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November 8, 2013

CC:PA:LPD:PR (REG-132455-11)
Internal Revenue Service
Room 5203
P.O. Box 7604
Ben Franklin Station
Washington, DC 20044

and

CC:PA:LPD:PR (REG-136630-12)
Internal Revenue Service
Room 5205
P.O. Box 7604
Ben Franklin Station
Washington, DC 20044

Submitted electronically at www.regulations.gov

**Re: Proposed Rule on Information Reporting of Minimum Essential Coverage;
Proposed Rule on Information Reporting by Applicable Large Employers on Health
Insurance Coverage Offered Under Employer-Sponsored Plans**

Dear Ladies and Gentlemen:

The National Coordinating Committee for Multiemployer Plans (NCCMP) appreciates the opportunity to provide comments on the above-referenced proposed rules as published in the Federal Register on September 9, 2013 (the “proposed rules”) by the Department of Treasury and the Internal Revenue Service (collectively the “Department”).¹

These comments focus on the reporting obligation of the multiemployer plan under IRC Section 6055, and the relationship of the plan and employer with respect to the employer reporting obligations under IRC Section 6056.

The NCCMP is the only national organization devoted exclusively to protecting the interests of the over 20 million active and retired American workers and their families who rely on multiemployer plans for retirement, health and other benefits. The NCCMP’s purpose is to assure an environment in which multiemployer plans can continue their vital role in providing benefits to working men and women. The NCCMP is a nonprofit, non-partisan organization, with members, plans and contributing employers in every major segment of the multiemployer

¹ 78 Fed Reg 54986 and 54996 (September 9, 2013).

plan universe, including in the airline, building and construction, entertainment, health care, hospitality, longshore, manufacturing, mining, retail food, service and trucking industries.

BACKGROUND RELATING TO MULTIEMPLOYER PLANS

One of the crowning achievements of collective bargaining over the past 50 years is the creation of thousands of labor-management, multiemployer health and welfare trust funds that provide to covered workers and their dependents various benefit coverages, including medical, hospitalization, preventive and wellness care, prescription drugs, dental care, and vision care. These trust funds are often referred to as “Taft-Hartley funds” because they are regulated by the Labor Management Relations (“Taft-Hartley”) Act of 1947, as well as by ERISA and the Code (“Code”). We note, however, that some single-employer plans may operate as joint labor-management funds and therefore believe the more appropriate term is “multiemployer” plans with respect to comments contained herein.

Multiemployer plans provide health and welfare plan coverage to plan participants and their beneficiaries pursuant to the negotiated wages, hours, and other terms and conditions of employment (including requiring contributions to be made to a multiemployer benefit trust) of a collective bargaining agreement between one or more unions and more than one employer. Even for employees who are not union members but whose work is covered as part of a certified bargaining unit, existing labor law provides that discussions of employee benefits are a mandatory subject of bargaining and therefore subject to negotiation with the union under their status as the statutory bargaining agent. The ACA did not repeal the Labor Management Relations Act. Relationships are established between employers and employees under the Taft-Hartley Act, and these relationships should continue to be recognized in regulations implementing the ACA.

Health and welfare trust funds cover workers in industries as diverse as building and construction, transportation, retail, food, clothing, textiles, service, mining, entertainment, hotel and restaurant, maritime, longshore, and manufacturing. But for these trust funds, millions more working families would be uninsured and at risk for financial ruin in the event of a serious illness. Indeed many millions of workers in these funds would not be eligible for coverage even under the enhanced eligibility requirements mandated for employers by ACA. The transient, project-based, mobile and seasonal employment patterns that characterize many of these industries would prevent workers from obtaining health coverage absent a central, pooled fund through which portable coverage is provided to workers as they move from employer to employer.

COMMENTS ON THE PROPOSED RULES

The NCCMP applauds the Department for proposing a comprehensive method to collect information necessary to implement the employer shared responsibility penalty and the individual responsibility requirements of the Affordable Care Act. We also appreciate the delay in the reporting requirements until 2016, in order to allow the reporting systems to be fully developed.

We have both general and specific comments on the proposed rules. The general comments will address aspects of both rules as applied to multiemployer plans and contributing employers, and the specific comments will be identified as to the applicable regulatory section.

