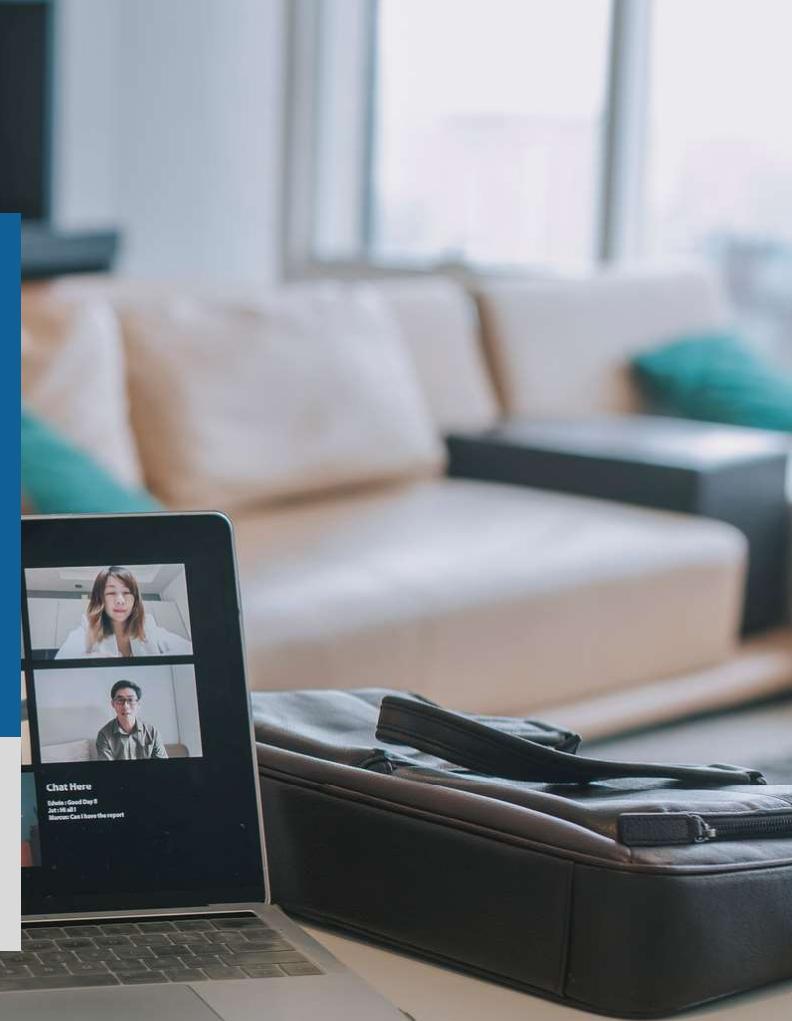


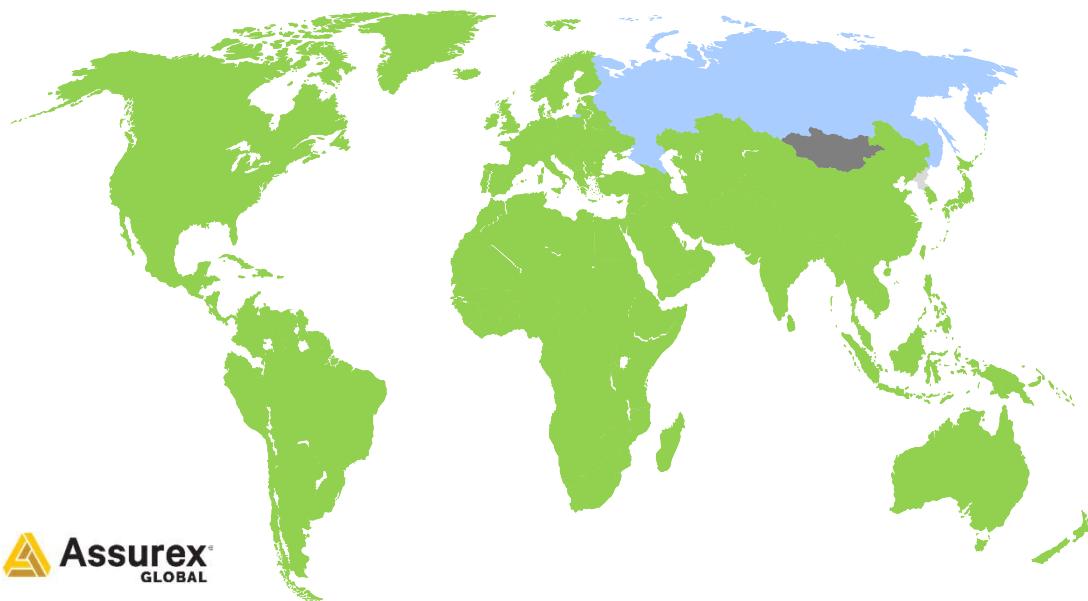
# 2026 Employer ACA Reporting

Presented by Lumelight  
**January 2026**



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# Logistics

Who has to file, What forms, and When

## Which Employers are Required to Report

- Employers Subject to Reporting
  - Applicable large employers (50 or more FTEs)
  - Employers offering self-funded (or level-funded) group health plans

**ALEs**  
**(§6056 Reporting)**



**Self-Funded Plans**  
**(§6055 Reporting)**

**Required to report offer of coverage information for all employees who were full-time for at least one month**

**Required to report coverage information for all individuals enrolled in the group medical plan**

## Aggregated ALE Groups

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- **ALE Status.** Employers that are part of an Aggregated ALE Group (controlled group) are added together for purposes of determining ALE status
  - E.g. Company A and B are a brother-sister controlled group. A averaged 40 FTEs last calendar year, and B averaged 20 FTEs last calendar year
  - Together they have 60 FTEs so they are both an ALE for the current calendar year and must complete §6056 reporting
- **Employer Reporting.** But for reporting and penalty purposes, each company reports its FT employees separately
  - A files one 1094C with the 1095Cs for its FT employees
  - B files a separate 1094C with the 1095Cs for its FT employees

ALE Fully-Insured Plan	ALE Self-Funded Plan
<p><b>Form 1094-C (all parts)</b></p> <p><b>Form 1095-C</b></p> <ul style="list-style-type: none"> <li>• <b>Part I</b> - Employee &amp; Employer Info</li> <li>• <b>Part II</b> - Offer of Coverage (eligibility) Info ( § 6056)</li> </ul> <p>*Insurance carrier will provide coverage information on fully-insured plan via Form 1094/1095-B ( § 6055)</p>	<p><b>Form 1094-C (all parts)</b></p> <p><b>Form 1095-C</b></p> <ul