

J.W.TERRILL

a Marsh & McLennan Agency LLC company

Health Care Reform Webinar

December 15, 2017



Agenda

- Health Care Reform
- Health Insurance Tax
- Interim Rules on Contraceptive Exemptions
- IRS ESRP Letters
- Affordability Safe Harbors
- 1094/1095 Reporting





Health Care Reform – 2017 Overview

- **American Health Care Act (AHCA)** – House of Representatives
 - Passed House May 4
- **Better Care Reconciliation Act (BCRA)** – Senate
 - Failed to pass Senate on July 26
- **Skinny Repeal** – Senate last ditch measure to repeal individual and employer mandate penalties with no replacement
 - Failed to pass Senate on July 27
- **Graham Cassidy Bill** – Senate bill repealing ACA and replacing with block grants to states (Not called for a vote)
- **Executive Order** – directs agencies to explore various regulatory changes
 - Signed October 12
- **Cost Share Reduction Subsidies (CSR)** – payments to insurance companies to lessen financial burden on low-income purchasers of coverage on public exchanges
 - October 12: President Trump announced CSRs would not be paid

Health Care Reform – Executive Order

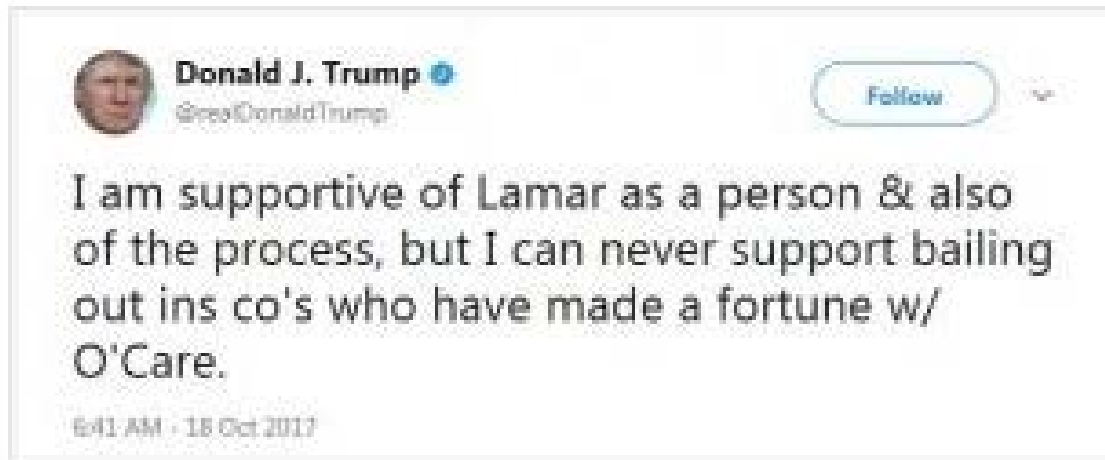
- October 12 Executive Order (EO) described as “Promoting Healthcare Choice and Competition Across State Lines.”
 - No change to ACA or regulations.
 - Directed federal agencies to consider and implement regulation changes in 3 key areas:
 1. Association Health Plans
 2. Short Term Limited Duration Insurance
 3. Health Reimbursement Arrangements
- Secretaries of DOL, HHS, and Treasury were directed to consider proposing regulations within 60 or 120 days to meet the EO’s policy outlines.
- EO also directs HHS and Federal Trade Commission to report on state and federal law obstacles and additional federal government steps.

Health Care Reform – Cost Share Reduction Subsidies

- 2 Types of Public Exchange Subsidies:
 - **Premium Tax Credit:** Fed.  Purchasers
 - Lowers cost of coverage through tax credit.
 - **Cost Share Reduction Subsidies:** Fed.  Insurers
 - Lowers out of pocket maximum for individuals. When lower threshold is met, individual pays nothing and the fed. pays the insurer for unpaid portion of deductible, copays, etc.
- Subsidies only available for purchasers with household income between 200% to 400% of the federal poverty line. Either will trigger an employer mandate penalty.
- November 2014: House of Representatives sues Obama Administration, saying CSRs weren't appropriated and therefore shouldn't be paid.
 - Lawsuit ongoing and several states have intervened since the election.

