



Health Care Reform

LEGISLATIVE BRIEF

Brought to you by Sullivan Benefits

Code Section 6055—What Information Must Be Reported?

The Affordable Care Act (ACA) created new reporting requirements in Internal Revenue Code (Code) Section 6055, which require health insurance issuers, sponsors of self-insured health plans, government agencies that administer government-sponsored health insurance programs and other entities that provide minimum essential coverage (MEC) to file information with the Internal Revenue Service (IRS) about the health plan coverage they offer. Related statements must also be provided to individuals.

REQUIRED FORMS

The Section 6055 reporting will be accomplished using Forms 1094-B and 1095-B. Each reporting entity will file:

- A single transmittal form (Form 1094-B) for all of the returns filed for a given calendar year; and
- A separate statement (Form 1095-B) for each responsible individual provided with MEC during the year.

On Feb. 8, 2015, the IRS released **final versions** of Forms [1094-B](#) and [1095-B](#) (and related [instructions](#)). Note that these forms are designed for use in 2014. **Reporting is not required for 2014**, but reporting entities may voluntarily file these forms in 2015 for 2014 coverage. **Reporting is first required in early 2016 for calendar year 2015.** Forms and instructions for 2015 reporting have not yet been released and may contain some changes.

A self-insured plan sponsor that is also subject to the ACA's employer shared responsibility rules must also report under Code Section 6056 as an applicable large employer (ALE). Entities that are reporting under both Sections 6055 and 6056 will file using a combined reporting method, using [Form 1094-C](#) and [Form 1095-C](#). The Form 1095-C has separate sections to allow ALEs that sponsor self-insured plans to combine reporting to satisfy both the Section 6055 and 6056 reporting requirements, as applicable, on a single return.

This Legislative Brief outlines the information required to be reported on Forms 1094-B and 1095-B under Code Section 6055. Please contact Sullivan Benefits if you need more information on Section 6056 reporting.

FORM 1094-B: REQUIRED INFORMATION

Each reporting entity is required to report information about the health coverage it provided to any individual during the calendar year. One Form 1094-B transmittal must be filed with any Forms 1095-B. The following information must be included on Form 1094-B on the lines indicated by all reporting entities:

LINE	REQUIRED INFORMATION
1	Filer's name
2	Filer's nine-digit EIN, including the dash
3	Name of the filer's contact person who is responsible for answering any questions
4	Telephone number of the filer's contact person
5-8	Filer's complete address (including room or suite no., if applicable)
9	Total number of Forms 1095-B submitted with this Form 1094-B transmittal

Code Section 6055—What Information Must Be Reported?

FORM 1095-B: REQUIRED INFORMATION

In addition, one Form 1095-B must generally be filed for each **responsible individual**. The “responsible individual” generally is the person who enrolls one or more individuals, which may include him- or herself, in MEC. The responsible individual may be the primary insured, employee, former employee, uniformed services sponsor, parent or other related person named on the coverage application.

The following information must be included on Form 1095-B on the lines indicated. All information must be reported by all reporting entities, unless noted otherwise.

PART	LINE	REQUIRED INFORMATION
I	1	Responsible individual’s name (first name, middle initial, last name)
	2	Responsible individual’s nine-digit SSN, including the dashes (or other TIN, if the responsible individual does not have an SSN)
	3	Responsible individual’s date of birth (MM/DD/YYYY), only if line 2 is blank*
	4-7	Responsible individual’s complete address (including apartment no., if applicable)
	8	Letter identifying the origin of the policy or coverage A. Small Business Health Options Program (SHOP) B. Employer-sponsored coverage C. Government-sponsored program D. Individual market insurance E. Multiemployer plan F. Miscellaneous minimum essential coverage
	9	Small Business Health Options Program (SHOP) Marketplace identifier, if applicable (leave blank for 2014)
II	10-15	Name, EIN and complete mailing address for the employer sponsoring the coverage (To be completed by issuers or carriers of insured group health plans ONLY)
III	16-22	Name, EIN and complete mailing address for the coverage provider, and telephone number for the coverage provider’s contact person
IV	23–28 Column (a)	Name of each individual enrolled in the MEC
	23–28 Column (b)	Nine-digit SSN for each covered individual, including the dashes (or other TIN, if the covered individual does not have an SSN)
	23–28 Column (c)	Date of birth (MM/DD/YYYY) for the covered individual, only if column (b) is blank*
	23–28 Column (d)	Whether the individual was covered for at least one day per month for all 12 months of the calendar year (check this box if yes)
	23–28 Column (e)	If the individual was not covered for all 12 months of the calendar year, the months in which the individual was covered for at least one day of the month (check applicable boxes)

This Legislative Brief is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

© 2015 Zywave, Inc. All rights reserved.

BK 4/15

Code Section 6055—What Information Must Be Reported?

*REPORTING SOCIAL SECURITY NUMBERS

Reporting entities are required to report the Social Security number (SSN) or other Taxpayer Identification Number (TIN) for each covered individual. If a reporting entity is unable to obtain an SSN after making a reasonable effort to do so, the covered individual's date of birth (MM/DD/YYYY) may be entered in lieu of an SSN.

To show a reasonable effort to obtain the SSN, the reporting entity must make:

- An initial solicitation at the time the relationship with the payee is established. However, the reporting entity is not required to make this initial solicitation if it already has the payee's TIN and uses that TIN for all relationships with the payee.
- If the reporting entity does not receive the TIN, the first annual solicitation is generally required by Dec. 31 of the year in which the relationship with the payee begins (Jan. 31 of the following year, if the relationship begins in December).
- Generally, if the TIN is still not provided, a second solicitation is required by Dec. 31 of the following year.

If a TIN is still not provided, the reporting entity need not continue to solicit a TIN. If the responsible individual is not enrolled in the coverage, providers may, but are not required to, report the TIN of the responsible individual.

Employee statements may truncate the TIN or SSN of a covered individual on any statements furnished to individuals, by showing only the last four digits of the TIN or SSN and replacing the first five digits with asterisks or Xs. Truncation is not allowed on forms filed with the IRS. In addition, an Employer Identification Number (EIN) may not be truncated on the forms filed with the IRS.

ADDITIONAL RESOURCES

- [Final rule](#) on the Section 6055 reporting requirements (issued March 5, 2014)
- IRS [Questions and Answers](#) (Q&As) on Section 6055 reporting (issued Aug. 29, 2014)
- IRS [Publication 5215: ACA—Responsibilities for Health Coverage Providers](#) (issued April 15, 2015)

This Legislative Brief is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

© 2015 Zywave, Inc. All rights reserved.

BK 4/15