



ACA Form
Preview Guide

How to Use this Guide

Dear Valued CTR Customer,

We are pleased to provide this guide to assist you with previewing your 1095-C and 1094-C Affordable Care Act (ACA) forms. This guide consists of a detailed description of the following information:

- The fields within iSolved that populate the ACA 1094-C and 1095-C Forms
- A detailed description of each form with definitions pulled from the IRS instructions.

Although this guide will be a useful tool in reviewing your ACA forms, we recommend that each of our clients review the official IRS [Instructions for Forms 1094-C and 1095-C \(2021\) | Internal Revenue Service \(irs.gov\)](#) as your ultimate guide. Please visit your iSolved Landing Page for additional information.

Thank you,

Your CTR HCM Team

Previewing your ACA 1094-C and 1095-C Forms

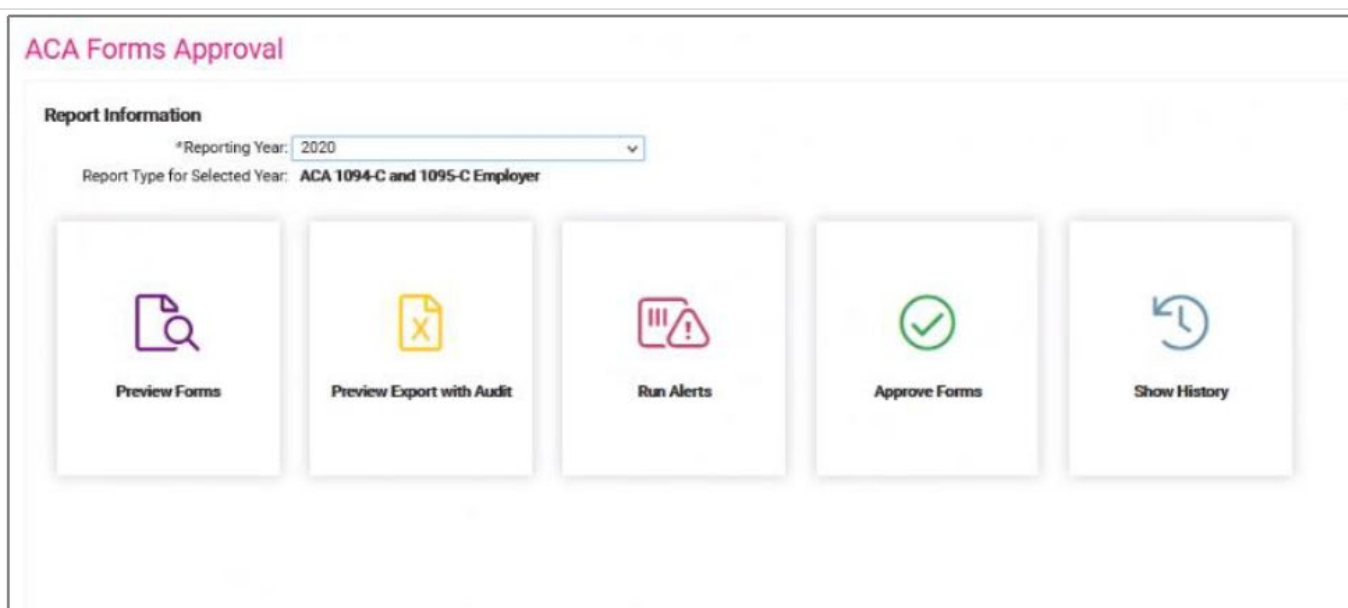
In order to begin your ACA Preview process, you must first generate copies of your ACA Reports in the iSolved system. You will find copies of your ACA Forms under Client Management>ACA Setup Options>ACA Forms Approval. If you have multiple FEINS, be sure to generate and review a separate report for each FEIN. **Also, be sure to select the correct reporting year 2022.**

iSolved has an ACA "Run Alerts" report. This report is a condensed version of the forms which only shows lines 14 through 15 of the 1095-C Forms. The report includes hire dates, rehire dates, and term dates to assist with form review. The report also highlights any missing fields on the forms with a yellow or red box.

Items in red are critical issues which will cause the file to fail when submitted to the IRS. It is very important that you **do not approve your forms in iSolved with a critical error**. The IRS will reject your forms, and you will need to correct the error. Please correct any errors before approving your forms.

