



This Webinar Will Start Momentarily.
Thank you for joining us.



ACA Reporting, Are You Ready?

For 2023 Calendar Year Reporting

Presented By:

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Forms



Forms 1094-A & 1095-A

Marketplace (Exchange)



Forms 1094-B & 1095-B

Issuers, non-ALEs that are self-insured and ALEs reporting coverage under self-insured plan for non-employees



Forms 1094-C & 1095-C

Applicable Large Employer (ALE)
ALE = Employer that employed on average at least 50 FT and FTE employees in prior calendar year

The Big Picture



ALEs Sponsoring Self-Insured Plans

Form 1095-C:
Part I, Part II and
Part III

Form 1094-C



ALEs Sponsoring Insured Plans

Form 1095-C:
Part I and Part II only

Form 1094-C



Non-ALEs Sponsoring Self-Insured Plans

Form 1095-B

Form 1094-B

Reporting Deadlines – Statements to Employees

Due Date for Furnishing Forms 1095-B and 1095-C

- March 1, 2024 (30 days from January 31)
 - » Paper delivery
 - » Electronic only if the individual has consented to electronic delivery of the 1095 (in writing)
 - » No additional extensions for furnishing 1095 Forms
- An ALE member must furnish a Form 1095-C to each of its full-time employees by March 1, 2024, for the 2023 calendar year.
- A non-ALE member sponsoring a self-insured group health plan must furnish Form 1095-B to covered employees by March 1, 2024, for the 2023 calendar year.

Alternate Method for Furnishing Form 1095-B or Furnishing Form 1095-C to Individuals that are not FT EEs

- Alternative method for furnishing 1095-B forms to participants: By a clear and conspicuous posting on the coverage provider's website, stating that responsible individuals may receive a copy of their statement upon request.
- ALEs (Applicable Large Employer) who provide self-insured coverage may also use this relief for individuals covered by the health plan that are not full-time employees of the ALE (e.g., part-time employees, COBRA participants, retirees). However, ALEs may not apply this alternative method when furnishing Forms 1095-C to full-time employees enrolled in the ALE's self-insured plan.

Reporting Deadlines – Filing with IRS

Deadline to File Forms 1094 and 1095 B/C with IRS

- February 28, 2024, if filing on paper
- April 1, 2024, if filing electronically
 - » Beginning in 2024, ALEs/plan sponsors that issue ten (10) or more returns in aggregate (meaning all forms/returns filed with the IRS, including W-2s, 1099s, etc.) **must** file the Forms 1094-B/C and 1095-B/C electronically.
 - » Up to a 30-day extension may be requested by filing Form 8809, Application for Extension to File Information Returns prior to the original due date.



If the due date falls on a **weekend** or **legal holiday**, then the due date is the **following business day**.

A business day is any day that is not a Saturday, Sunday or legal holiday.

Reporting Penalties

Imposed if furnishing and/or reporting deadlines are missed or incorrect information is furnished/reported:

- \$310 penalty for each form (can apply twice if failures relate to IRS submission and individual copy)
- Capped at \$3,783,000 (again, can apply twice)
- Errors corrected on or before 30 days after required filing date = \$60 (\$630,500/\$220,500 calendar year maximum)
- Errors corrected after 30th day but on or before August 1, 2024 = \$120 (\$1,891,000/\$630,500 calendar year maximum)
- “Good Faith” compliance relief no longer applies (reasonable cause relief may still be available if the filer establishes that the failure resulted either from significant mitigating factors or events beyond the filer’s control)



Form 1095-C



Form 1095-C – Part 1

| | | | | | | |
|--|---------------------|---|--|--|---|----------------------------------|
| 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 2023 |
| 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 | |

Last 4 digits for EE copy only – full SSN for IRS

Include country

99-9999999

Your number

Form 1095-C – C Line 14

| 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 | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | |
| 14 Offer of Coverage (enter required code) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Employee Required Contribution (enter amount or instruction) | \$ | \$ | \$ | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| 16 Safety or Health Plan Code (offer of coverage means it was offered for the entire month) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 ZIP Code | | | | | | | | | | | | | | | | | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M **Form 1095-C** (2023)