style="list-style-type: none"> <li>• <b>Part I</b> - Employee &amp; Employer Info</li> <li>• <b>Part II</b> - Offer of Coverage (eligibility) Info</li> <li>• <b>Part III</b> - Info on Covered Individuals ( § 6056 + 6055)</li> </ul> <p>*Form 1094/1095-B may be used instead for non-employees covered under the plan ( § 6055)</p>
Small Employer Fully-Insured Plan	Small Employer Self-Funded Plan
<p><b>No reporting required by the employer</b></p> <p>*Insurance carrier will provide coverage information via Form 1094/1095-B</p>	<p><b>Form 1094-B and 1095-B</b></p> <p>Info on Covered Individuals ( § 6055)</p>

# Filing & Distribution

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## ■ Filing

- Electronic filing is mandatory for all employers who file 10 or more information returns per year (W2s, 1099s, 1095Bs, 1095Cs)
- Will almost certainly require hiring a filing vendor – most employers will not be able to implement direct electronic filing with the IRS

## ■ Distribution

- Mail;
- Electronic, with participant consent; or
- Posting notice of availability
  - Conspicuous notice on public website (NOT intranet, benefits portal, etc.) with email address, physical address and telephone number for requests and questions.
  - Posted March 2 to October 15
  - Copy of form must be provided by January 31 or within 30 days of request, whichever is later

## Filing & Distribution

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### IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

2025 Form 1095s are prepared and available upon request. The Form 1095s illustrate information about offers of coverage made to full-time employees [as well as coverage information for those who enrolled in ABC Company's group health plan – if level-funded or self-funded]. To request a copy of your Form 1095 or to ask questions about Form 1095s, you can reach out to \_\_\_\_\_ via (email address, physical mailing address AND telephone number).

