mark	Sommers	88	64	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Donna	Sommers		22-1234	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

A fully-insured health plan will not complete Part III

Mark was in a Limited Non-Assessment period from January 1 through May 31 because he was in an initial measurement period

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2C = Employee enrolled in coverage
2D = Employee in Limited Non-Assessment Period

Example 6b: Mark was hired on May 1, 2020 as a variable hour employee. His initial measurement period extended from May 1, 2020 through April 30, 2021. Mark is eligible for enrollment as of the *first day of the first pay period* following the end of his initial measurement period (i.e., May 15, 2021). Mark enrolls himself and his spouse, Donna, in the HDHP with coverage effective May 15, 2021. Assuming that his employer does not use the Qualifying Offer code 1A for line 14, Mark's coverage will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C	
17 ZIP Code														

Part III Covered Individuals		If Employer provided self-insured coverage, check the <input checked="" type="checkbox"/> and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>												
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN (if SSN or other TIN is not available)	(c) Coverage type	(e) Months of coverage											
			Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18 Mark	Sommers	4			X	X	X	X	X	X	X	X		
19 Donna	1234				X	X	X	X	X	X	X	X		

A fully-insured health plan will not complete Part III

May is completed because Mark and Donna are covered for at least one day

Mark was in a Limited Non-Assessment Period from January 1 through May 15. Because he was not eligible for coverage until the middle of May, his employer is not credited with an offer of coverage for that month. The employer may use the Limited Non-Assessment Period code 2D for May because his administrative period extended into May.

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2C = Employee enrolled in coverage
2D = Employee in Limited Non-Assessment Period

Example 7a: During the open enrollment period for its health plan, ABC Organization makes an offer of minimum essential coverage providing minimum value to Elizabeth and to Elizabeth's spouse and dependent children. Elizabeth elects to enroll in employee-only coverage starting January 1. On June 1, Elizabeth experiences a reduction in hours that results in loss of eligibility for coverage under the plan. As of June 1, the employer terminates Elizabeth's existing coverage and makes an offer of COBRA continuation coverage to her, but does not make an offer to Elizabeth's spouse and dependents because they were not entitled to COBRA continuation. The cost of COBRA continuation for the HDHP for employee only coverage is \$126 per month. Elizabeth's coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1						Plan Start Month (enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1B	1B	1B	1B	1B	1B	1B
15 Employee Required Contribution (see instructions)	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Part III Covered Individuals	
If Employer provided self-insured coverage, check <input type="checkbox"/> and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>	
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN (if SSN or other TIN is not available)
18 Elizabeth Tanner	777-11-1234

Code 1B is entered on line 14 June – Dec. because only Elizabeth was eligible for COBRA continuation.

A fully-insured health plan will not complete Part III.

The COBRA cost for employee-only HDHP coverage becomes the cost of coverage.

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

1B = Minimum essential coverage providing minimum value offered to employee only.

2C = Employee enrolled in coverage

Example 7b: Elizabeth has been employed as a full-time employee for the past ten years, but moved to a part-time position as of June 15 and became ineligible for benefits. Elizabeth elected employee-only coverage in the HDHP during the last open enrollment period. Elizabeth elected COBRA continuation coverage beginning July 1 because her coverage extended until the last day of the month in which her change in employment status occurred. The cost of COBRA continuation for the HDHP for employee-only coverage is \$126 per month and is affordable using the rate of pay safe harbor for Elizabeth. Assuming her employer does not report using the Qualifying Offer code 1A, her coverage for the year will be reported as follows.

Part II Employee Offer of Coverage				Employee's Age on January 1								Plan Start Month (enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1B	1B	1B	1B	1B	1B		
15 Employee Required Contribution (see instructions)	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C		
17 ZIP Code															

Part III Covered Individuals		If Employer provided self-insured coverage, check the box <input type="checkbox"/> . If not, enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>												
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN (if SSN or other TIN is not available)	(c) Covered all 12 months	(e) Months of coverage											
			Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 Elizabeth Tanner	1234	<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"/>

The COBRA cost for employee only in the HDHP coverage becomes the cost of coverage

A fully-insured health plan will not complete Part III

1B = Coverage offered only to employee
 1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

2C = Employee enrolled in coverage

Example 7c: Elizabeth has been employed as a variable hour employee for the past three years, and is considered to be full-time for a standard stability period beginning on January 1, 2021 and ending on December 31, 2021. She moved to a part-time position as of June 15, 2021, but because she was in a stability period and was considered to be a full-time employee during that period, she retained eligibility for coverage. Elizabeth elected employee-only coverage in the HDHP during the last open enrollment period. Assuming her employer does not report using the Qualifying Offer code 1A, her coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1						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)	1E													
15 Employee Required Contribution (see instructions)	\$ 63.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													
17 ZIP Code														

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>													
(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	June	July	Aug	Sept	Oct	Nov	Dec
18 Elizabeth	777-11-1234		<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"/>

A fully-insured health plan will not complete Part III

Because Elizabeth's eligibility status did not change due to her change in employment status and she remained enrolled, she is reported as an enrolled full-time employee for the entire applicable standard stability period (January 1 through December 31)