Do not leave blank

Use if same for all 12 months

Offer of coverage means it was offered for the entire month

Form 1095-C – C Line 14

| | |
|-----------|--|
| 1A | Qualifying Offer: MEC providing MV offered to employee that is affordable under FPL safe harbor and at least MEC offered to spouse & dependent(s) |
| 1B | Minimum essential coverage providing minimum value offered to employee only |
| 1C | MEC providing MV offered to employee and at least MEC offered to dependent(s) (not spouse) |
| 1D | MEC providing MV offered to employee and at least MEC offered to spouse (not dependent(s)) |
| 1E | MEC providing MV offered to employee and at least MEC offered to dependent(s) and spouse |
| 1F | MEC but NOT MV offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents |
| 1G | Offer of coverage to employee who was not full-time for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year |
| 1H | No offer of coverage (or employee offered coverage that is not MEC) |
| 1I | Reserved |
| 1J | MEC providing MV offered to employee and at least MEC conditionally offered to spouse (but no MEC offered to dependents) |
| 1K | MEC providing MV offered to employee and at least MEC offered to dependents and at least MEC conditionally offered to spouse |

Form 1095-C Individual Coverage HRA (ICHRA)

| | |
|----|--|
| 1L | ICHRA offered to employee only with affordability determined by using employee's primary residence location zip code |
| 1M | ICHRA offered to employee and dependents with affordability determined by using employee's primary residence location zip code |
| 1N | ICHRA offered to employee, spouse and dependents with affordability determined by using employee's primary residence location zip code |
| 1O | ICHRA offered to employee only using the employee's primary employment site zip code affordability safe harbor |
| 1P | ICHRA offered to employee and dependents using the employee's primary employment site zip code affordability safe harbor |
| 1Q | ICHRA offered to employee, spouse and dependents using the employee's primary employment site zip code affordability safe harbor |
| 1R | ICHRA that is not affordable offered to employee, employee and spouse or employee, spouse and dependents |
| 1S | ICHRA offered to an individual who was not a full-time employee |
| 1T | ICHRA offered to employee and spouse (not dependents) with affordability determined using employee's primary residence location ZIP code |
| 1U | ICHRA offered to employee and spouse (not dependents) using employee's primary employment site ZIP code affordability safe harbor |

Form 1095-C – C Line 15

| 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 | | | | | | | | | | | | | | | | | |

Employee share of the lowest cost monthly premium for self-only MV coverage available to that employee

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

Cat. No. 60705M

Form 1095-C (2023)

Leave blank if using Codes 1A, 1F, 1G, 1H, 1R or 1S in box 14

- 1A Qualifying Offer
- 1F MEC but not MV
- 1G Offer to employee who was not an FTE and enrolled in self-insured coverage
- 1H No offer
- 1R Unaffordable ICHRA
- 1S ICHRA offered to non-full-time employee
- If cost is \$0, use \$0
- Use "All 12 Months" if cost does not change and offered all 12 months

Form 1095-C – C Line 16

| 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 | | | | | | | | | | | | | |

Indicates whether EE elected coverage, or that the employer is not subject to a penalty for failing to offer an individual coverage (e.g., employee is in an initial measurement period), or despite the offer of affordable coverage (subject to the affordability safe harbors) the employee waived such coverage, etc.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M **Form 1095-C** (2023)

Instructions provide an ordering rule for the codes

- 2C Employee enrolled in the coverage
- 2A Employee not employed during the month
- 2B Employee not an FTE (and did not enroll in coverage)
- 2D Employee in a limited non-assessment period
- 2E Multiemployer 4980H interim rule relief
- 4980H(b) affordability safe harbor (2F W-2, 2H rate of pay or 2G FPL)

Leave blank if there is no applicable code

Form 1095-C – C Line 16

2A Employee not employed during the month

2B Employee not a full-time employee, or full-time employment and offer of coverage ended before end of the month