Multiemployer Plans Reporting for Contributing Employers

The NCCMP appreciates the consideration given to the unique needs of multiemployer plans and contributing employers with respect to compliance with the reporting requirements. In particular, we believe that the thoughtful approach the Department has taken to Section 6056 reporting is worth consideration. However, we suggest modifications to the approach to make it more workable and cost-effective for the plan and contributing employers.

Proposed Rule: In general, trustees of multiemployer plans are in a unique position with respect to the new requirements, because in many circumstances, an employer contributing to a multiemployer plan will not have access to the information necessary to complete its 6056 filing requirement, because the information is held by the plan. The proposed rule recognizes this issue, stating:

Treasury and the IRS understand that the plan administrator of a multiemployer plan may have better access than a participating employer to certain information on participating employees required to be included as part of section 6056 reporting.²

Consequently, the regulations propose that reporting with respect to full-time employees eligible to participate in a multiemployer plan will be permitted to be provided in a bifurcated manner.

Under this proposed “bifurcated approach,” two reporting forms could be used by a contributing employer – one prepared by the employer and one by the plan. The plan administrator of the multiemployer plan would be permitted to report on behalf of the contributing employer’s full-time employees eligible to participate in the multiemployer plan. (The plan administrator would not be permitted to file for those full-time employees that do not participate in the plan.) A second report would be filed by the contributing employer for its full-time employees who do not participate in the multiemployer plan.

² 78 Fed. Reg. 55008.

The plan administrator would prepare the reporting form using the contributing employer's EIN. The plan administrator would also provide its own name, address, and identification number (in addition to the name, address, and EIN of the contributing employer).

Because the contributing employer retains the responsibility to file the report, the proposed regulations provide that the contributing employer would have to sign the Section 6056 return filed on its behalf and be subject to any potential liability for failure to properly file returns or furnish statements. The plan administrator would be subject to generally applicable requirements for tax return preparers.

Comments to the Proposed Rule: We believe that the bifurcated reporting approach would be difficult to administer on a number of levels. In particular, requiring the plan to complete a filing and then obtain the contributing employer's signature on the filing presents almost insurmountable obstacles. Many plans have hundreds and some have thousands of contributing employers of various sizes – not all of which are large employers subject to the reporting obligations. Placing the burden on the plan to not only compete the employer's reporting obligation but to find a responsible party to sign off on the plan's report is not a workable approach. Too many intervening variables would affect the plan's ability to prepare a complete report and receive approval and signature from the employer, such as the inability to know which employers have 50 or more full-time equivalent employees, inability to know who the responsible party is at the employer, and lack of any ongoing coordination between the plan and the employer about who is generally responsible for the employer's federal filings.

We suggest modification of the proposal to allow multiemployer plans to report the necessary information on its Section 6055 report – both through detailed reporting information and the use of indicator codes. We suggest that contributing employers should be able to indicate on their Section 6056 report that contributions were made to a multiemployer plan, and then the plan's information (filed on the Section 6055 report) would fill in the gaps on the employer report. This approach will better reflect which party (the plan or the contributing employer) has the relevant information, provide a more workable approach, and provide consistency with the application of the employer shared responsibility penalty (Code Section 4980H) with respect to employers who contribute to multiemployer plans. The proposed rules under Section 4980H contained a transition rule which provided that an applicable large employer member will not be treated as failing to offer the opportunity to enroll in minimum essential coverage to a full-time employee (and his or her dependents) under section 4980H(a) and will not be subject to a penalty under section 4980H(b) with respect to a full-time employee if: (1) 1. The employer is required to make a contribution to a multiemployer plan with respect to the employee pursuant to a collective bargaining agreement, and (2) the multiemployer plan offers to individuals who satisfy the plan's eligibility conditions (and their dependents), coverage that is affordable and provides minimum value. The NCCMP commented that this transition rule should be made permanent, with certain clarifications.³ The reporting requirements should be consistent with the proposed rule under Section 4980H.

³ Letter from Randy G. DeFrehn, Executive Director, NCCMP, March 18, 2013 (submitted via www.regulations.gov) on Notice of Proposed Rulemaking and Notice of Public Hearing --

Specifically we suggest the Section 6056 report be prepared in the following manner:

1. Multiemployer plans will be obligated to report detailed information concerning the plan's "minimum essential coverage" as part of Section 6055 reporting. Contributing employers, when completing the Section 6056 filing, should not have to report on data fields which have already been provided by the multiemployer plan. Instead, a contributing employer should be deemed to have provided sufficient information when it uses an indicator code that the employer contributes to a multiemployer plan on behalf of a particular employee.