Items in yellow are warnings which should be corrected, but which won't prevent the file from sending to the IRS.

If you have a self-insured plan and need to review dependent information on your forms, you will need to run the Preview Forms report to view the dependent information. The Preview Forms report does not highlight known issues like the Run Alerts report.



The screenshot displays the "ACA Forms Approval" section of the iSolved system. At the top, the title "ACA Forms Approval" is shown in pink. Below it, the "Report Information" section includes a dropdown menu for "Reporting Year" set to "2020" and a label "Report Type for Selected Year: ACA 1094-C and 1095-C Employer". The main area contains five action buttons, each with an icon and a label: "Preview Forms" (magnifying glass over a document), "Preview Export with Audit" (document with an 'X'), "Run Alerts" (document with a warning triangle), "Approve Forms" (green checkmark), and "Show History" (circular arrow).

Example of a Missing field using the ACA Run Alerts Report:

ALE Member Contact Phone	
DGE Address	
DGE City State, Zip	
DGE Contact Phone	

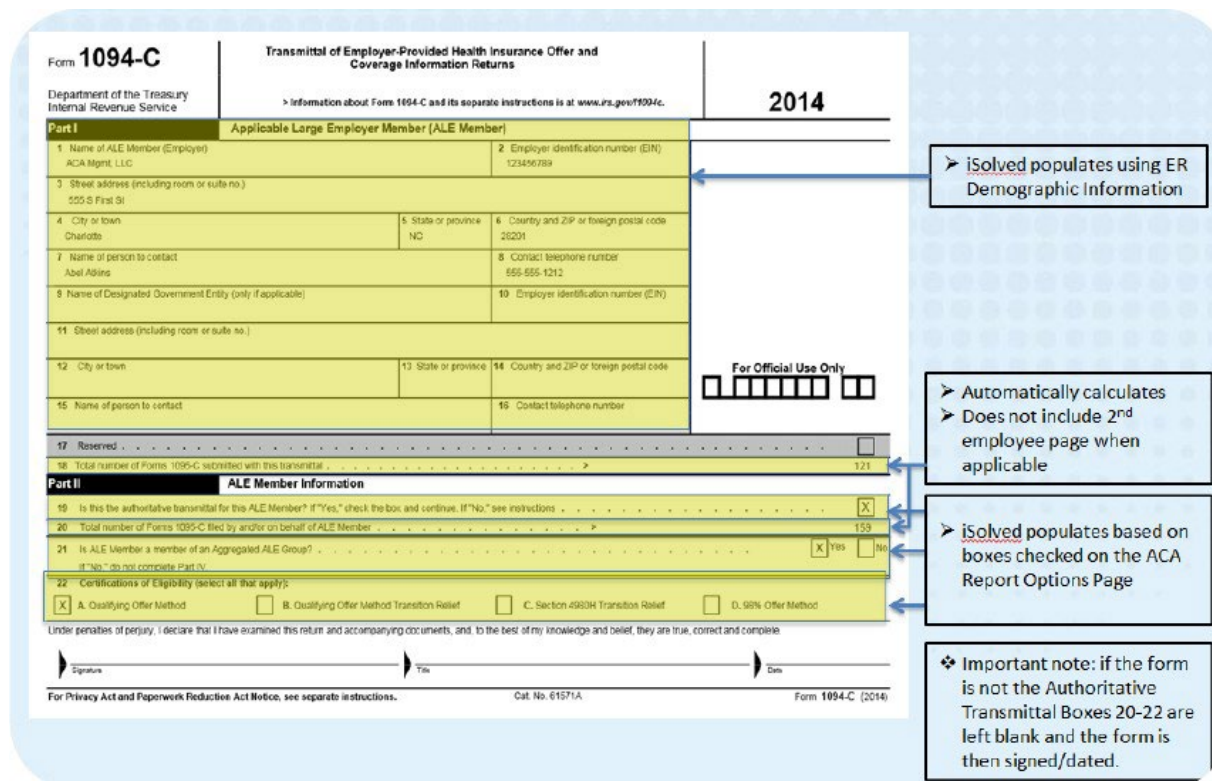
Reviewing your 1094-C Forms

The 1094-C Form will appear as the first report when you generate your ACA Form 1094-C and 1095-C if you select the “Preview Forms” which is the full version of the form 1094 and 1095. The 1094-C Form is the employer statement that will be filed for each company that is a part of your Aggregate ACA Group (“Applicable Large Employer Member”).