Health Care Reform – Cost Share Reduction Subsidies

- October 12: President Trump announced his Administration would not pay CSRs.
- October 17: Trump supports bi-partisan deal to reinstate CSRs
 - Senators Lamar Alexander (R) and Patty Murray (D) sponsored bill to reinstate CSRs, allow states more flexibility in designing state-specific rules (Section 1332 waivers), and restore money for ACA outreach funding that was previously cut by President Trump.
- October 18:



Health Insurance Tax

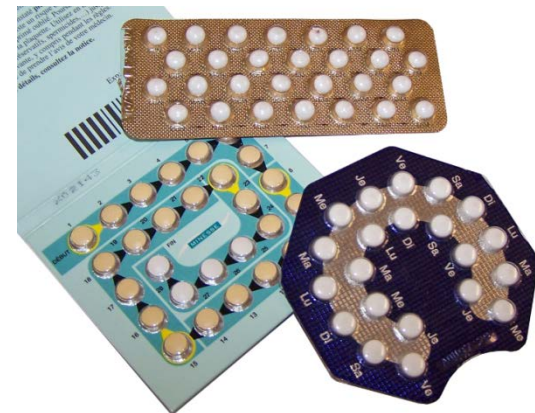
- HIT tax or “Health Insurance Providers Fee” applies to insurance companies, HMOs, Medicare advantage providers and self-funded multiple employer welfare arrangements (MEWAs).
 - Does not apply to self-funded employers
- Fee is designed to help fund federal and state marketplaces
 - Started in 2014
 - No end date
- December 18, 2015: Congress passed Omnibus spending bill
 - One year freeze to Health Insurance (HIT) tax for 2017
 - Allowed premiums for 2017 to be reduced.

Health Insurance Tax

- Amount of HIT calculated by IRS each year.
 - Covered entities reported to IRS “net premiums written for health insurance of United States health risks.”
 - IRS calculates the fee for each entity based on total premiums reported.
 - Insurers pay based on their market share.
 - Estimated total 2018 fee: \$14.3 billion.
- What does this mean for our clients?
 - Premiums on fully-insured plans should increase for 2018.
 - Insurers estimate that HIT increased premiums on average \$170 for individuals and \$530 for families.

Interim Rules on Contraceptive Objections

- May 4, 2017
 - President Trump issued “Presidential Executive Order Promoting Free Speech and Religious Liberty”
 - “The Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health and Human Services shall consider issuing amended regulations, consistent with applicable law, **to address conscience-based objections to the preventive care mandate...**”
- October 6, 2017
 - HHS and Treasury released 2 interim final rules
 - Expanded religious and moral objections to contraceptive coverage.
 - **Effective immediately**
 - Comment period expired December 5, 2017



Interim Rules on Contraceptive Objections

- ACA required coverage of “preventive services” without cost sharing
 - Congress granted the Health Resources and Services Administration (HRSA), a part of HHS, discretion to specify what “with respect to women, such additional preventive care and screenings” must be covered.
 - HRSA determined contraceptive services were “preventive services.”
- Departments have authority to reevaluate those exemptions and accommodations.
 - Executive Order prompted the review.
 - HRSA reevaluated and expanded religious objection rules and created moral exemption rules.

Interim Rules on Contraceptive Objections

Religious Objections

- Old Rules
 - Applies to non-profit “religious employers” and “closely held” for-profit employers with sincerely held religious objection (*Hobby Lobby* decision)
- New Rules
 - Available to many non-governmental employers, issuers and individuals with sincerely held religious objection.
 - Includes for-profit corporations (regardless of size or publicly/privately held);
 - Churches, integrated church auxiliaries, church conventions or association and religious orders;
 - Nonprofit organizations; and
 - Higher education institutions.

Interim Rules on Contraceptive Objections

Moral Objections

- Old Rules
 - Did not previously exist- only religious objections were allowed.
- New Rules
 - Only certain non-governmental employers can be exempt for sincerely held moral convictions. Includes:
 - Nonprofit organizations;
 - Privately held for-profit employers;
 - Insurers; and
 - Higher education institutions

Interim Rules on Contraceptive Objections

- No Self-Certification or Notice of Objection is required
 - If an employer objects on either religious or moral ground they do not have to provide any kind of self-certification or notice to the government.
 - The existing accommodations process will still exist, it will just be optional.
 - ERISA plans will still need to follow employee notice procedures for changes in covered benefits.
 - SBCs reference “preventive” care which indirectly includes contraceptive coverage

Interim Rules on Contraceptive Objections

- What's Next?
 - Unclear, but lawsuits will occur.
 - California Attorney General Becerra
 - American Civil Liberties Union (ACLU)
 - National Women's Law Center (NWLC)
 - Massachusetts Attorney General Healey
 - Claims include
 - Violation of Administrative Procedure Act (APA)
 - Violation of Establishment Clause
 - Violation of women's rights to equal protection
 - Invalidity because ACA does not authorize religious or moral exemption