To be more specific, Section 6056 requires that, for each full-time employee, the employer must report the months during the calendar year for which coverage under the plan was available. Contributing employers do not have the information necessary to complete this data field, because the employer does not provide the coverage and may not know what the plan's eligibility rules are. At most, a contributing employer would be able to report on the months for which it made contributions to the multiemployer plan; however, as discussed above, this information should not be relevant in implementing the employer penalty.⁴ Because the plan has an independent obligation to report the months in which minimum essential coverage was provided, the IRS will have a complete record of the coverage provided by the plan and the individual's covered months.

2. Section 6056 requires that employers report each full-time employee's share of the lowest cost monthly premium (self-only) for coverage providing minimum value offered to that full-time employee under an eligible employer-sponsored plan, by calendar month. Contributing employers are unlikely to know the range of coverage options offered by the plan. However, if the employees are required to contribute to the cost of coverage and the employee contribution is made on a pre-tax basis, the employer could report that information. Indeed, if a cafeteria plan is used by a contributing employer to allow employees to pay any contributions on a pre-tax basis, only the employer would know the amount of the employee salary reduction being collected.
3. The proposed regulation provides that additional information will be required using an "indicator code" rather than detailed reporting. This includes information as to whether the coverage is minimum value and whether the employee had the opportunity to enroll his or her spouse in the coverage. A contributing employer might have access to this

Shared Responsibility for Employers Regarding Health Coverage (the "Section 4980H Comment Letter). The NCCMP also testified at the public hearing on the proposed rule.

⁴As discussed more fully in the Section 4980H Comment Letter, contributing employers contribute based on hours worked (or some other measure of work). A contributing employer should be treated as offering minimum essential coverage to full-time employees (and their dependents) on whose behalf the employer makes contributions to the plan even in those months in which contributions are not actually made, as long as there is a continuing obligation under a collective bargaining agreement to make those contributions when hours are worked (or work is performed). This means that a contributing employer should only need to report (via an indicator code) that the employee is one for whom contributions are required to be made to a multiemployer plan pursuant to a collective bargaining agreement.

information, but it is more likely to be held by the plan. We suggest that an indicator code be included on the Section 6055 report for multiemployer plans to provide this information with respect to contributing employers.

4. Similarly, for multiemployer plans, information about a waiting period for coverage under the plan could be added to the plan's Section 6055 reports as an indicator code, rather than to the employer's report.
5. The Department proposes two specific indicators to be reported on the 6056 report for contributing employers that contribute to a multiemployer plan, as follows:
 - a. If an employer is a contributing employer to a multiemployer plan, whether a full-time employee is treated as eligible to participate in a multiemployer plan due to the employer's contributions to the multiemployer plan; and
 - b. If the administrator of a multiemployer plan is reporting on behalf of the contributing employer with respect to the employer's full-time employees who are eligible for coverage under the multiemployer plan, the name, address, and identification number of the administrator of the multiemployer plan (in addition to the name, address, and EIN of the employer already required under the proposed regulations).

We suggest that with respect to the first indicator, the indicator should seek information on whether the employer is contributing to a multiemployer plan on the employee's behalf, not whether the employee is eligible for coverage. Again, this is consistent with the proposed rules under Section 4980H.

With respect to the second indicator, multiemployer plans will not be able to report all of the required data fields on behalf of the contributing employer. Instead of having the multiemployer plan prepare 6056 reports, the relevant data elements could be added to the plan's 6055 reports.

6. Contributing employers must also report indicator codes to identify to whom minimum essential coverage is offered. Specifically, they must report with respect to each employee whether minimum essential coverage was offered to the employee only, the employee and dependents only, the employee and spouse only or the entire family. Contributing employers should not be required to use the indicator codes with respect to minimum essential coverage for employees for whom contributions are made to the multiemployer plan. The codes can be added to the multiemployer plan's 6055 report.

Additional Comments

In addition to the comments specific to multiemployer plans and Section 6056 reporting, we have additional comments on other aspects of the rules.