PART I

In Part I of the form, the system should automatically populate the appropriate information for each Applicable Large Employer Member. When reviewing this Section, here are some important points to consider:

- If you have multiple companies that have been identified as an Aggregated ALE Group in iSolved, the system will generate a separate 1094-C for each Applicable Large Employer Member (“ALE Member”).
- Lines 9 through 16 apply to a Designated Government Entity (“DGE”). Government employers may designate a sister agency or department as responsible for all 1094-C compliance requirements. This DGE is required to complete lines 9 through 16. If this does not apply to your organization, these fields should remain blank.
- Line 18 represents the total number of Forms 1095-C submitted for the ALE. The system will generate a 1095-C form for any employee who was a Full-Time employee for any month in the reporting year. If you have a self-insured health plan, the system will also generate a 1095-C for part-time employees who were enrolled in your health plan during the reporting year. Be sure to verify that the system has generated a 1095-C for all applicable employees.



Form 1094-C
Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns
Information about Form 1094-C and its separate instructions is at www.irs.gov/1094-c.

2014

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)
ACA Mgmt. LLC

2 Employer identification number (EIN)
123456789

3 Street address (including room or suite no.)
555 S First St

4 City or town
Charlotte

5 State or province
NC

6 Country and ZIP or foreign postal code
26201

7 Name of person to contact
Abel Adams

8 Contact telephone number
888-666-1212

9 Name of Designated Government Entity (only if applicable)

10 Employer identification number (EIN)

11 Street address (including room or suite no.)

12 City or town

13 State or province

14 Country and ZIP or foreign postal code

15 Name of person to contact

16 Contact telephone number

17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal
121

Part II ALE Member Information

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions.
☒ Yes ☐ No

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member
159

21 Is ALE Member a member of an Aggregated ALE Group? If "Yes," do not complete Part IV.
☒ Yes ☐ No

22 Certifications of Eligibility (select all that apply):
☒ A. Qualifying Offer Method ☐ B. Qualifying Offer Method Transition Relief ☐ C. Section 4980H Transition Relief ☐ D. 90% Offer Method

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. 61571A Form 1094-C (2014)

Callouts:

- iSolved populates using ER Demographic Information
- Automatically calculates
Does not include 2nd employee page when applicable
- iSolved populates based on boxes checked on the ACA Report Options Page
- Important note: if the form is not the Authoritative Transmittal Boxes 20-22 are left blank and the form is then signed/dated.

PART II

Line 19: Line 19 asks whether this is the Authoritative Transmittal for the ALE Member. This box will be automatically checked for each ALE Member.

Line 20: This should match Line 18.

Lines 21 and 22: These lines are populated by the information entered on the ACA Reporting Group and ACA Reporting Options Screens in iSolved. Verify that the correct boxes are checked for Line 22. Note that Line 22 says "select all that apply." Some employers may qualify for multiple forms of relief. If this is the case, on the ACA Reporting Options Screen please check all forms of relief that may apply. For existing clients who filed ACA forms in 2021, CTR should have pre-populated the 2022 form with the designations that were entered on you 2021 ACA Forms. Review the instructions below and the IRS instructions to determine if the same designations will apply for 2022. Below is a brief overview of each of the certifications. Please be sure to review the official IRS instructions posted on your Landing Page for additional detail and examples regarding each of the certifications below.

A	Qualifying Offer Method	<ul style="list-style-type: none"> To check this box the ER must have made a qualifying offer (Code 1A on 1095-C Line 14) to one or more of its full-time employees for all months during the year in which the employee was a full-time employee. The plan must be offered to spouse and dependents
RESERVED	Qualifying Offer Transition Relief	<ul style="list-style-type: none"> This is no longer an option for ACA Forms
RESERVED	Section 4980H Transition Relief	<ul style="list-style-type: none"> This is no longer a relief option
D	98% Offer Method	<ul style="list-style-type: none"> ER must offer a Qualifying Health Plan to 98% of its full-time employees and their dependents and; The full-time employee's offer of self-only coverage is affordable according to the ACA If the ER checks this box it does not have to complete the "Full-Time Employee Count" in Part III, column (b), of the 1094-C.