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

2C = Employee enrolled in coverage

Example 7d: Elizabeth has been employed as a salaried, full-time employee for the past three years. She moved to a part-time position as of June 30, 2021 and became ineligible for benefits. ABC Organization uses the monthly measurement method to determine full-time employee status for purposes of the ACA for all of its employees. Elizabeth elected employee-only coverage in the HDHP during the last open enrollment period, but declined to enroll in COBRA continuation coverage. Assuming her employer does not report using the Qualifying Offer code 1A, her coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1B	1B	1B	1B	1B	1B		
15 Employee Required Contribution (see instructions)	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00	\$ 126.00		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2B	2B	2B	2B	2B	2B		
17 ZIP Code															

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including employee. <input checked="" type="checkbox"/>															
(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	June	July	Aug	Sept	Oct	Nov	Dec
18 Elizabeth Tanner	777-11-1234		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A fully-insured health plan will not complete Part III

Elizabeth is treated as an enrolled full time employee for January through June

Because Elizabeth was no longer a full time employee, code 2B is used for the months of July through December

Because Elizabeth's only offer of coverage for the months of July through December was an offer of COBRA continuation coverage due to a reduction in hours, it is treated as an offer of coverage to the employee-only

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children

1B= Minimum essential coverage providing minimum value offered to employee only

2B = Employee was not a full-time employee

2C = Employee enrolled in coverage

Example 8a: Steve was a full-time employee of ABC Organization and received an offer of coverage providing minimum value for an employee, spouse, and dependent children (family coverage) under the ABC Organization health plan. Steve enrolled in family coverage under the ABC Organization PPO II health plan effective January 1, 2021 through December 31, 2021, or through Steve's termination of employment, whichever is earlier. The employee premium for lowest-cost self-only coverage premium is \$63. On June 15, 2021, Steve terminated employment with ABC Organization, and his coverage under ABC Organization's health plan ended on that date. Steve and his family received an offer of continuation coverage under COBRA, but did not enroll in the coverage. His coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A	2A		

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>													
(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) Coverage all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 Steve	Smith	141-12-1111	<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"/>
19 Susan	Smith	242-12-1233	<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"/>
20 Steve	Smith, JP	142-12-1333	<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"/>

Even though Steve was offered COBRA, an offer of COBRA coverage is not reported as an offer of coverage

A fully-insured health plan will not complete Part III

Even though Steve and family enrolled in COBRA, use code 2A because Steve is not an employee for the month

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2A = Not an employee for the month
2B = Offer of coverage terminated before the end of the month solely because employment terminated during the month, but coverage would otherwise have extended until the last day of the month
2C = Employee enrolled in coverage

Example 8b: Same facts as Example 8a, except that Steve enrolls in family COBRA coverage for himself, his spouse, and his dependent child under the plan effective June 15, 2021 through December 31, 2021. His coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A	2A		
17 ZIP Code															

Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																
	(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	June	July	Aug	Sept	Oct	Nov	Dec
18	Steve Smith	141-12-1111		<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"/>		
19	Susan Smith	242-12-1111		<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"/>		
20	Steve Smith, JR	42-12-1333		<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"/>		

Even though Steve was offered COBRA, an offer of COBRA coverage is not reported as an offer of

In this example the employer can mark all 12 months box because Steve and family were enrolled the entire year

Even though Steve and family enrolled in COBRA, use code 2A because Steve is not an employee for the month

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2A = Not an employee for the month
2B = Offer of coverage terminated before the end of the month solely because employment terminated during the month, but coverage would otherwise have extended until the last day of the month
2C = Employee enrolled in coverage

Example 9: Cassandra Cash was hired as a new variable hour employee on January 1, 2021. Her initial measurement period began on January 1, 2021 and was slated to end on December 31, 2021. She was promoted to a full-time salaried position on June 15, 2021 and became benefits eligible as of the first of the month following 60 days after her promotion (i.e., September 1, 2021). She enrolled in employee-only coverage under the PPO I plan option effective September 1, 2021. Her coverage for the year will be reported as follows:

Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 63.00	\$ 63.00	\$ 63.00	\$ 63.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2D	2D	2D	2C	2C	2C	2C
17 ZIP Code													

Part III Covered Individuals															
If Employer provides self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>															
(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	June	July	Aug	Sept	Oct	Nov	Dec
18 Cassandra Cash	555-11-1234		<input type="checkbox"/>	<input type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

A fully-insured health plan will not complete Part III

Cassandra was in a Limited Non-Assessment Period from January 1 through June 14 because she was in her initial measurement period

Cassandra was in a Limited Non-Assessment Period from June 15 through August 31 because that period follows a change in status that occurred during an initial measurement period under the look-back method

1E = Employee offered minimum essential coverage providing minimum value and coverage with MV offer to spouse and dependent children
1H = No offer of coverage

2C = Employee enrolled in coverage
2D = Employee in Limited Non-Assessment Period



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The intent of this analysis is to provide general information regarding the provisions of current federal laws and regulation. It does not necessarily fully address all your organization's specific issues. It should not be construed as, nor is it intended to provide, legal advice. Your organization's general counsel or an attorney who specializes in this practice area should address questions regarding specific issues.