1. Proposed Section 6055 File Layout

In order to assist the Department, one of the NCCMP's affiliate members has prepared a sample file layout that could be used for Section 6055 reporting by multiemployer plans. The layout contains all of the proposed Section 6055 filing information and adds additional files that could be reported by a typical multiemployer plan which provide information required from the employers under Section 6056.

We hope that the sample file layout (attached) is helpful in preparing the data reporting for multiemployer plans.

2. Section 6055 Report Should Not Require Multiemployer Plans to Identify the Contributing Employer for Each Participant

In certain situations, health care providers that provide group health plans must report the EIN of the "employer sponsoring the plan" on the Section 6055 report. This requirement is not appropriate for multiemployer plans that provide coverage, because the employer does not sponsor the plan. The plan is sponsored by the Board of Trustees of the multiemployer plan. Consequently, there is no applicable employer sponsor to report.

Participants in a multiemployer plan may work for multiple contributing employers during any particular coverage month. Indeed, in some industries (*e.g.* entertainment, long shore, etc...) it is possible for an employee to work for more than one employer on any given day. While contributions are paid to the plan by the contributing employers, the individual's coverage months are not tracked based on which employer they are working for during that month. Rather, their coverage is based on the aggregation of hours worked for all contributing employers. It would be impossible for the plan to associate each coverage month with the hours worked for any particular employer during that month. This is especially true because the coverage provided by a multiemployer plan generally "lags" the contributions, *i.e.*, contributions made for work performed for one or more contributing employers in January might be associated with coverage provided in March.

We recommend that final regulations clarify that when minimum essential coverage is provided to an individual that is covered through a multiemployer plan, the plan is not required to report the EIN of an employer for a coverage month.

3. Delivery Method

The proposed rule provides that the participant statement provided by the plan as part of the Section 6055 reporting may only be delivered electronically if the recipient consents.

We recommend that the Department adopt an alternative rule for plan sponsors, such as Boards of Trustees, governed by ERISA. Specifically, if a plan sponsor is governed by ERISA, they should be able to use rules promulgated by the Department of Labor for electronic distribution of participant statements. This would allow electronic distribution if the DOL regulations are satisfied. Simply, if the participant has access to a computer and printer at their workplace, and sufficient notice is provided, the plan could send notices electronically.

4. Reporting of Social Security Numbers

The proposed rule requires plan sponsors of multiemployer plans to report the name and SSN (TIN) of both participants and dependents. The proposed rule provides that if the SSN is unavailable, the plan may report the date of birth.

We recommend that the Department simplify the reporting obligations with respect to collection of information on dependents. Many multiemployer group health plans do not collect social security numbers for dependents, particularly children. While certain Medicare reporting laws, e.g., Section 111, require that social security numbers be reported for dependents age 45 and older, there are no requirements that dependent SSNs be collected for other purposes.

We suggest that the Treasury Department and Internal Revenue Service make data reporting obligations consistent with those that already exist. Specifically, this would mean that the name, address and SSN for individuals other than the participant would not be required unless they are required under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L.110-173). Under the Section 111 rules, reporting of SSN or HICN information is only required for individuals covered in a group health plan age 45 through 64 who have coverage based on their own or a family member's current employment status. We suggest that the reporting and procedures under Section 111 should significantly inform the Treasury Department's implementation of the ACA reporting requirements so that the government can achieve efficiencies of scale and not significantly burden plan sponsors.

5. Response to Request for Comments on Large Employers That Do Not Charge An Employee Contribution

The Department requested comments on a proposal to permit applicable large employers with self-insured plans that provide mandatory, minimum value coverage to employees, and offer that coverage to spouses and dependents, all with no employee contribution, to

forgo providing section 6056 individual statements to those covered employees. The IRS and individuals would already have the information based on Section 6055 reporting.

We support the proposed recommendation, because it is consistent with our recommendations to simplify reporting in situations where all of the necessary information is already available through plan reporting. Similarly, contributing employers and multiemployer plans would not be required to send the Section 6056 individual statement where coverage is mandatory, minimum value, and without employee contributions.

6. Expand use of Form W-2 Reporting for Employers Where no Employee Contributions are required for Coverage

The Proposed Section 6056 rule states that Treasury is considering allowing employers in certain circumstances to report offers of minimum value coverage on an employee's Form W-2, instead of reporting the offers to the IRS on a section 6056 employee statement. Treasury is also considering whether a W-2 or similar simplified reporting method could be extended to cases in which the required monthly employee contribution is below a specified threshold. The example given is that if the annual employee cost of self-only coverage is \$800 or less, the employer would be permitted to report zero as the employee cost, because the coverage will always be considered affordable.

