

2014



Department of the Treasury
Internal Revenue Service

Instructions for Forms 1094-B and 1095-B

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Forms 1094-B, Transmittal of Health Coverage Information Returns, and 1095-B, Health Coverage, and the instructions, such as legislation enacted after they were published, go to www.irs.gov/form1094b and www.irs.gov/form1095b.

Reminders

Forms 1094-B and 1095-B are not required to be filed for 2014. However, in preparation for the first required filing of these forms (that is, filing in 2016 for 2015), reporting entities may, if they wish, voluntarily file in 2015 for 2014 in accordance with the forms and these instructions. For more information about voluntary filing in 2015, visit IRS.gov.

Additional Information

For information related to the Affordable Care Act, visit www.irs.gov/ACA.

For the final regulations under section 6055, see T.D. 9660, 2014-13 I.R.B., at www.irs.gov/irb/2014-13_IRB/ar08.html

General Instructions for Forms 1094-B and 1095-B

Purpose of Form

Form 1095-B is used to report certain information to the IRS and to taxpayers about individuals who are covered by minimum essential coverage and therefore are not liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and miscellaneous coverage designated by the Department of Health and Human Services. Minimum essential coverage is described in more detail under *Who Must File*, later.

TIP *Minimum essential coverage does not include coverage consisting solely of excepted benefits. Excepted benefits include vision and dental coverage not part of a comprehensive health insurance plan, workers' compensation coverage, and coverage limited to a specified disease or illness.*

Who Must File

Every person that provides minimum essential coverage to an individual during a calendar year must file an information return and a transmittal. Most filers will use Forms 1094-B (transmittal) and 1095-B (return). However, employers (including government employers) subject to the employer shared responsibility provisions sponsoring self-insured group health plans will report information about the coverage in Part III of Form 1095-C,

Employer-Provided Health Insurance Offer and Coverage, instead of on Form 1095-B. In general, an employer with 50 or more full-time employees (including full-time equivalent employees) during the prior calendar year is subject to the employer shared responsibility provisions. See the Instructions for Forms 1094-C and 1095-C for more information about who must file Forms 1094-C and 1095-C. Small employers that are not subject to the employer shared responsibility provisions sponsoring self-insured group health plans will use Forms 1094-B and 1095-B to report information about covered individuals.

Insured coverage. Health insurance issuers or carriers must file Form 1095-B for most health insurance coverage, including individual market coverage and insured coverage sponsored by employers. However, insurance issuers or carriers will not file Form 1095-B to report coverage under the Children's Health Insurance Program (CHIP), Medicaid, and Medicare (including Medicare Advantage) provided through health insurance companies, which will be reported by the government sponsors of those programs.

In addition, insurance issuers or carriers will not file Form 1095-B to report coverage in individual market qualified health plans that individuals enroll in through Health Insurance Marketplaces, which will be reported by Marketplaces on Form 1095-A. Health insurance issuers will file Form 1095-B to report on coverage for employees of small employers obtained through the Small Business Health Options Program (SHOP).

Eligible Employer-Sponsored Plans

Eligible employer-sponsored plans include:

1. Group health insurance coverage for employees under:
 - a. A governmental plan, such as the Federal Employees Health Benefit program.
 - b. An insured plan or coverage offered in the small or large group market within a state.
 - c. A grandfathered health plan offered in a group market.
2. A self-insured group health plan for employees.

Health insurance issuers or carriers will file Form 1095-B for all insured employer coverage. Plan sponsors are responsible for reporting self-insured employer coverage. Plan sponsors that are employers subject to the employer shared responsibility provisions must report the coverage on Form 1095-C and other plan sponsors (such as sponsors of multiemployer plans) report the coverage on Form 1095-B.

