

Form 1094-B

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

OMB No. 1545-2252
2015

1.1.15

► 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	8 Country and ZIP or foreign postal code
7 State or province			
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 _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61570P **Form 1094-B** (2015)



Form 1095-B

Health Coverage

 VOID

 CORRECTED

OMB No. 1545-2252

2015

 Department of the Treasury
 Internal Revenue Service

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

Part I Responsible Individual

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 (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(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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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

Cat. No. 60704B

Form 1095-B (2015)

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), 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 don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.



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 other 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 or other TIN and the SSNs or other TINs 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. Other designated 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-A rather than a Form 1095-B.

Line 9. This line will be blank for 2015.

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. This part may show only the last four digits of the employer's EIN. If your coverage isn't 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 or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if SSN or other TIN isn't 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, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

Name of responsible individual

Social security number (SSN)

Date of birth (if SSN is not available)

Part IV Covered Individuals – Continuation Sheet

	(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						
29				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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34				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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36				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2015



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.

What's New

Filing requirements. Providers of minimum essential coverage are required to file Forms 1094-B and 1095-B for 2015 in accordance with the forms and these instructions to report coverage in 2015.

Form revisions. For 2015, Form 1095-B, Part III, was revised to include Covered Individuals Continuation Sheet(s) used when there are more than six covered individuals.

Additional Information

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

For the final regulations relating to Form 1095-B reporting, see T.D. 9660, 2014-13 I.R.B. at www.irs.gov/irb/2014-13_IRB/ar08.html.

For information related to reporting by Providers of Minimum Essential Coverage, go to www.irs.gov/Affordable-Care-Act/Employers/Information-Reporting-by-Providers-of-Minimum-Essential-Coverage.

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 aren't liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. Minimum essential coverage is described in more detail under *Who Must File*, later. Additional information about minimum essential coverage and the individual shared responsibility provision is at www.irs.gov/affordable-care-act/individuals-and-families/individuals-shared-responsibility-provision.



Minimum essential coverage doesn't 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 reporting the coverage. Filers will use Form 1094-B (transmittal) to submit Forms 1095-B (returns). However, employers (including government employers) subject to the employer shared responsibility provisions sponsoring self-insured group health plans generally will report information about the coverage in Part III of Form 1095-C instead of on Form 1095-B. These filers may use Form 1095-B instead of Form 1095-C to report coverage of individuals who aren't full-time employees for any month during the year. In general, employers with 50 or more full-time employees (including full-time equivalent employees) during the prior calendar year are 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 aren't 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 and carriers must file Form 1095-B for most health insurance coverage, including individual market coverage and insured coverage sponsored by employers. However, insurance issuers and carriers don't report coverage under the Children's Health Insurance Program (CHIP), Medicaid, Medicare (including Medicare Advantage), or the Basic Health Program provided through health insurance companies. These types of coverage are reported by the government sponsors of those programs.

In addition, insurance issuers and carriers aren't required to file Form 1095-B to report coverage in individual market qualified health plans that individuals enroll in through Health Insurance Marketplaces. This coverage generally is reported by Marketplaces on Form 1095-A. However, health insurance issuers will file Form 1095-B to report on coverage for employees obtained through the Small Business Health Options Program (SHOP). Beginning with coverage in 2016 (filing in 2017), health insurance issuers and carriers will report coverage in catastrophic health plans enrolled in through the Marketplace. For coverage in 2015 (filing in 2016), health insurance issuers and carriers are encouraged to report on coverage in catastrophic health plans.

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 Benefits 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 generally must report the coverage on Form 1095-C and other plan sponsors (such as employers not subject to the employer shared responsibility provisions and 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 isn't subject to the employer shared responsibility provisions, which would require reporting on Form 1095-C. The 2015 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 don't 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. The TRICARE program, except for the following options:
 - a. Coverage on a space-available basis in a military treatment facility for individuals who aren't 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.

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

1. Medicare Part C (Medicare Advantage).
2. Refugee Medical Assistance.
3. Coverage provided to business owners who aren't employees.
4. 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.
5. The Basic Health Program.
6. Specific programs listed at www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html (click on the link for "approved plans.")

Providers of these and later designated programs will file Form 1095-B. The sponsor for the Basic Health

Program is the State government agency administering the program.

Coverage in More Than One Type of Minimum Essential Coverage

If an individual is covered by more than one type of minimum essential coverage, reporting is required of only one of the types, if one of the following rules applies.