PART III

Part III		ALE Member Information - Monthly				
		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator
		Yes	No			
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
24	Jan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	104	150	<input type="checkbox"/>
25	Feb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	103	153	<input type="checkbox"/>
26	Mar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	103	153	<input type="checkbox"/>
27	Apr	<input checked="" type="checkbox"/>	<input type="checkbox"/>	102	150	<input type="checkbox"/>
28	May	<input checked="" type="checkbox"/>	<input type="checkbox"/>	99	143	<input type="checkbox"/>
29	June	<input checked="" type="checkbox"/>	<input type="checkbox"/>	102	144	<input type="checkbox"/>
30	July	<input checked="" type="checkbox"/>	<input type="checkbox"/>	102	145	<input type="checkbox"/>
31	Aug	<input checked="" type="checkbox"/>	<input type="checkbox"/>	99	140	<input type="checkbox"/>
32	Sept	<input checked="" type="checkbox"/>	<input type="checkbox"/>	97	143	<input type="checkbox"/>
33	Oct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	97	144	<input type="checkbox"/>
34	Nov	<input checked="" type="checkbox"/>	<input type="checkbox"/>	98	144	<input type="checkbox"/>
35	Dec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	98	144	<input type="checkbox"/>

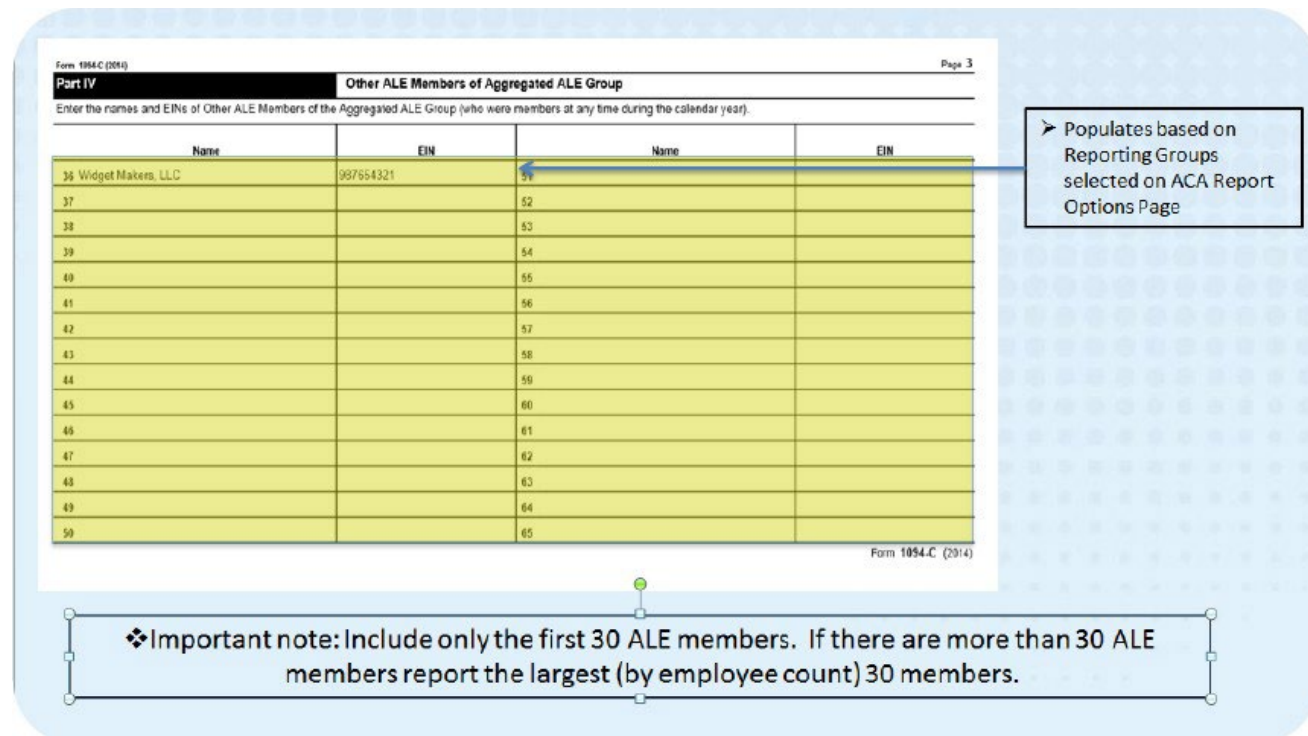
Part III (a) will populate based on Options selected on ACA Report Options (A or B). If no option is selected, this will populate based on a system calculation that includes employment category data and benefit plan data including **eligibility rules, effective dates, coverage options, and plan ACA designations**. Any employee who works at least 30 hours per week and who was not in a limited non-assessment period would be taken into consideration for your MEC offer to 95 percent of employees. This will populate 'yes' if you offered coverage to 95 percent of you full-time employees. If this says 'no,' you must review. If you find that that 95 percent of full time EEs were offered coverage, you can override this on the ACA Report Options screen.

