

How to File forms 1094-B and 1095-B for the Congregational Employee Plan (CEP) for Mennonite Church USA

The Affordable Care Act (ACA) created new reporting requirements in Internal Revenue Code (Code) Section 6055, which require your church to file information with the Internal Revenue Service (IRS) about the health plan coverage it offers. Related statements must also be provided to individuals.

REQUIRED FORMS

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

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

FORM 1094-B: REQUIRED INFORMATION

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

LINE	REQUIRED INFORMATION
1	Filer's name – The legal name of the employer (church, conference office, etc.)
2	Filer's nine-digit EIN, including the dash – The employer's EIN (tax-ID number)
3	Name of the filer's contact person - Whoever is completing the forms
4	Telephone number of the filer's contact person – Church phone number
5-8	Filer's complete address – Church Address
9	Total number of Forms 1095-B submitted with this Form 1094-B transmittal

FORM 1095-B: REQUIRED INFORMATION

In addition, one Form 1095-B must generally be filed for each **responsible individual**, or head of household. The "responsible individual" generally is the person who is the primary name on the coverage. The responsible individual may be the primary insured, employee, or former employee, named on the coverage application.

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

PART	LINE	REQUIRED INFORMATION
I	1	Responsible individual's name (first name, middle initial, last name)
	2	Responsible individual's nine-digit SSN, including the dashes (or other TIN, if the responsible individual does not have an SSN)
	3	Responsible individual's date of birth (MM/DD/YYYY), only if Line 2 is blank*
	4-7	Responsible individual's complete address (including apartment number, if applicable)
	8	Letter identifying the origin of the policy or coverage for the Corinthian Plan is "B"

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	9	LEAVE BLANK
II	10-15	LEAVE BLANK
III	16	Church name
	17	Church EIN (tax-ID) number
	18	Church phone number
	19-22	Church Address
IV	23–28 Column (a)	Everence will send the names of covered individuals in early January.
	23–28 Column (b)	Everence will send the SSN if we have it in early January.
	23–28 Column (c)	Date of birth (MM/DD/YYYY) only if column b is blank*
	23–28 Column (d)	Everence will send the covered months in early January.
	23–28 Column (e)	Everence will send the covered months in early January.

***Reporting Social Security Numbers**

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

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

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

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

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

This information only applies to coverage provided by CEP, is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.