- If an individual is covered by more than one type of minimum essential coverage provided by the same provider, the provider is required to report only one of the types of coverage.
- A provider of minimum essential coverage generally is not required to report coverage for which an individual is eligible only if the individual is covered by other minimum essential coverage for which reporting is required. (For employer-sponsored coverage, this exception applies only if both types of coverage are under group health plans of the same employer).

Under the first exception, if an individual is covered by a self-insured major medical plan and a health reimbursement arrangement (HRA) provided by the same employer, the employer is the provider of both types of coverage and therefore is required to report the coverage of the individual under only one of the arrangements.

The second exception applies in the following situations.

- An insurance company offering a Medicare or TRICARE supplement for which only individuals enrolled in Medicare or TRICARE are eligible is not required to report coverage under the Medicare or TRICARE supplement.
- A state Medicaid agency is not required to report Medicaid coverage for which only individuals enrolled in other minimum essential coverage, such as employer-sponsored coverage or a qualified health plan, are eligible.
- An employer with an insured major medical plan and HRA coverage for which an individual is eligible because the individual enrolls in the insured major medical plan is not required to report the coverage under the HRA for an individual covered by both arrangements.



If an individual is covered by an HRA sponsored by one employer and a non-HRA group health plan sponsored by another employer (such as spousal coverage), each employer must report the coverage the employer provides.

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 isn't a Saturday, Sunday, or legal holiday.

For forms filed in 2016 reporting coverage provided in calendar year 2015, Forms 1094-B and 1095-B are

required to be filed by February 29, 2016, or March 31, 2016, if filing electronically.

Extension of Time to File

You can get an automatic 30-day extension of time to file by completing Form 8809, Application for Extension of Time to File Information Returns, and filing it with the IRS on or before the due date for the Form 1094-B and 1095-B. The forms may be submitted on paper or through the FIRE System either as a fill-in form or an electronic file. No signature or explanation is required for the extension. However, you must file these forms by the due date of the returns in order to get the 30-day extension. Under certain hardship conditions you may apply for an additional 30-day extension. See Form 8809 and the instructions for more information about extensions of time to file.

How to apply. File Form 8809 as soon as you know that a 30-day extension of time to file is needed. Follow the instructions on Form 8809, which provide information on where to mail it. You can also submit the extension request online through the FIRE System. You are encouraged to submit requests using the online fill-in form. See Pub. 1220, Specifications for Electronic Filing of Form 1097, 1098, 1099, 3921, 3922, 5498 and W-2G, Part B, for more information on filing online or electronically. See the instructions for Form 8809 for more information.

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

The IRS strongly encourages the quality review of data before filing to prevent erroneous notices from being mailed to statement recipients (or others for whom information is being reported).

Filing Returns with the IRS

Shipping and mailing. If you're filing on paper, send the forms to the IRS in a flat mailing (not folded). If you're sending many forms, you may send them in conveniently-sized packages. On each package, write your name, number the packages consecutively, and place Form 1094-B in package number one. Postal regulations require forms and packages to be sent by first-class mail.

Keeping copies. Generally, keep copies of information returns you filed with the IRS or maintain the ability to reconstruct the data for at least 3 years, from the due date of the returns.



If you're required to file 250 or more information returns, you must file electronically. The 250-or-more requirement applies separately to each type of form. For example, if you must file 500 Forms 1095-B and 100 Forms 1095-C, you must file Forms 1095-B electronically, but you aren't required to file Forms 1095-C electronically. The electronic filing requirement doesn't apply if you apply for and receive a hardship waiver. The IRS encourages you to file electronically even if you're filing fewer than 250 returns.

To receive a waiver from the required filing of information returns electronically, submit Form 8508, Request for Waiver from Filing Information Returns Electronically, at least 45 days before the due date of the returns. You can't apply for a waiver for more than one tax year at a time. If you need a waiver for more than one tax year, you must reapply at the appropriate time each year. An approved waiver for original returns will cover corrections only for the same type of return. If you receive an approved waiver, don't send a copy of it to the service center where you file your paper returns. Keep the waiver for your records only.

If you are required to file electronically but fail to do so, and you don't have an approved waiver, you may be subject to a penalty of up to \$250 per return unless you establish reasonable cause. However, you can file up to 250 returns on paper, which won't be subject to a penalty for failure to file electronically. The penalty applies separately to original returns and corrected returns.