Plan sponsors of self-insured employer coverage include:

- Each participating employer (for its own employees) in a plan or arrangement established or maintained by more than one employer;

- The association, committee, joint board of trustees, or similar group of representatives who establish or maintain a multiemployer plan;
- The employee organization for a plan or arrangement maintained solely by an employee organization; and
- Each participating employer (for its own employees) for a plan or arrangement maintained by a Multiple Employer Welfare Arrangement.

A government employer may designate another government entity to report coverage of its employees. Generally, a designated government entity will file Form 1095-B on behalf of a government employer that sponsors or maintains a self-insured group health plan for its employees only if that government employer is not subject to the employer shared responsibility provisions, which would require reporting on Form 1095-C. The 2014 Instructions for Forms 1094-C and 1095-C contain further information on reporting options for self-insured government entities.

Government-Sponsored Programs

Government-sponsored programs that are minimum essential coverage are:

1. Medicare Part A.
2. Medicaid, except for the following programs:
 - a. Optional coverage of family planning services.
 - b. Optional coverage of tuberculosis-related services.
 - c. Coverage of pregnancy-related services in states that do not provide full Medicaid benefits on the basis of pregnancy.
 - d. Coverage of medical emergency services.
 - e. Coverage of medically-needy individuals.
 - f. Coverage under a section 1115 demonstration waiver program.
3. The Children's Health Insurance Program (CHIP).
4. Coverage under the TRICARE program, except for the following programs:
 - a. Coverage on a space-available basis in a military treatment facility for individuals who are not eligible for TRICARE coverage for private sector care.
 - b. Coverage for a line of duty related injury, illness, or disease for individuals who have left active duty.
5. Coverage administered by the Department of Veterans Affairs that is:
 - a. Coverage consisting of the medical benefits package for eligible veterans.

b. CHAMPVA.

c. Comprehensive health care for children suffering from spina bifida who are the children of Vietnam veterans and veterans of covered service in Korea.

6. Coverage for Peace Corps volunteers.
7. The Nonappropriated Fund Health Benefits Program of the Department of Defense.

In general, the government agency sponsoring the program will file Form 1095-B. The State agency that administers a Medicaid or CHIP program will file Form 1095-B for coverage under those programs.

Miscellaneous minimum essential coverage. The Department of Health and Human Services has designated the following health benefit plans or arrangements as minimum essential coverage:

1. Self-insured student health plans (for 2014 only).
2. State high risk pools (for 2014 only).
3. Coverage under Medicare Part C (Medicare Advantage).
4. Refugee Medical Assistance.
5. Coverage provided to business owners who are not employees.
6. Coverage under a group health plan provided through insurance regulated by a foreign government if:
 - a. A covered individual is physically absent from the U.S. for at least 1 day during the month; or
 - b. A covered individual is physically present in the U.S. for a full month and the coverage provides health benefits within the U.S. while the individual is outside the U.S.

Sponsors of these and later designated programs will file Form 1095-B.

When To File

The return and transmittal form must be filed with the IRS on or before February 28 (March 31 if filed electronically) of the year following the calendar year of coverage.

You will meet the requirement to file if the form is properly addressed and mailed on or before the due date. If the regular due date falls on a Saturday, Sunday, or legal holiday, file by the next business day. A business day is any day that is not a Saturday, Sunday, or legal holiday.

Note. The due date applies to forms filed in 2016 reporting coverage provided in calendar year 2015.

Where To File

Send all information returns filed on paper to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in:

Use the following address:

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service
Center
Austin, TX 73301

Alaska, California, Colorado, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming

Department of the Treasury
Internal Revenue Service
Center
Kansas City, MO 64999

If your legal residence or principal place of business or principal office or agency is outside the United States, file with the Department of the Treasury, Internal Revenue Service Center, Austin, TX 73301.

How To File



Form 1094-B and Form 1095-B are subject to the requirement to file returns

electronically. Filers of 250 or more information returns (Forms 1095-B) must file Forms 1094-B and 1095-B electronically. The 250-or-more requirement applies separately to each type of return and separately to each type of corrected return. Filers of fewer than 250 returns may file electronically or on paper.