For column (b), the system uses employment category data to count the number of employees who are assigned an ACA Status of “ACA Full Time” and those with an ACA Status who have the “Hours met for ACA

Full-Time Status” checkbox checked. If an employee had an Employment Category change, the effective date of the change must be recorded in the Employee Management>Employee Maintenance>Employment screen to ensure that the full-time employee counts are accurate for each month of Part III (b). NOTE: If the 98% Offer Method certification is selected in iSolved, then Section III (b) for FTEs will be blank as this is not required.

Part (c) counts all employees who have an Employment Status of “Active” in the system for each month. Part (d) populates based on the boxes checked on the ACA Report Options Page for Reporting Groups.

Part IV- Ensure that all ACA Aggregate Group Members, if any, are listed here.



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Part IV Other ALE Members of Aggregated ALE Group
Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36 Widget Makers, LLC	997554321	51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

Form 1054-C (2014)

❖ Important note: Include only the first 30 ALE members. If there are more than 30 ALE members report the largest (by employee count) 30 members.

Reviewing your 1095-C Forms

You will find your 1095-C forms immediately after the 1094-C form.

I. Verify that Part I of the Form has the Correct Employer Information for each Employee

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2251 2020
Part I Employee			Applicable Large Employer Member (Employer)		
1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)	7 Name of employer	8 Employer identification number (EIN)		
3 Street address (including apartment no.)		9 Street address (including room or suite no.)		10 Contact telephone number	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

II. Verify Part II Offer and Coverage Section

Lines 14 through 16 are populated by Employee Benefit Enrollments under Employee Benefits>Benefit Plans.

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)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2020)

Line 14 Codes:

The codes listed below for line 14 describe the coverage offered to the employee, spouse, and dependents (if any). The probationary period setup on each benefit plan will populate which months the coverage was offered. The Benefit Plan Setup under Client Management>Benefit Plans will drive which codes will populate on Line 14 of the Forms.

Codes	Description
1A	Minimum essential coverage providing minimum value offered to full-time employee with an employee contribution for self-only coverage equal to or less than a percentage of the mainland single federal poverty line, which is updated annually by the IRS. The iSolved system will use the federal poverty level in effect 6 months prior to the start date of the plan year.
1B	Employee Only Coverage Offered
1C	Employee Only Coverage and Dependent Coverage Offered but no coverage offered to Spouse

1D	Employee Only Coverage and Spouse Coverage Offered but no coverage offered to Dependents. If it was a conditional offer of coverage for a spouse, you need to use Code 1J.
1E	Employee, Dependents, and Spouse Coverage Offered. If it was a conditional offer of coverage for a spouse, you must use Code 1K.
1F	Minimum Essential Coverage offered but it does not provide "Minimum Value" according to the ACA (The "Minimum Value" check box must be checked on the Benefit Plan Screen or this Code will populate). Note, a compliant plan should be both Minimum Essential Coverage and provide Minimum Value. Please contact CTR if this code is populating to ensure that it is accurate.
1G	The EE was NOT a full-time employee for any month of the calendar year but was enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. Also use this code if you offered coverage to an individual for at least one month of the year who was not an employee for any month of the calendar year.
1H	No offer of coverage (EE was NOT offered any health coverage or was offered coverage that is NOT minimum essential coverage) (Note: The Minimum Essential Coverage Check box must be populated on the Benefits Plan or this code will populate for employees who were offered coverage).
1J	Offer of coverage to employee and coverage conditionally offered to spouse; no offer to dependents. A conditional offer is an offer of coverage that is subject to one or more reasonable, objective conditions (for example, an offer to cover an employee's spouse only if the spouse is not eligible for coverage under Medicare or a group health plan sponsored by another employer).
1K	Offer of coverage to employee and coverage conditionally offered to spouse; and minimum essential coverage offered to dependent(s).
1L -1S	These are new ACA Codes that apply to Individual Coverage HRAs. <i>See ACA Codes Cheat Sheet for code meanings</i>