IRS ESRP Letters

- IRS has begun sending Employer Shared Responsibility Payment (ESRP) letters.
 - Letters notify employers of employer mandate penalties for 2015.
- Refresher: 2 employer mandate penalties / shared responsibility payments

Subsection (a)

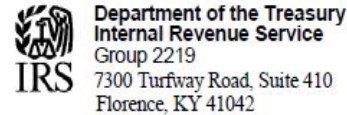
- Failing to offer 95% of full time employees coverage AND at least 1 full time employee enrolls in a public exchange plan and receives financial assistance.
- \$2,000 adjusted annually
- 2017: \$2,260 / year; \$188.33 / month
- (Total number of **full time** employees – 30) x \$2,260 = annual subsection (a) penalty.

Subsection (b)

- Failing to offer affordable, minimum value coverage to a full time employee AND the employee enrolls in a public exchange plan and receives financial assistance.
- \$3,000 adjusted annually
- 2017: \$3,390 / year; \$282.50 / month
- \$282.50 per employee receiving a subsidy per month.

IRS ESRP Letters

- Letter 226J will notify employers that they owe a shared responsibility payment.
- Letter will explain:
 - employer mandate provisions (section 4980H)
 - mandate penalty calculation
 - steps the employer should take if it disagrees with the calculation
- Employer will have **30 days** to respond and appeal the determination, if appropriate.



Tax year:

Letter date:

Employer ID number:

Contact name:

Contact ID number:

Contact telephone number:

Contact e-fax number:

Response date:

Dear

We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

Proposed ESRP \$ [XXXXXX]

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, and one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with the IRS. Our records also show that for one or more months of the year at least one of the full-time employees you identified on Form 1095-C was allowed the premium tax credit (PTC) on his or her individual income tax return filed with the IRS. Based on this information, we are proposing that you owe an ESRP for one or more months of the year.

You generally owe an ESRP for a month if either:

- You did not offer minimum essential coverage (MEC) to at least []% of your full-time employees (and their dependents) and at least one of your full-time employees was certified as being allowed the PTC; or

Letter 226J (10-2017)
Catalog Number 67905G

IRS ESRP Letters

- Letter include 2 forms:
 - Form 14764: employer response form indicating acceptance or appeal of ESRP determination
 - Form 14765: table listing all full-time employees who received subsidized marketplace coverage

Form **14764**
(April 2017)

Department of the Treasury - Internal Revenue Service

ESRP Response

Complete both sides of this form and return it to the address below so that we receive it by [MM/DD/YYYY]. An envelope has been enclosed for your convenience. To request more time to respond, call us at 1-[XXX-XXX-XXXX].

Return form to: Department of the Treasury
Internal Revenue Service
Group 2219
7300 Turfway Road, Suite 410
Florence, KY 41042

Provide Your Contact Information

Name _____

Address (if you changed your address, make the changes below) _____

Primary telephone number	Best time to call
Secondary telephone number	Best time to call

Indicate Your Agreement or Disagreement

Agreement with proposed assessment

I consent to the assessment and collection of the of the proposed assessment of the ESRP in the amount of \$[0.00]

Signature _____ Date _____

Print name and title of the person who signed above _____

Partial/Total disagreement with proposed assessment

I disagree with part or all of the proposed assessment of the ESRP

Indicate Your Payment Option (check all that apply)

Full payment using EFTPS on _____

Partial payment using EFTPS on _____

Enclosed full payment of \$ _____

Enclosed partial payment of \$ _____

No payment

• Write your employer ID number ([NN-NNNNNNN]), the tax year [(2015)] and ESRP on your payment and any correspondence.
• Make your check or money order payable to the United States Treasury.

Form **14765**
(April 2017)

Department of the Treasury - Internal Revenue Service

Employee Premium Tax Credit (PTC) Listing

Any month not highlighted is a month that the employee received a PTC and no safe harbor or other relief from the ESRP was applicable. The employee is a employee for that month.

Employer name				Employer ID number									Tax ye
	SSN (last 4 digits)	All 12 months Indicator Codes (Form 1095-C, lines 14 and 16 combined)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Affordability Safe Harbors

- Employer Mandate Obligations:
 - Offer affordable, minimum value coverage to 95% of full time employees and minimum essential coverage to dependents.