We recommend expanding the use of the Form W-2 reporting for the Form 6056 report to the greatest extent possible, to assure that reporting does not place a burden on employers that are providing health care coverage. In most cases, multiemployer plans do not require a separate employee contribution for health coverage, because the collective bargaining parties have already determined the cost of coverage, and that cost is allocated from the employee's total wage package. Therefore, in the majority of multiemployer plan situations, the "required monthly employee contribution" will be zero. Providing a reporting methodology that allows the employer to simplify reporting when the contribution is zero, and to report this on the Form W-2, would satisfy the information needs of the employee and the IRS, but minimize the burdens on the contributing employers.

7. Eliminate Section 6056 Reporting for Contributing Employers that Contribute to a Multiemployer plan that Provides Mandatory Minimum Value Coverage with no Employee Contribution

The proposed Section 6056 Rule notes that some employers may provide mandatory minimum value coverage under a self-insured group health plan to an employee, an employee's spouse, and an employee's dependents, with no employee contribution. In

that case, Treasury notes, none of the individuals would be eligible for a premium assistance tax credit. (page 55006)

Treasury and the IRS are considering permitting these employers to file the Section 6055 return but not the Section 6056 return. The Section 6055 return would provide the individual taxpayers the necessary information to accurately file their tax returns, and provide the IRS with information to administer the premium assistance tax credit and the employer shared responsibility penalty. The employers would also use a code on the Form W-2 and would file summary information provided in the Section 6056 transmittal form, but no further information would be required.

We agree with this proposal, as it will lower the administrative burden on contributing employers, but still allow both individuals and the IRS to have all of the information necessary to administer the law. We recommend that the rule apply not only to self-insured employers that complete the Section 6055 filing, but also to employers that contribute to a multiemployer plan. In that case, the employer would indicate in the Form 6056 transmittal form that it contributes to a multiemployer plan. It would also complete a code on the Form W-2 indicating that it contributes to the multiemployer plan. These employers would not then be required to fill out the full Section 6056 form. We also recommend that the rule apply to both insured and self-insured multiemployer plans.

Conclusion

We greatly appreciate the opportunity to comment on the proposed rules as they may apply to multiemployer plans and are more than happy to discuss any questions you may have regarding these comments.