Pub. 5165, Guide for Electronically Filing Affordable Care Act (ACA) Information Returns (AIR) for Software Developers and Transmitters (Processing Year 2016), will specify the communication procedures, transmission formats, business rules and validation procedures for returns filed electronically for calendar year 2015 through the AIR system. To develop software for use with the AIR system, software developers, transmitters and issuers (carriers filing their own Forms 1094-B and 1095-B) should use the guidelines provided in Pub. 5165 along with the Extensible Markup Language (XML) Schemas

published on IRS.gov. For more information, see Pub. 5165 (Early Look for Processing Year 2015) available at www.irs.gov/PUP/for_taxpros/software_developers/information_returns/Draft_Pub_5165_04_2015.pdf.

Substitute Returns Filed with the IRS

See Pub. 5223, General Rules and Specifications for Affordable Care Act Substitute Forms 1095-A, 1094-B, 1095-B, 1094-C, and 1095-C, for specifications for private printing of substitute information returns. You may not request special consideration. Only forms that conform to the official form and the specifications in Pub. 5223 are acceptable for filing with the IRS.

Void Box

Don't use this box on Form 1095-B.

Corrected Forms 1094-B and 1095-B

If you filed a Form 1095-B with the IRS on paper and later determine there was an error on it, you must file a corrected return as soon as possible. File corrected returns as follows:

- Form 1095-B: Fully complete Form 1095-B and enter an "X" in the CORRECTED checkbox. File a Form 1094-B Transmittal with the corrected Forms 1095-B.
- Recipient's statement: A copy of the corrected Form 1095-B must be furnished to the individual who received the original Form 1095-B.

Note. Enter an "X" in the CORRECTED checkbox only when correcting a Form 1095-B previously filed with the IRS. If you are correcting a Form 1095-B that was previously furnished to a recipient, but not filed with the IRS, write CORRECTED on the new Form 1095-B furnished to the recipient.



See the chart below for examples of errors and step-by-step instructions for filing corrected returns.

Original Form 1095-B Filed with the IRS and Furnished to the Recipient	
IF any of the following are incorrect ...	THEN ...
Name of responsible individual (Part I)	<ol style="list-style-type: none"> 1. Fully complete a new Form 1095-B and enter an "X" in the CORRECTED checkbox 2. File a Form 1094-B Transmittal with the corrected Form 1095-B 3. Furnish a copy of the corrected Form 1095-B to the person identified as the responsible individual
Social security number (SSN) or taxpayer identification number (TIN) (Part I)	
Origin of the policy (Part I)	
Employer-Sponsored Coverage Information (Part II)	
Issuer or Other Coverage Provider (Part III)	
Covered Individuals Information (Part IV)	

If you must make a correction to Form 1095-B filed electronically, see Pub. 5165.



You must file a corrected return to report retroactive changes in coverage.

Example 1. Tim enrolls in health insurance with Ace Insurance Company in January 2015. Tim fails to pay his premiums for November and December 2015 and January 2016. Ace sends Tim a Form 1095-B on January 31, 2016, reporting coverage for every month in 2015. On February 1, 2016, Ace cancels Tim's coverage effective November 1, 2015. Ace must send Tim a corrected Form 1095-B reporting that Tim was covered only for January through October 2015. If Ace filed the Form 1095-B with the IRS it must file a corrected Form 1095-B with the IRS reporting coverage only for January through October.

Example 2. Sharon is enrolled in Medicaid for January through September 2015. The Medicaid agency files a Form 1095-B and furnishes a statement to Sharon reporting coverage for January through September 2015. In April 2016, Sharon is approved for Medicaid coverage beginning on November 1, 2015. The Medicaid agency must file a corrected Form 1095-B with the IRS and furnish Sharon a corrected statement reporting coverage for January through September and November through December 2015.

Statements Furnished to Individuals

Filers of Form 1095-B must furnish a copy by January 31, 2016, to the person identified as the "responsible individual" on the form.

The "responsible individual" is the person who, based on a relationship to the covered individuals, the primary name on the coverage, or some other circumstances,

should receive the statement. Generally, the statement recipient should be the taxpayer (tax filer) who would be liable for the individual shared responsibility payment for the covered individuals, if that person is known. A statement recipient may be a parent if only minor children are covered individuals, a primary subscriber for insured coverage, an employee or former employee in the case of employer-sponsored coverage, a uniformed services sponsor for TRICARE, or another individual who should receive the statement. Filers may, but aren't required to, furnish a statement to more than one recipient.

Copies of Form 1095-B furnished to recipients may include a truncated SSN or other TIN, if applicable, of the statement recipient and covered individuals by showing only the last four digits of the SSN or other TIN and replacing the first five digits with asterisks (*) or Xs. Copies of Form 1095-B furnished to recipients also may truncate the EIN of an employer reported in Part II. The filer's EIN may not be truncated on the statement. Truncation of TINs, including EINs, is not allowed on returns filed with the IRS.