Publication 5165, Affordable Care Act (ACA) Information Returns (AIR) Guide for Software Developers and Transmitters, currently under development, will outline the communication procedures, transmission formats, business rules and validation procedures for returns filed electronically through the AIR system. To develop software for use with the AIR system, transmitters and software developers should use the guidelines provided in Publication 5165 along with the Extensible Markup Language (XML) Schemas published on IRS.gov. See Publication 5165 for more information.

You will receive an electronic acknowledgment once you complete the transaction. Keep it with your records.

Corrected Forms 1094-B and 1095-B

Reserved.

Statements Furnished to Individuals

Filers of Form 1095-B must furnish a copy to the person identified as the responsible individual named on the form.

On Form 1095-B statements furnished to recipients, filers of Form 1095-B may truncate the SSN (or other TIN, if applicable) of an individual receiving coverage by showing only the last four digits of the SSN (or other TIN) and replacing the first five digits with asterisks (*) or Xs. Truncation is not allowed on forms filed with the IRS. Similarly, the filer's employer identification number (EIN) may be truncated on the statements furnished to individuals but not on forms filed with the IRS.

Statements must be furnished on paper by mail, unless the recipient affirmatively consents to receive the statement in an electronic format. If mailed, the statement must be sent to the recipient's last known permanent address, or if no permanent address is known, to the recipient's temporary address.

Consent to furnish statement electronically. The requirement to obtain affirmative consent to furnish a statement electronically ensures that statements are sent electronically only to individuals who are able to access them. A recipient may consent on paper or electronically, such as by e-mail. If consent is on paper the recipient must confirm the consent electronically. A statement may be furnished electronically by e-mail or by informing the recipient how to access the statement on the filer's website.

Specific Instructions for Form 1094-B

Line 1. Enter the filer's complete name.

Line 2. Enter the filer's nine-digit (EIN). If you do not have an EIN, you may apply for one online. Go to IRS.gov and enter "EIN" in the search box. You may also apply by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. See the Instructions for Form SS-4 for more information. See Publication 1635, Employer Identification Number, for further information.

Lines 3 & 4. Enter the name and telephone number, including area code, of the person to contact who is responsible for answering any questions.

Lines 5-8. Enter the filer's complete address where all correspondence will be sent. If mail is delivered to a P.O. Box and not a street address enter the box number instead of the street address.

Line 9. Enter the total number of Forms 1095-B that are transmitted with Form 1094-B.

Specific Instructions for Form 1095-B

Part I—Responsible Individual (Policy Holder)

Line 1. Enter the name of the responsible individual. A responsible individual may be a primary insured employee, former employee, parent, uniformed services sponsor, or other person enrolling individuals in coverage. Do not enter the name of a business or business owner that is the policy holder for its employees.

Line 2. Enter the nine-digit social security number (SSN) of the responsible individual (111-11-1111). Enter a taxpayer identification number (TIN), rather than an SSN, if the responsible individual does not have an SSN. No SSN or other TIN is required if the responsible individual is not a covered individual identified in Part IV. See

Statements Furnished to Individuals, earlier, for information on truncating the SSN or other TIN.

Line 3. Enter the responsible individual's date of birth (MM/DD/YYYY) only if Line 2 is blank.

Line 4-7. Enter the complete mailing address of the responsible individual. If mail is not delivered to the street address and the responsible individual has a P.O. Box, enter the box number instead of the street address.

Line 8. Enter the letter identifying the origin of the policy.

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.

Line 9. For 2014, leave this line blank.

Part II—Employer Sponsored Coverage

This part is completed only by issuers or carriers of insured group health plans, including coverage purchased through the SHOP.

 **TIP** Insurance companies entering codes A or B on line 8 will complete Part II. Employers reporting self-insured group health plan coverage on Form 1095-B enter code B on line 8, but do not complete Part II. If you entered code B for self-insured coverage, skip Part II and go to Part III.