2C Employee enrolled in coverage offered

2D Employee in a section 4980H(b) Limited Non-Assessment Period

2E Multiemployer interim rule relief

2F Section 4980H affordability Form W-2 safe harbor

2G Section 4980H affordability federal poverty line safe harbor

2H Section 4980H affordability rate of pay safe harbor

2I Reserved

Affordability Safe Harbor

2023 Affordability Safe Harbors

- Codes 2F, 2G and 2H
- The safe harbor percentage for plan years beginning in 2023 is 9.12% (IRS Rev. Proc. 2022-34)
 - » Decreases to 8.39% for plan years beginning in 2024
- Three affordability safe harbors
 - » The employee's W-2 wages (Box 1) X safe harbor percentage
 - Compare to annual employee cost of coverage (self-only under lowest cost option providing MV)
 - » The employee's rate of pay (hourly wage rate) X 130 hours per month X safe harbor percentage
 - Compare to monthly employee cost (self-only under lowest cost option providing MV)
 - Use monthly salary X safe harbor percentage for salaried employees
 - » The single Federal Poverty Line (FPL) (use the number applicable 6 months prior to the beginning of the plan year) divided by 12 X safe harbor percentage
 - For coverage offered in 2023, 2022 FPL is applicable for most plans (e.g., calendar year plans)
 - Compare to monthly employee cost (self-only under lowest cost option providing MV)
 - \$103.28 per month for 2023 (U.S. mainland) [$\$13,590 \div 12 \times 9.12\%$]



2022 single FPL: 48 Contiguous States & D.C - \$13,590

Alaska - \$16,990

Hawaii - \$15,630

Limited Non-Assessment Period

CODE 2D

- First Year as an ALE Period (January – March)
- Waiting Period under the Monthly Measurement Method
- Waiting Period under the Look-Back Measurement Method
- Initial Measurement Period and Associated Administrative Period under the Look-Back Measurement Method
- Period Following Change in Status that Occurs During Initial Measurement Period Under the Look-Back Measurement Method
- First Calendar Month of Employment (unless coverage offered on first day of the month which is also the first day of employment)



Form 1095-C Part III

600320
Page 3

Form 1095-C (2023)

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 | | |
| | | | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> |
| 23 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Each individual covered under the plan – including the employee

Each covered individual's SSN

In lieu of SSN

Complete Part III ONLY if self-insured health coverage

- Complete for all covered employees (including any employees not considered full-time) along with any covered spouses/dependents that are enrolled in the employer's self-insured medical coverage
- Include SSN (use birthdate per "solicitation rules")
- Check all months the individual(s) was covered

Self-Insured Employers

Reporting for Certain Covered Part-Time Employees, Covered Former Employees and Other Covered Non-Employees

- Includes the following individuals who were not a full-time employee during any month of the year
 - » Part-time employees
 - » Retirees
 - » COBRA beneficiaries
 - » Non-employee directors
- No requirement to certify OFFER of coverage, but ALE must still report individuals that are covered under the medical plan
 - Self-insured sponsors may use either Forms 1094/1095-C or Forms 1094/1095-B
 - If using 1094/1095-C, use Code 1G on line 14 if individual was a non-FT employee that was covered under the medical plan for all 12 months of the calendar year



Code 1G goes in the all 12 months column on line 14.

COBRA

COBRA for terminated employee:

- Month of termination:
 - » Coverage goes to end of the month in which employee terminates (1E, 2C)
 - » Coverage does not go to the end of the month in which employee terminates (1H, 2B)
- All months following the month in which the employee terminates (1H, 2A)
- COBRA participants who have not been employed for any day in any month during the calendar year (1G)

COBRA for reduction in hours and COBRA is elected:

- For an employee who enrolled in family coverage and was therefore offered COBRA for self, spouse and dependent(s): (1E, 2C) fill in line 15
- For an employee who only enrolled themselves in coverage, and therefore was the only individual that was offered COBRA coverage: (1B, 2C) fill in line 15
- For an employee who enrolled themselves and a dependent in coverage and was therefore offered COBRA for self and their dependent: (1C, 2C) fill in line 15
- For an employee who enrolled themselves and their spouse in coverage, and therefore was offered COBRA for self and their spouse: (1D, 2C) fill in line 15



COBRA **Waived**

Reduction in hours

- Use 2B if COBRA is not elected and employee is no longer a full-time employee
- Use affordability codes (if applicable) if employee remains a FT employee

Special Rules for HRAs

Self-insured major medical plan and an HRA

- Report only the major medical plan information and need not report the HRA

Insured major medical plan and an HRA

- Not required to report on coverage under the HRA if the individual is eligible for the HRA because the individual enrolled in the insured major medical plan

HRA must be reported in Part III for any individual who is **not** enrolled in a major medical plan of the employer

- Applicable to employers with less than 50 FT/FTEs too (i.e., non-ALEs)
- Includes employees enrolled in their spouse's major medical plan but covered under the employer's HRA



1094-C

- Provides employer information
- IRS uses to determine applicability of Employer Shared Responsibility Penalties



Companies may use more than one 1094-C, such as for separate divisions, but only one 1094-C may be designated as “authoritative” which will contain aggregated company data.