## Due Dates

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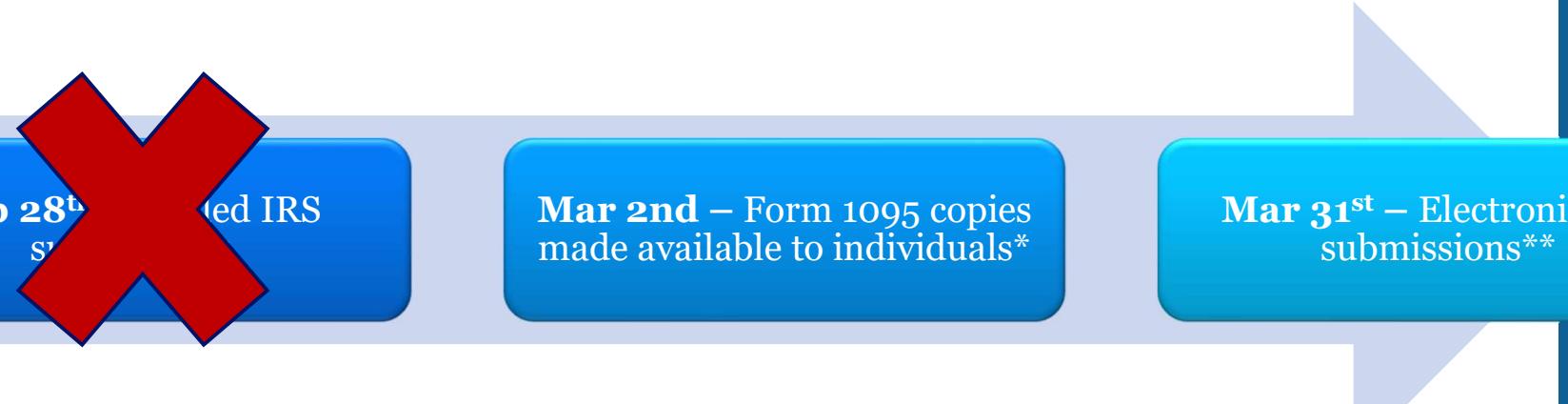
- Federal 2026 Due Dates

**Feb 28<sup>th</sup>** Standard IRS  
submissions



**Mar 2nd** – Form 1095 copies  
made available to individuals\*

**Mar 31<sup>st</sup>** – Electronic IRS  
submissions\*\*



\* This deadline has already been automatically extended by the IRS; no further extensions are allowed

\*\* Can request an automatic 30-day extension by filing form 8809 by due date; no signature or  
explanation required. Additional 30-day extension (not automatic) available for certain hardships

# Affordability

# Affordability

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- **Significance of waiving coverage**
- **What is “affordable”?**
  - Affordable = required employee contribution does not exceed a set percentage (9.02% in 2025) of household income
- **Safe harbor basics**
  - Use of safe harbor does not affect eligibility for subsidies
  - Different safe harbors can be used for different categories of employees
  - Employers can change safe harbors year-to-year
  - Employer is not required to choose safe harbor until reporting is done

# Affordability Safe Harbors

## FPL 2G

- Monthly cost cannot exceed 9.02% (2025) of FPL
- 2025 calendar year plan - \$113.20/month = affordable
- 2025 non-calendar year plan slightly higher

## Rate of Pay 2H

- Monthly cost cannot exceed 9.02% (2025) of hourly rate x 130 or monthly salary
- Hourly rate on first day of coverage period; if pay is reduced, use lower amount
- Monthly salary on first day of coverage period; if pay is reduced, safe harbor unavailable

## Form W-2 2F

- Annual contribution cannot exceed 9.02% (2025) of employee's Form W-2 Box 1 wages
- Includes all annual wages, salary, tips, and bonuses but reduced by pre-tax contributions
- Use Box 1 wages for year coverage is offered (e.g., 2025 Box 1 wages for affordability of coverage during 2025 )