Line 15

Line 15 will show an amount only if code 1B, 1C, 1D, 1E or 1J through 1Q is entered on line 14 in any of the boxes. This line reports the employee share of the lowest-cost monthly premium for **employee only** coverage offered to the employee. These amounts will populate based on the rates entered for the Benefit Plans under Client Management>Benefit Plans. The amount reported on line 15 may not be the amount the employee actually paid for coverage if, for example, the employee chose to enroll in more expensive coverage such as family coverage. Line 15 will still only show lowest cost Employee Only coverage.

Special Rules for Individual Coverage HRAs

For an employee offered an individual coverage HRA, the Employee Required Contribution is the excess of the monthly premium for the applicable lowest cost Silver plan based on the employee's age over the monthly individual coverage HRA amount (the annual individual coverage HRA amount divided by 12). The lowest cost Silver plan is the lowest cost plan for the lowest age band in the individual market for the employee's applicable location. ACA Forms have boxes for the applicable Zip Code per month that must be populated. The employee's applicable age for the plan year is the employee's age on the date the individual coverage HRA can first become effective for the employee.

Line 16

Line 16 determines what the employee did once coverage was offered (i.e. accepted, waived, etc.). If you did not offer coverage, Line 16 seeks a reason why (for example Code 2D has a series of allowed reasons for not making offers of coverage to otherwise eligible employees).

Ensure that the appropriate codes are reflected for Line 16. If the same code applies for all 12 calendar months, the code will appear in the “All 12 Months” box. If none of the codes apply for a calendar month then the month should be blank. In some circumstances more than one situation could apply to the same employee in the same month. For example, an employee could be enrolled in health coverage for a particular month during which he or she is not a full-time employee. However, only one code may be used for a particular calendar month. **For any month in which an employee enrolled in minimum essential coverage, indicator code 2C reporting enrollment is used instead of any other indicator code that could also apply.** For an employee who did not enroll in health coverage, there are some specific ordering rules for which code to use. We have provided brief descriptions of the codes below. Please be sure to review the official IRS instructions.

Code	Description
2A	Employee not employed during any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the employer.
2B	Employee not a full-time employee AND the employee did not enroll in coverage offered. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).
2C	Employee enrolled in coverage offered. Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer for each day of the month, regardless of whether any other code in Code Series 2 might also apply. Do not enter 2C in Line 16 if Code 1G is entered in the All 12 Months Box in Line 14 because the employee was not a full-time employee for any months of the calendar year.
2D	Employee in a section 4980H(b) Limited Non-Assessment Period. Examples are listed below. If an employee is in an initial measurement period, you must enter code 2D for the month and not Code 2B (employee not a full-time employee): <ul style="list-style-type: none"> If it is ER's first year as ALE- ER did not offer FT EE Coverage Jan, Feb, March, but did offer by April 1st (Section 54.4980H-2(b)(5)) EE is in Waiting Period under Monthly Measurement Period (Section 54.4980H-3(c)(2)) EE is in Waiting Period under Look-Back Measurement Period (Section 54.4980H-3(d)(2)(iii)) EE is in Initial Measurement and Administrative Period (Section 54.4980H-3(d)(3)(iii)) Period Following Change in Status- Can use this code if there is a status change during the stability period (Section 54.4980H-3(d)(3)(vii)) First Calendar Month of Employment- ER not subject to penalty if EE start date occurs other than first day of the calendar month (Section 54.4980H-4© and Section 54.980H-5(c))
2E	Multiemployer interim rule relief (Applies to plans offered by collective bargaining agreement or other Multiemployer plans). If an employee is eligible for both Code 2D and 2E. Enter Code 2E for the month which is applies.
2F	Unaccepted Offer with W-2 Safe Harbor
2G	Unaccepted Offer with Federal Poverty Safe Harbor
2H	Unaccepted Offer with Rate of Pay Safe Harbor

PART III

If you are self-insured or partially self-insured, ensure that this Section is complete. If you are not self-insured, then this section will be blank. **Please make sure the Social Security numbers are accurate for all dependents or you will receive TIN Errors from the IRS when CTR electronically files your ACA Forms.**

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)	(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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reporting COBRA Coverage


In order to determine how to report COBRA offers of coverage, you must first determine whether you have a fully insured or self-funded health plan.