In general, statements must be furnished on paper by mail (or hand delivered), unless the recipient affirmatively consents to receive the statement in an electronic format. Statements reporting coverage under an expatriate health plan, however, may be furnished electronically unless the recipient affirmatively refuses consent or requests a paper statement. For more information on expatriate health plans, see Notice 2015-43. 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. The consent must relate specifically to receiving Form 1095-B electronically. 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.

Extension of Time to Furnish Statement to Recipients

You may request an extension of time to furnish statements to recipients by sending a letter to Internal Revenue Service, Information Returns Branch, Attn: Extension of Time Coordinator, 240 Murall Drive, Mail Stop 4360, Kearneysville, WV 25430. The letter must include (a) filer name, (b) filer TIN, (c) filer address, (d) type of return, (e) a statement that the extension request is for providing statements to recipients, (f) reason for delay, and (g) the signature of the filer or authorized agent. Your request must be postmarked by the date on which the statements are due to the recipients. If your request for an extension is approved, generally you will be granted a maximum of 30 extra days to furnish the recipient statements.

Substitute Statements to Recipients

If you aren't using the official IRS form to furnish statements to recipients, see Pub. 5223, which explains the requirements for format and content of substitute statements to recipients. You may develop them yourself or buy them from a private printer.

Information Reporting Penalties

A provider of minimum essential coverage that fails to comply with the information reporting requirements may be subject to the general information penalty provisions for failure to file correct information returns and failure to furnish correct payee statements.

- The penalty for failure to file an information return generally is \$250 for each return for which such failure occurs. The total penalty imposed for all failures during a calendar year can't exceed \$3,000,000.
- The penalty for failure to provide a correct payee statement is \$250 for each statement for which the failure occurs, with the total penalty for a calendar year not to exceed \$3,000,000.
- Special rules apply that increase the per-statement and total penalties if there is intentional disregard of the requirement to furnish a payee statement.

The waiver of penalty and special rules, including abatement of information return penalties for reasonable cause, also apply.

Relief From Penalties

For 2015 reporting, the IRS won't impose penalties for reporting incorrect or incomplete information, including TINs or dates of birth, on filers that can show that they have made good faith efforts to comply with the information reporting requirements for coverage in 2015. For example, a filer for coverage under an insured group health plan that makes a reasonable effort to obtain the employer identification number (EIN) of the employer sponsoring the coverage won't be subject to penalties if the filer fails to enter an EIN or enters an incorrect EIN in Part II of Form 1095-B.

Specific Instructions for Form 1094-B

Line 1. Enter the filer's complete name.

Line 2. Enter the filer's nine-digit employer identification number (EIN). If you don't 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 to the IRS. See the instructions for Form SS-4 for more information. See Pub. 1635, Employer Identification Number, for further information.

Lines 3 and 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 numbers of Forms 1095-B that are transmitted with Form 1094-B.

Specific Instructions for Form 1095-B

Part I—Responsible Individual

Line 1. Enter the name of the responsible individual (statement recipient). See the description of who is a "responsible individual" in *Statements Furnished to Individuals*, earlier.

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 doesn't have an SSN. No SSN or other TIN is required if the responsible individual isn't 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.

Lines 4–7. Enter the complete mailing address of the responsible individual. If mail isn't 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. Other designated minimum essential coverage.

Line 9. For 2015, 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.



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 don't 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 isn't delivered to the street address and the employer has a P.O. Box, enter the box number instead of the street address. See *Statements Furnished to Individuals*, earlier, for information on truncating the EIN. If the employer is a member of a controlled group, enter information for the specific controlled group member that is the covered employee's employer. If the coverage is provided through an association or a Multiple Employer Welfare Arrangement, enter information for the participating employer of the covered employee. Don't complete Part II if the coverage is provided through a multiemployer plan.

Part III—Issuer or Other Coverage Provider

Lines 16–22. Enter your name, EIN, and complete mailing address. 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 coverage sponsor. Enter on line 18 the telephone number an 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 or other TIN for each covered individual (111-11-1111). The field may be left blank if the covered individual does not have a TIN. 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 an SSN or other TIN isn't entered in column (b).

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 wasn't covered for all 12 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 this information for the additional covered individuals on Part IV, Continuation Sheet(s).

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 aren't liable for the individual shared responsibility payment. If you don't 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 aren't 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. Don't send the form to this office. Instead, see *Where To File*, earlier.