Form 1094-C Parts I & II

120118

Form **1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns CORRECTED OMB No. 1545-2251

Department of the Treasury Internal Revenue Service **2023**

Go to www.irs.gov/Form1094C for instructions and the latest information.

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) 2 Employer identification number (EIN)

3 Street address (including room or suite no.)

4 City or town 5 State or province 6 Country and ZIP or foreign postal code

7 Name of person to contact 8 Contact telephone number

9 Name of Designated Government Entity (only if applicable) 10 Employer identification number

11 Street address (including room or suite no.) 13 State or province 14 Country and ZIP or foreign postal code

16 Contact telephone number

For Employer Use Only

17 Is this transmittal an authoritative transmittal? Yes No

18 Is this transmittal for an ALE Member that is a member of an Aggregated ALE Group? Yes No

19 Is this transmittal for an ALE Member that is a member of a controlled group? Yes No

20 Is this transmittal for an ALE Member that is a member of a tier 1 controlled group? Yes No

21 Is ALE Member a member of an Aggregated ALE Group? Yes No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method B. Reserved C. Reserved D. 98% 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** (2023)

Employer info

Authoritative Transmittal

of 1095s

MEC providing MV, FPL Safe Harbor
- Includes offer to spouse and dependents
(Alternate Employee Statement permitted, but not required)

Affordable MV to 98% EE & dep & 1095-C submitted for all 12 months

Controlled group rules

Form 1094-C Part III

Form 1094-C (2023) Page 2

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 | (e) Reserved |
|----|---------------|--|--------------------------|---|---|--------------------------------|--------------|
| | | Yes | No | | | | |
| 23 | All 12 Months | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 24 | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| | Feb | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 26 | Mar | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 27 | Apr | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 28 | May | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 29 | June | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 30 | July | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 31 | Aug | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 32 | Sept | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 33 | Oct | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 34 | Nov | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 35 | Dec | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | |

Form 1094-C (2023)

Check "All 12 Months" if offered to at least 95% FT employees for entire year

FT employees for each month – do not include EE in Limited Non-Assessment Period

NOT required if 98% offer method is checked on line 22

Check here if Line 21 is checked "yes"

Include all employees including non-FT employees & employees in a Limited Non-Assessment Period

Form 1094-C Part IV

120316

Form 1094-C (2023)

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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 | | 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 1094-C (2023)

Complete if Line 21 is checked "yes," largest ALE Member to smallest ALE Member

State Individual Mandate Reporting

- IRS due date extensions and reporting relief will **not** automatically apply to state individual mandate reporting requirements
- Employers with employees working in the following states may face earlier reporting deadlines and will want to ensure they are meeting all state-mandated reporting requirements
 - » California
 - » Massachusetts
 - » New Jersey
 - » Washington D.C.
 - » Rhode Island
 - » Vermont

Brown & Brown Regulatory and Legislative Strategy Group recommends that employers with questions regarding specific state reporting requirements consult with legal counsel or a tax advisor familiar with the laws of the state in question.

Where to Find the Forms and Other Guidance

2023 Instructions for Forms

- <https://www.irs.gov/pub/irs-prior/i109495c--2023.pdf>
- <https://www.irs.gov/pub/irs-pdf/i109495b.pdf>

2023 Forms 1095

- <https://www.irs.gov/pub/irs-pdf/f1095c.pdf>
- <https://www.irs.gov/pub/irs-pdf/f1095b.pdf>

2023 Forms 1094

- <https://www.irs.gov/pub/irs-pdf/f1094c.pdf>
- <https://www.irs.gov/pub/irs-pdf/f1094b.pdf>



HRCI and SHRM Credits

This Program, **ID No. 646607**, has been approved for 1.00 HR (General) recertification credit hours toward aPHR™, aPHRi™, PHR®, PHRca®, SPHR®, GPHR®, PHRi™ and SPHRi™ recertification through HR Certification Institute® (HRCI®).



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