COBRA REPORTING FOR FULLY INSURED HEALTH PLANS

Generally, an employer that has a fully insured health plan does not need to report COBRA offers of coverage on their 1095-C forms. However, there is an exception to this general rule: COBRA offers of coverage must be reported for active employees who have had a COBRA qualifying event of a reduction of hours during the calendar year for which you are reporting.

Please see the below IRS examples of how to report:

IRS Example 1: Employee was offered COBRA coverage following a reduction of hours and enrolled. Enter a Code 1E for family COBRA coverage offer (or Code 1B for self-only COBRA offer), and a 2C to denote they enrolled.



COBRA Scenario #3

Full time employee offered MEC providing MV for employee, spouse, and dependents from Jan - Oct. Enrolled in employee only coverage. Reduced hours to 25 per week effective November 1. Employee is no longer eligible for employer coverage. For 4980H purposes employee is not full-time for November and December. Received COBRA offer for self-only coverage and enrolled in self-only COBRA coverage for the rest of the year. Premium = \$150.00 COBRA premium = \$250.00*

	All 12 Mos.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Line 14		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1B	1B
Line 15		\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$250.00	\$250.00
Line 16		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

1E Minimum Essential Coverage providing Minimum Value offered to employee and at least Minimum Essential Coverage offered to dependent(s) and spouse. Entry on line 15 required.


1B Minimum Essential Coverage providing Minimum Value offered to employee only. Entry on line 15 required.

2C Identifies an employee who was enrolled in coverage offered during the month.

When an employee receives a COBRA offer due a reduction in hours complete lines 14-16 as you would for any current employee.

*Updates Additional Scenario #5 from 7/28/2015 Webinar. The information is current as of December 10, 2015. Regulations, FAQs, instructions the product page for the Forms should be referred to for specific information.

IRS Example 2: Employee was offered COBRA coverage following a reduction of hours and enrolled. Enter a Code 1E for family COBRA coverage offer (or Code 1B for self-only COBRA offer), and a 2B denoting they were PT and did not enroll.



COBRA Scenario #4

Full time employee offered MEC providing MV for employee, spouse, and dependents from Jan - Oct. Enrolled in family coverage. Reduced hours to 25 hours per week on Nov 1, and is no longer eligible for employer coverage. Received COBRA continuation offer due to a reduction in hours and did not enroll in COBRA coverage. Premium = \$150.00 COBRA premium = \$250.00

	All 12 Mos.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Line 14		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
Line 15		\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$250.00	\$250.00
Line 16		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2B	2B

1E Minimum Essential Coverage providing Minimum Value offered to employee and at least Minimum Essential Coverage offered to dependent(s) and spouse. Entry on line 15 is required.

2B 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.

2C Identifies an employee who was enrolled in coverage offered during the month. The codes entered for November and December on line 16 assume the employer is using the monthly measurement period to determine full-time employee status. If an employer uses the lookback stability method to measure whether an employee is a full-time employee, the employer would need to determine whether the employee was a full-time employee in November and/or December and enter the appropriate code, if any.

*Updates Additional Scenario #6 from 7/28/2015 webinar. The information is current as of December 10, 2015. Regulations, FAQs, instructions and the product page for the Forms should be referred to for specific information.

COBRA offers for termination of employment: If a full-time employee had a COBRA qualifying event of a termination of employment during the calendar year and the terminated employee was offered COBRA, a fully insured ALE does not need to report the COBRA offer of coverage. Code 1H should be entered in Line 14 and Code 2A in Line 16 for the months the employee was not employed.

Reporting COBRA Coverage in iSolved

Reporting COBRA offers for Reduction of Hours in Part II of 1095-C Form:

To report COBRA offers for reduction of hours, you will need to make adjustments to the employees' ACA Form by using the ACA Report Override Screen in iSolved. This can be found under Employee Management>Employee Benefits>ACA Report Overrides. Click "Add New" and enter the ACA Reporting Year of 2022 for the employee you are overriding. For the months the employee was either offered or enrolled in COBRA coverage due to a reduction in hours, enter the appropriate codes in accordance with the instructions noted above (1A or 1E if you offered; 2C if they enrolled; 2B if they were PT and waived). You only need to override the codes you are changing. Then click "Save."