- What is “Minimum Value?”
 - Plan that provides at least 60% actuarial value
 - “Bronze level” plan

- What is “Affordable?”
 - Employee share of cost for self-only coverage on the lowest offered plan cannot exceed a specified percentage of the employee’s household income:
 - 9.69% in 2017
 - **9.56% in 2018**

Affordability Safe Harbors

- 3 Safe Harbors to calculate affordability

Federal Poverty Line

- Cannot exceed 9.56% of mainland poverty line, divided by 12.
- Ex: 2017 FPL: \$11,990
- $\$11,990 \times .0956 / 12 = \95.52

W-2

- Based on box 1 of current year W-2 (modified adjusted gross income)
- Cannot exceed 9.56% of W-2 box 1 wages divided by 12.
- Ex: box 1: \$55,000 x .0956 / 12 = \$438.17

Rate of Pay

- Based on the employee's hourly rate of pay (or monthly salary).
- Cannot exceed 9.56% of rate of pay multiplied by 130.
- Ex: rate: \$13/hr x 130 x .0956 = \$161.56

1094/1095 Reporting

- 2017 Forms are substantially similar to 2016 versions.
- Who has to file?
 - Applicable Large Employers (ALEs)
 - Self-funded employers
- What Forms must be completed?

Plan Type	1095-C	Part III	1095-B
Large Fully-Insured	Yes	No	No
Small Fully-Insured	No	No	No
Large Self-Funded	Yes	Yes	No
Small Self-Funded	No	No	Yes

1094/1095 Reporting

- Deadlines

2017 Report	Deadline
Forms Sent to Individuals <ul style="list-style-type: none">• 1095-B• 1095-C	1/31/2018
Forms Filed with IRS <ul style="list-style-type: none">• 1094-B and 1095-B• 1094-C and 1095-C	2/28/18- Paper 4/2/18-Electronic

- **No extensions have been made**

- Tax filers do not need to submit Form 1095-C with their tax returns
 - Filers will check a box indicating they had coverage all year
 - Filers who qualified for an exemption will need to file Form 8965
 - Filers who owe a penalty will submit payment and report in “Other Taxes” section.

1094/1095 Reporting

- 2017 Changes
 - No 4980H Transitional Relief
 - “Reserved”
 - No filing extensions
 - No good faith filing effort relief
- No 1095-C, Line 14 & 16 coding changes
 - Still reporting conditional offers to spouses
 - To use Code 1A
 1. Offer to spouses
 2. Offer to dependents
 3. Employee’s cost for employee-only coverage meets FPL safe harbor
 - \$96.81/month in 2017

1094/1095 Reporting

Form **1094-C**

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

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

CORRECTED

OMB No. 1545-2251

2017

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 (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 <input type="checkbox"/>			

For Official Use Only



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

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

Part II ALE Member Information

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

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 _____

1094/1095 Reporting

Form 1094-C (2017)

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	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	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"/>	

1094/1095 Reporting

Form 1094-C (2017)

Page 3

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 (2017)

1094/1095 Reporting

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.

VOID
 CORRECTED

OMB No. 1545-2251

2017

Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee			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			
Part II Employee Offer of Coverage						Plan Start Month (Enter 2-digit number):							
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

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)	(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"/>

1094/1095 Reporting

Part II Employee Offer of Coverage

	All 12 Months	Jan	Feb	Mar
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)				

1094/1095 Reporting

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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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

Cat. No. 60705M

Form 1095-C (2017)

1094/1095 Reporting

110116

Form **1094-B**

Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form1094B for instructions and the latest information.

2017

1 Filer's name		2 Employer identification number (EIN)	
3 Name of person to contact		4 Contact telephone number	
5 Street address (including room or suite no.)		6 City or town	
7 State or province		8 Country and ZIP or foreign postal code	
9 Total number of Forms 1095-B submitted with this transmittal ►			

For Official Use Only

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. 61570P

Form **1094-B** (2017)

1094/1095 Reporting

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

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CORRECTED

OMB No. 1545-2252

2017

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/>		9 Reserved	

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

	(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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"/>
24				<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"/>
25				<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"/>
26				<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"/>
27				<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"/>
28				<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"/>

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Cat. No. 60704B

Form **1095-B** (2017)

1094/1095 Reporting

Part IV Covered Individuals (Enter the information for each covered individual.)

	(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
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"/>
24				<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"/>
25				<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"/>
26				<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"/>
27				<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"/>
28				<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"/>

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Cat. No. 60704B

Form **1095-B** (2017)



Marcus
Wilbers

Dawn
Kramer



Andie
Schieler



Q&A

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