# 1095C: Common Scenarios

## Quick Code Reference

### Line 14 Codes

1A: Qualifying Offer

1B: MV coverage offered to employee only

1D: MV coverage offered to employee and spouse

1E: MV coverage offered to employee, spouse and children

1H: No coverage offered

### Line 16 Codes

2A: Not employed

2B: Not full-time

2C: Enrolled in coverage

2D: Limited non-assessment period

2F: W-2 Safe Harbor

2G: FPL Safe Harbor

2H: Rate of Pay Safe Harbor



GLOBAL

## ACA Full-Time Status

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- Two options to determine ACA full-time status for reporting purposes.
  - Monthly Measurement Method
    - Employee is FT any month they have 130 hours of service
  - Lookback Measurement Method
    - If employee averages 30+ hours of service per week during specified Measurement Period, employee is FT for duration of associated Stability Period of same length, regardless of any change in work schedule or employment status during that Stability Period.
  - Classifying employees as FT/PT for reporting purposes using any other method (e.g. HRIS employment status, scheduled work hours) is not allowed.

# 1095 Framework

## Completing Lines 14-16

**Line 14:** Was coverage offered?

**Line 15:** How much did it cost?

**Line 16:** Does a safe harbor apply?

- What we are trying to avoid

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	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 125	\$ 125
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2D	2D	2D		

Blanks on Line 16

# FT Employee Offered Coverage All Year

- Enrolls

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)	\$ 125	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

- Waives but affordability safe harbor applies

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)	\$ 125	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2F												

## FT Employee Offered Coverage All Year

- 1A v. 1E – Not every offer of coverage is a Qualifying Offer (1A). To be Qualifying Offer coverage offered must be:
  - Minimum value
  - Offered to employee, spouse and children
  - Monthly cost of single coverage below FPL threshold (\$113.20 for 2025 CY plan)

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

## New Hires – Example 1

- Employee hired as FT mid-April 2025 and eligible for coverage June 1, 2025
- Offered fully insured MV coverage costing \$150/month
- Employee enrolled in coverage

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	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C

- 1H – no offer of coverage / 2A – not employed
- 1H – no offer of coverage / 2D – limited non-assessment period (e.g., waiting period)
- 1E – MV offered to employee and at least MEC offered to spouse/dependent / 2C – enrolled in coverage

## New Hires – Example 2

- Employee hired as variable hour mid-July 2024 and determined to be FT following a 12-month initial measurement period and eligible for coverage in September 2025 following one month admin period
- Offered self-insured MV coverage costing \$75/month for employee-only coverage (considered a "qualifying offer")
- Employee and spouse enrolled in the coverage

1H – no offer of coverage / 2D – limited non-assessment period (LBMM)

1A – qualifying offer / 2C – enrolled in coverage

- Why not use 1E on Line 14?

Form 1095-C Part II	Employee Offer and 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	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	1A	1A	1A	1A																								
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage																																				
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)	2D	2D	2D	2D	2D	2D	2D	2D	2C	2C	2C	2C																								

Form 1095-C (2025)

Page 3

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 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 Jane Doe	XXX																	
19 John Doe	XXX																	

## New Hires – Example 3

- Employee hired as variable hour mid-July 2024 and determined to FT following a 12-month initial measurement period and eligible for coverage in September 2025
- Offered self-insured MV coverage costing \$175/month for employee-only coverage
- Employee declines in the coverage

	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	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$ 175.00	\$ 175.00	\$ 175.00	\$ 175.00	\$ 175.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2D	2D	2D	2F	2F	2F	2F

- 1H – no offer of coverage / 2D – limited non-assessment period (LBMM)
- 1E – MV offered to employee and at least MEC offered to spouse/dependent / 2F – waived coverage
- Part III left blank** because the employee and spouse did not enroll in the self-insured plan

## Temporary Employee

- Employer hired temporary employee for six months from March – August
- Employee averaged 130 hours of service per month while employed
- Employer does not extend eligibility under the plan to temporary employees
- Employer uses the monthly measurement method

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												
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

A §4980H penalty may apply for March – August if this employee enrolled in subsidized coverage through the Exchange