Search the menu

EMPLOYEE MANAGEMENT

- Employee Summary
- New Hire Wizard
- Quick Hire
- Quick Hire - Time Only
- Employee Maintenance >
- Employee Pay >
- Employee Benefits >
 - Benefit Plans
 - Benefit Rate Factors
 - Leave Accruals
 - Group Term Life
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- Human Resources >

EMPLOYEE ADMIN TOOLS

EMPLOYEE SELF-SERVICE

CLIENT MANAGEMENT

PAYROLL PROCESSING

REPORTING

ACA Report Overrides

+ Add New Edit Delete Refresh Save Cancel

ACA Reporting Year

*ACA Reporting Year: 2021 Plan Start Month: [v]

Code Series 1: Offer of Coverage

Line 14: Code used to specify the type of coverage, if any, offered to an employee, the employee's spouse, and the employee's dependents.

ALL	MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
	[v]	1A	[v]	[v]	[v]	[v]	1B	[v]	[v]	[v]	[v]

Employee Required Contribution

Line 15: Amount of the employee required contribution, which is, generally, the employee share of the monthly cost of the lowest-cost, self-only coverage.

ALL	MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							180				

Code Series 2: Section 4980H Safe Harbor and Other Relief

Line 16: Code used to specify why the employer should not be subject to a penalty for the employee, when applicable.

ALL	MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
	2C	[v]	[v]	[v]	[v]	[v]	[v]	[v]	[v]	[v]	[v]

1A
1B
1C
1D
1E
1F
1H
1J
1K
1L
1M
1N
1O
1P
1Q
1R
1T
1U

[illegible]

For a reduction in hours, in which the employee was offered COBRA under a self-insured plan:

If the employee was offered COBRA due to a reduction of hours, add the offer codes with the monetary value of COBRA and a 2C indicating they enrolled.

Line 14

- Enter a 1A denoting offer of coverage to family (= or less than federal poverty line
- Enter a Code 1B for self-only coverage offer to EE
- Enter a 1E denoting MEC/MV offer of coverage to family.

Line 15

- Leave blank if you have a Code 1A
- Enter the lowest cost EE Only monthly amount if you have a Code 1B or 1E. If there are different plan options, check the EE Only monthly amount for the plan they were enrolled in.

Line 16

- Enter a Code 2C if they enrolled
- Enter a Code 2B if they are PT and waived.

As a reminder, in Part III, check the boxes for every month the employee was enrolled in coverage, including for COBRA.

For terminated employees who took COBRA under self-insured health plan:

For FT employees that were offered COBRA due to the qualifying event of termination, add a codes 1H/2A in Part II for the months the employee was not employed and accepted coverage.

Furthermore, you must make overrides in Part III. Be sure to check the boxes for all months the employee and dependents were covered by the self-insured health plan, including through COBRA.

Example of a terminated employee who accepted COBRA for a self-insured health plan from January through September:

Part II Employee Offer of Coverage		Employee's Age on January 1											
	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												
17 Zip Code													

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

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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 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				<input type="checkbox"/>	X	X	X	X	X	X	X	X	X			
19				<input type="checkbox"/>												
20				<input type="checkbox"/>												
21				<input type="checkbox"/>												

For non-employees who were offered and accepted COBRA under self-insured health plan:

Go to ACA Non-Employee Overrides and add the non-employee. Enter the reporting year and a code 1G for all 12 months, as the enrollee was not a FT employee for any part of the year, then check the months they had COBRA coverage.

Example of a non-employee who accepted self-insured COBRA coverage:

Example of a non-employee who had COBRA coverage all year through a self-insured plan:

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)	1G												
15 Employee Required Contribution (see instructions)													
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 Zip Code													

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If you need further guidance on how to report COBRA coverage, please refer to the following link at the IRS website which provides further scenarios and examples on proper reporting of COBRA coverage:

[Questions and Answers about Information Reporting by Employers on Form 1094-C and Form 1095-C | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/affordable-care-act/employers/questions-and-answers-about-information-reporting-by-employers-on-form-1094-c-and-form-1095-c)

<https://www.irs.gov/affordable-care-act/employers/questions-and-answers-about-information-reporting-by-employers-on-form-1094-c-and-form-1095-c>