Respectfully submitted,



Randy G. DeFrehn
Executive Director

| Field Number | Field Name | Data Type | Field Length | Start Pos | Stop Pos | Required | Description | Instruction |
|--------------|----------------------------------|--------------|--------------|-----------|----------|----------|---|--|
| 1 | Plan Sponsor EIN | NUMERIC | 9 | 1 | 9 | Y | EIN of the Plan Sponsor | Employer Identification Number |
| 2 | Plan Sponsor Name | ALPHANUMERIC | 50 | 10 | 59 | Y | Name of the Plan Sponsor | |
| 3 | Plan Sponsor Address-1 | ALPHANUMERIC | 50 | 60 | 109 | Y | Address Line 1 of the Plan Sponsor | |
| 4 | Plan Sponsor Address-2 | ALPHANUMERIC | 50 | 110 | 159 | Y | Address Line 2 of the Plan Sponsor | |
| 5 | Plan Sponsor City | ALPHANUMERIC | 50 | 160 | 209 | Y | City of the Plan Sponsor | |
| 6 | Plan Sponsor State | ALPHANUMERIC | 50 | 210 | 259 | Y | State of the Plan Sponsor | |
| 7 | Plan Sponsor Zip Code | NUMERIC | 9 | 260 | 268 | Y | Zip Code of the Plan Sponsor | All numbers, no hyphen |
| 8 | Participant TIN | NUMERIC | 9 | 269 | 277 | | TIN of the Participant | Participant Tax Identification Number; Covered Employee or Retiree |
| 9 | Participant First Name | ALPHANUMERIC | 50 | 278 | 327 | Y | First Name of the Participant | |
| 10 | Participant Middle Name | ALPHANUMERIC | 50 | 328 | 377 | Y | Middle Name of the Participant | |
| 11 | Participant Last Name | ALPHANUMERIC | 50 | 378 | 427 | Y | Last Name of the Participant | |
| 12 | Participant Date of Birth | NUMERIC | 8 | 428 | 435 | | Date of Birth of the Participant | Required if TIN is not available CCYYMMDD - Format ex. 20131116 |
| 13 | Participant Address-1 | ALPHANUMERIC | 50 | 436 | 485 | Y | Address Line 1 of the Participant | |
| 14 | Participant Address-2 | ALPHANUMERIC | 50 | 486 | 535 | Y | Address Line 2 of the Participant | |
| 15 | Participant City | ALPHANUMERIC | 50 | 536 | 585 | Y | City of the Participant | |
| 16 | Participant State | ALPHANUMERIC | 50 | 586 | 635 | | State of the Participant | |
| 17 | Participant Zip Code | NUMERIC | 9 | 636 | 644 | | Zip Code of the Participant | All numbers, no hyphen |
| 18 | Covered Individual TIN | NUMERIC | 9 | 645 | 653 | | TIN of the Covered Individual | Covered Individual Tax Identification Number |
| 19 | Covered Individual First Name | ALPHANUMERIC | 50 | 654 | 703 | Y | First Name of the Covered Individual | When record is Participant's use Participant Information. When record is Dependent's use Dependent Information. |
| 20 | Covered Individual Middle Name | ALPHANUMERIC | 50 | 704 | 753 | Y | Middle Name of the Covered Individual | When record is Participant's use Participant Information. When record is Dependent's use Dependent Information. |
| 21 | Covered Individual Last Name | ALPHANUMERIC | 50 | 754 | 803 | Y | Last Name of the Covered Individual | When record is Participant's use Participant Information. When record is Dependent's use Dependent Information. |
| 22 | Covered Individual Date of Birth | NUMERIC | 8 | 804 | 811 | | Date of Birth of the Covered Individual | Required if TIN is not available CCYYMMDD - Format ex. 20131116 When record is Participant's use Participant Information. When record is Dependent's use Dependent Information. |
| 23 | Calendar Month January Coverage | ALPHANUMERIC | 1 | 812 | 812 | Y | Covered for Calendar Month January - Y/N | For the Covered Individual in this record report Y or N if for at least one day in January of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 24 | Calendar Month February Coverage | ALPHANUMERIC | 1 | 813 | 813 | Y | Covered for Calendar Month February - Y/N | For the Covered Individual in this record report Y or N if for at least one day in February of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 25 | Calendar Month March Coverage | ALPHANUMERIC | 1 | 814 | 814 | Y | Covered for Calendar Month March - Y/N | For the Covered Individual in this record report Y or N if for at least one day in March of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 26 | Calendar Month April Coverage | ALPHANUMERIC | 1 | 815 | 815 | Y | Covered for Calendar Month April - Y/N | For the Covered Individual in this record report Y or N if for at least one day in April of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 27 | Calendar Month May Coverage | ALPHANUMERIC | 1 | 816 | 816 | Y | Covered for Calendar Month May - Y/N | For the Covered Individual in this record report Y or N if for at least one day in May of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 28 | Calendar Month June Coverage | ALPHANUMERIC | 1 | 817 | 817 | Y | Covered for Calendar Month June - Y/N | For the Covered Individual in this record report Y or N if for at least one day in June of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |

| | | | | | | | | |
|----|--|--------------|----|------|------|---|--|--|
| 29 | Calendar Month July Coverage | ALPHANUMERIC | 1 | 818 | 818 | Y | Covered for Calendar Month July - Y/N | For the Covered Individual in this record report Y or N if for at least one day in July of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 30 | Calendar Month August Coverage | ALPHANUMERIC | 1 | 819 | 819 | Y | Covered for Calendar Month August - Y/N | For the Covered Individual in this record report Y or N if for at least one day in August of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 31 | Calendar Month September Coverage | ALPHANUMERIC | 1 | 820 | 820 | Y | Covered for Calendar Month September - Y/N | For the Covered Individual in this record report Y or N if for at least one day in September of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 32 | Calendar Month October Coverage | ALPHANUMERIC | 1 | 821 | 821 | Y | Covered for Calendar Month October - Y/N | For the Covered Individual in this record report Y or N if for at least one day in October of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 33 | Calendar Month November Coverage | ALPHANUMERIC | 1 | 822 | 822 | Y | Covered for Calendar Month November - Y/N | For the Covered Individual in this record report Y or N if for at least one day in November of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 34 | Calendar Month December Coverage | ALPHANUMERIC | 1 | 823 | 823 | Y | Covered for Calendar Month December - Y/N | For the Covered Individual in this record report Y or N if for at least one day in December of the prior calendar year, they were enrolled in coverage and entitled to receive benefits. |
| 35 | Other Information | ALPHANUMERIC | 50 | 824 | 873 | | Other Information | Any other information specified in Forms, instructions, or published guidance. |
| 43 | SHOP Coverage | ALPHANUMERIC | 1 | 874 | 874 | Y | Y or N | Is the coverage a qualified Health Plan enrolled in through the Small Business Health Options Program (SHOP)? Y/N |
| 44 | Other Information | ALPHANUMERIC | 50 | 875 | 924 | | Other Information | Other information specified in forms, instructions, or published guidance, see SS 601.601(d) and 601.602 of this chapter. |
| 45 | Multiemployer Plan Contributor | ALPHANUMERIC | 1 | 925 | 925 | Y | Y or N | Is a full-time employee treated as eligible to participate in a multiemployer plan due to the employer's contributions to the multiemployer plan. Y/N |
| 46 | Multiemployer Plan Administrator EIN | NUMERIC | 9 | 926 | 934 | | EIN of the Multiemployer Plan Administrator | If the administrator of a multiemployer plan is reporting on behalf of the contributing employer with respect to the employer's full-time employees who are eligible for coverage under the multiemployer this field is required |
| 47 | Multiemployer Plan Administrator Name | ALPHANUMERIC | 50 | 935 | 984 | | Name of the Multiemployer Plan Administrator | If the administrator of a multiemployer plan is reporting on behalf of the contributing employer with respect to the employer's full-time employees who are eligible for coverage under the multiemployer this field is required |
| 48 | Multiemployer Plan Administrator Address-1 | ALPHANUMERIC | 50 | 985 | 1034 | | Address Line 1 of the Multiemployer Plan Administrator | If the administrator of a multiemployer plan is reporting on behalf of the contributing employer with respect to the employer's full-time employees who are eligible for coverage under the multiemployer this field is required |
| 49 | Multiemployer Plan Administrator Address-2 | ALPHANUMERIC | 50 | 1035 | 1084 | | Address Line 2 of the Multiemployer Plan Administrator | If the administrator of a multiemployer plan is reporting on behalf of the contributing employer with respect to the employer's full-time employees who are eligible for coverage under the multiemployer this field is required |
| 50 | Multiemployer Plan Administrator City | ALPHANUMERIC | 50 | 1085 | 1134 | | City of the Multiemployer Plan Administrator | If the administrator of a multiemployer plan is reporting on behalf of the contributing employer with respect to the employer's full-time employees who are eligible for coverage under the multiemployer this field is required |

| | | | | | | | | |
|----|---|--------------|----|------|------|---|--|---|
| 51 | Multiemployer Plan Administrator State | ALPHANUMERIC | 50 | 1135 | 1184 | | State of the Multiemployer Plan Administrator | If the administrator of a multiemployer plan is reporting on behalf of the contributing employer with respect to the employer's full-time employees who are eligible for coverage under the multiemployer this field is required |
| 52 | Multiemployer Plan Administrator Zip Code | NUMERIC | 9 | 1185 | 1193 | | Zip Code of the Multiemployer Plan Administrator | All numbers, no hyphen |
| 53 | Coverage Level | ALPHANUMERIC | 3 | 1194 | 1196 | Y | Y or N | Report on Participant's record only. Coverage Level of the Employee plus Dependents: EMP = Employee Only EMD = Employee and Dependents Only EMS = Employee and Spouse Only FAM = Employee, Spouse, and Dependents SPO = Surviving Spouse (?) |
| 54 | Coverage Not Offered Reason | ALPHANUMERIC | 4 | 1197 | 1200 | | Y or N | If coverage was not offered to the Employee use one of the following reason codes: WAIT = The employee was in a waiting period that complies with the 90-day rule PART = the employee was not a full-time employee NOTE = the employee was not employed by the employer during that month NONE = no other code or exception applies |

Total Length 1200