## Change in Status (FT v. PT)

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- Employer uses lookback measurement method with a measurement period from Nov – Oct, administrative period Nov-Dec and stability period Jan – Dec. Employee averages 30+ hours per week during the 11/1/2023 – 10/31/2024 measurement period
- Employee is offered and enrolls themselves and spouse in coverage as of 1/1/2025, which coverage satisfies Rate of Pay safe harbor
- Employee transfers to a part-time position on May 15, 2025

## Change in Status (FT v. PT)

- **Option 1:** Employee is COBRAed as of June 1, 2025. Cost of single COBRA coverage is \$625 per month which does not satisfy Rate of Pay safe harbor. Employee waives COBRA.

Note change in Line 14  
code due to COBRA

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	1E	1E	1E	1E	1D	1D	1D	1D	1D	1D	1D	
15 Employee Required Contribution (see instructions)	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 625	\$ 625	\$ 625	\$ 625	\$ 625	\$ 625	\$ 625	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C								

Same for Line 15  
cost of coverage

- A \$4980H penalty may apply for June – December if this employee enrolled in subsidized coverage through the Exchange
- To avoid a penalty, do not COBRA coverage until employee loses ACA FT status at the end of the stability period

## Change in Status (FT v. PT)

- **Option 2:** Employer uses FT to PT exception – 1) employee has been offered coverage continuously since DOH (not incl. waiting period); 2) employee has less than 130 hours of service in Jun, Jul and Aug 2025; 3) employer may use monthly measurement method for this employee starting Sept 2025 through end of current or next stability period
- Employee is COBRAed effective 9/1/2025, employee declines COBRA

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	1E	1E	1E	1E	1E	1E	1E	1D	1D	1D	1D	
15 Employee Required Contribution (see instructions)	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 625	\$ 625	\$ 625	\$ 625	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2B	2B	2B	2B	

Switch to monthly measurement  
makes the employee PT

## Change in Status (FT v. PT)

- Same facts except employer uses monthly measurement method rather than lookback measurement method

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	1E	1E	1E	1E	1D	1D	1D	1D	1D	1D	1D
15 Employee Required Contribution (see instructions)	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 625	\$ 625	\$ 625	\$ 625	\$ 625	\$ 625	\$ 625
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2B	2B	2B	2B	2B	2B	2B

## Change in Status (FT v. PT)

- Employer uses lookback measurement method with a measurement period from Nov – Oct, administrative period Nov-Dec and stability period Jan – Dec. Employee averages less than 30 hours per week during the 11/1/2023 – 10/31/2024 measurement period
- Employee transfers to FT position on May 15, 2025. Employee is offered and enrolls themselves and their spouse in coverage as of June 1, 2025. Assume a fully-insured plan

No 1095C issued. No month where employee was ACA FT or enrolled in self-funded coverage. No risk of §4980H penalty

- Same facts except employer uses monthly measurement method

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	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2B	2B	2B	2C	2C	2C	2C	2C	2C	2C

## Leave of Absence

- Employee enrolls in a single coverage as of 1/1/2025.
- Employee begins unpaid FMLA leave March 9, 2025 and exhausts 12 weeks FMLA leave on May 31, 2025. Employee requests and is granted an extension of leave for another 4 months (Jun – Sep 2025). Company policy permits employees on non-FMLA leave to maintain coverage for two months after which they are COBRAed. Employee waives COBRA. Employee returns to work and coverage is reinstated at active employee rates as of October 1, 2025
- Option 1:** Employer uses monthly measurement method

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	1E	1E	1E	1E	1E	1E	1B	1B	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 625	\$ 625	\$ 125	\$ 125	\$ 125	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2B	2B	2C	2C	2C	

## Leave of Absence

- **Option 2:** Employer uses lookback measurement method with a measurement period from Nov – Oct, administrative period Nov-Dec and stability period Jan – Dec. Employee averaged 30+ hours per week during the 11/1/2023 – 10/31/2024 measurement period

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	1E	1E	1E	1E	1E	1E	1B	1B	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 625	\$ 625	\$ 125	\$ 125	\$ 125	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C			2C	2C	2C	