Lines 10-15. Enter the name, EIN, and complete mailing address for the employer sponsoring the coverage. If mail is not delivered to the street address and the employer has a P.O. Box, enter the box number instead of the street address.

Part III—Issuer or Other Coverage Provider

Lines 16-22. Enter the name, EIN, and complete mailing address of the provider of the coverage. The provider of the coverage is the issuer or carrier of insured coverage, sponsor of a self-insured employer plan, government agency providing government-sponsored coverage, or other entity. Enter on line 18 the telephone number the individual seeking additional information may call to speak to a person.

Part IV—Covered Individuals

Column (a). Enter the name of each covered individual.

Column (b). Enter the nine-digit SSN for each covered individual (111-11-1111). Enter a TIN, rather than an SSN, if the covered individual does not have an SSN. See *Statements Furnished to Individuals*, earlier, for information on truncating the SSN or other TIN.

Column (c). Enter a date of birth (MM/DD/YYYY) for the covered individual only if column (b) is blank.

Column (d). Check this box if the individual was covered for at least **one day** per month for all 12 months of the calendar year.

Column (e). If the individual was not covered for all months check the applicable box(es) for the months in which the individual was covered for at least one day. If there are more than six covered individuals, complete one or more additional Forms 1095-B, Part I lines 1 through 7 and Part IV. Do not include these additional Forms 1095-B in the count of forms submitted with Form 1094-B.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on these forms to carry out the Internal Revenue laws of the United States and the Patient Protection and Affordable Care Act. Our legal right to ask for the information on this form is Internal Revenue Code 6055 and its regulations. We request it to confirm that insured individuals are covered by minimum essential coverage and therefore are not liable for the individual shared responsibility payment. You are not required to provide the information on these forms for 2014. If you do not provide this information, we may be unable to determine whether covered individuals are liable for the individual shared responsibility payment; providing false or fraudulent information may subject you to penalties. We may disclose this information to the Department of Justice for civil or criminal investigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to Federal and state agencies to enforce Federal nontax criminal laws, or to Federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete the following forms will vary depending on individual circumstances. The estimated average time is:

Form 1094-B	10 min.
Form 1095-B	1 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service; Tax Forms and Publications Division; SE:W:CAR:MP:T, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this office. Instead, see *Where To File*, earlier.

Form **1094-B**

Transmittal of Health Coverage Information Returns

1115
OMB No. 1545-2252

2014

► Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

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 ▶			



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 _____

Form 1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

► Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID

CORRECTED

560115

OMB No. 1545-2252

2014

Part I Responsible Individual (Policy Holder)

1 Name of responsible individual _____

2 Social security number (SSN) _____

3 Date of birth (if SSN 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 Policy (see instructions for codes): ►

9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable _____

Part II Employer Sponsored Coverage (If Line 8 is A or B, complete this part.)

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

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(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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. 60704B

Form 1095-B (2014)

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse, and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who do not have minimum essential coverage and do not qualify for an exemption may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and miscellaneous coverage designated by the Department of Health and Human Services. For more information on minimum essential coverage, see Pub. 974, Premium Tax Credit (PTC).



Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to individuals covered under the policy if they request it for their records.

Part I. Responsible Individual, lines 1–9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



If you don't provide your SSN and the SSNs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- 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



If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange) that coverage will be reported on a Form 1095-B rather than a Form 1095-B.

Line 9. This line will be blank for 2014.

Part II. Employer-Sponsored Coverage, lines 10–15. This part will be completed by the insurance company if an insurance company provides your employer-sponsored health coverage. It provides information about the employer sponsoring the coverage. If your coverage is not insured employer coverage, this part will be blank.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.

Part IV. Covered Individuals, lines 23–28. This part reports the name, SSN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if an SSN is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, you will receive one or more additional Forms 1095-B that continue Part IV.