- A §4980H penalty may apply for August – September if this employee enrolled in subsidized coverage through the Exchange
- Note that for the 11/1/2024 – 10/31/2025 measurement period the employee will be credited 480 hours of service for the period of FMLA leave (Mar 9 – May 31) and 0 hours of service for the period of non-FMLA leave (June 1 – September 30)

# Termination of Employment

- Employee enrolls in a single coverage as of 1/1/2025. Employee terminates employment August 22, 2025. Employee elects COBRA for the remainder of the year
- Option 1:** Coverage runs through the end of the month of termination

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	1H	1H	1H	1H										
15 Employee Required Contribution (see instructions)	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2A	2A	2A	2A										

- Option 2:** Coverage ends on date of termination

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	1H	1H	1H	1H	1H									
15 Employee Required Contribution (see instructions)	\$	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$ 125	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2B	2A	2A	2A	2A									

1094C

## 1094C Part III

Part III ALE Member Information—Monthly		(a) Minimum Essential Coverage Offer Indicator	
		Yes	No
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>
28	May	<input type="checkbox"/>	<input type="checkbox"/>
29	June	<input type="checkbox"/>	<input type="checkbox"/>
30	July	<input type="checkbox"/>	<input type="checkbox"/>
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>

- This is ***the most important*** part of 1094C/1095C reporting
- If you get nothing else right, get this right
  - It is the difference between a few ***thousand*** and a few ***million*** dollars worth of penalties

# 1094C Part III

Part III ALE Member Information – Monthly		(a) Minimum Essential Coverage Offer Indicator	
		Yes	No
23	All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>
28	May	<input type="checkbox"/>	<input type="checkbox"/>
29	June	<input type="checkbox"/>	<input type="checkbox"/>
30	July	<input type="checkbox"/>	<input type="checkbox"/>
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>

This section should only ever look like this



Or this

The **only** time there should be a No checked in this section is if the employer offered coverage to less than 95% of its ACA full-time employees in a given month

Part III ALE Member Information – Monthly		(a) Minimum Essential Coverage Offer Indicator	
		Yes	No
23	All 12 Months	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Jan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Feb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26	Mar	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	Apr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	May	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	June	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30	July	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	Aug	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	Sept	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33	Oct	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Nov	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	Dec	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# 1094C Part III

	Part III ALE Member Information—Monthly	
	(a) Minimum Essential Coverage Offer Indicator	
	Yes	No
23 All 12 Months	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24 Jan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25 Feb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26 Mar	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27 Apr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28 May	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29 June	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 July	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 Aug	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 Sept	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>
34 Nov	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 Dec	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you see this



Or this

Something is wrong

	Part III ALE Member Information—Monthly	
	(a) Minimum Essential Coverage Offer Indicator	
	Yes	No
23 All 12 Months	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24 Jan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25 Feb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26 Mar	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Apr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28 May	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29 June	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 July	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Aug	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Sept	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Oct	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Nov	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Dec	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Questions

# Webinar Wrap-Up

Thank you to the following Assurex Global Partner Firms for sponsoring this event:

- C3 Risk & Insurance Services
- CCIG
- Christensen Group Insurance
- Collier Insurance
- Cottingham & Butler
- Cragin & Pike, Inc.
- The Daniel & Henry Co.
- Dean & Draper Insurance Agency
- Gibson Insurance Agency
- Henderson Brothers, Inc.
- Houchens Insurance Group
- The IMA Financial Group
- INSURICA
- Kapnick Insurance Group
- The Mahoney Group
- The MJ Companies
- Oswald Companies
- The Partners Group
- The Plexus Groupe
- R&R Insurance
- RCM&D
- Scott Insurance
- Snellings Walters
- Starkweather & Shepley
- Sterling Seacrest Pritchard
- Unison Risk Advisors
- WA Group
- Watkins Insurance Group
- Wells Insurance

A link to the recording of today's session will be available early next week from the Assurex Global Partner Firm who invited you to today's event.



## Assurex Global in Numbers



30k+ Employees



100+ Partner Firms



\$47B Annual Premium



\$5B Annual Revenue



730+ Partner Offices



175 Countries