Wespath

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2025 Internal Revenue Code Section 6055 Reporting—Minimum Essential Coverage

Purpose: Form 1095-B is used to report certain information to the IRS and to taxpayers about individuals who are covered by minimum essential coverage. Eligibility for certain types of minimum essential coverage can affect a taxpayer's eligibility for the premium tax credit.

Key forms:

- ***IRS Form 1095-B Health Coverage***—A personalized *IRS Form 1095-B* must be sent to each primary participant who was covered during the reporting period.
- ***IRS Form 1094-B Transmittal of Health Coverage Information Returns***—Transmittal form *IRS Form 1094-B* must be sent to the IRS. *Form 1094-B* confirms the total number of *Forms 1095-B* sent to participants. Additionally, the reporting entity must submit to the IRS copies of all *IRS Forms 1095-B* it sent to covered participants.

Who must comply: Section 6055 reporting requires health insurance issuers, employers or annual conferences sponsoring self-insured health plans and others (including HealthFlex as a multiple employer plan) that provide "minimum essential coverage" (MEC[1]) to report this coverage to the IRS[2]. Additionally, Section 6055 requires health plans to provide a statement regarding MEC to each primary participant regarding all covered individuals (employees, spouses, dependents and any other covered beneficiaries).

Reporting responsibility within the UMC:

- ***For HealthFlex plan sponsors:*** Wespath will complete the Section 6055 reporting for all individuals covered by HealthFlex.
- ***For all other annual conferences with self-insured health plans:*** Annual conferences will have to comply with the Section 6055 reporting requirements. Note that conference offices and other salary-paying units that also are applicable large employers [50 or more full-time equivalent employees (FTEEs)] must satisfy Section 6055 reporting by completing Section 6056 reporting. (See separate document—***Internal Revenue Code Section 6056 Reporting***.) Section 6055 reporting must still be completed for individuals covered under the self-insured annual conference plan that are not employees of the conference office (e.g., a clergyperson appointed to a local church with fewer than 50 employees).
- ***For all other annual conferences sponsoring fully-insured health plans:*** The issuers of health insurance policies should perform the Section 6055 reporting, but plan sponsors should confirm that will be the case. In addition, conference offices and other salary-paying units that are also applicable large employers (50 or more FTEEs) will have to submit additional information (e.g., premium amounts) under the Section 6056 reporting requirement in addition to meeting the 6055 requirement. (See separate document—***Internal Revenue Code Section 6056 Reporting***.)

Completion of *IRS Forms 1095-B and 1094-B*—HealthFlex Plan Sponsors

Wespath will complete and distribute *IRS Form 1095-B* for all HealthFlex participants and submit both *Forms 1095-B and 1094-B* to the IRS as described above. No action is required from HealthFlex plan sponsors for completion of these forms.

[1] Minimum essential coverage (MEC) is health coverage that satisfies the Affordable Care Act's individual mandate.

[2] Note that MEC also includes Health Reimbursement Account (HRA) balances that are not integrated with medical coverage. For example, if a participant terminates coverage but still has an HRA balance available, the HRA balance is still reported as MEC until the balance is depleted.

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Considerations for Completing *IRS Form 1095-B*—Self-Insured Health Plans Not Sponsoring HealthFlex

Below is the process which HealthFlex will use for completing *IRS Form 1095-B* for HealthFlex participants. This process may be useful in helping self-insured conferences not sponsoring HealthFlex determine how to complete the required *Forms 1095-B*.

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Form **1095-B**
Department of the Treasury
Internal Revenue Service

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

☐ VOID ☐ CORRECTED

OMB No. 1545-2252
2025

Part I Responsible Individual

1 Name of responsible individual–First name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . ☐		9 Reserved	

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

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

Part III Issuer or Other Coverage Provider (see instructions)

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

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

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2025) Created 9/24/25

Part I – Responsible Individual

Line 1: Enter name of primary participant (e.g., employee)
Line 2: Enter Social Security Number or other Tax Identification Number (TIN) of person entered in Line 1
Line 3: Date of Birth (***only complete*** if SSN or TIN not entered in Line 2)
Lines 4 – 7: Enter primary participant's address
Line 8: Enter code B, Employer-sponsored coverage as the "Origin of the Policy"
Line 9: For 2025, leave this line blank

Part II – Information About Employer Sponsored Coverage

Lines 10 –15: Since you entered code B for self-insured coverage, skip Part II and go to Part III.

Although the form states that Part II should be completed if code B is entered on line 8, the IRS instructions state that "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."

Part III – Issuer or Other Coverage Provider

Lines 16 – 22: Enter plan sponsor's name, EIN, address and contact phone number

Part IV – Covered Individuals

Lines 23: Enter the following information for the *primary participant*:

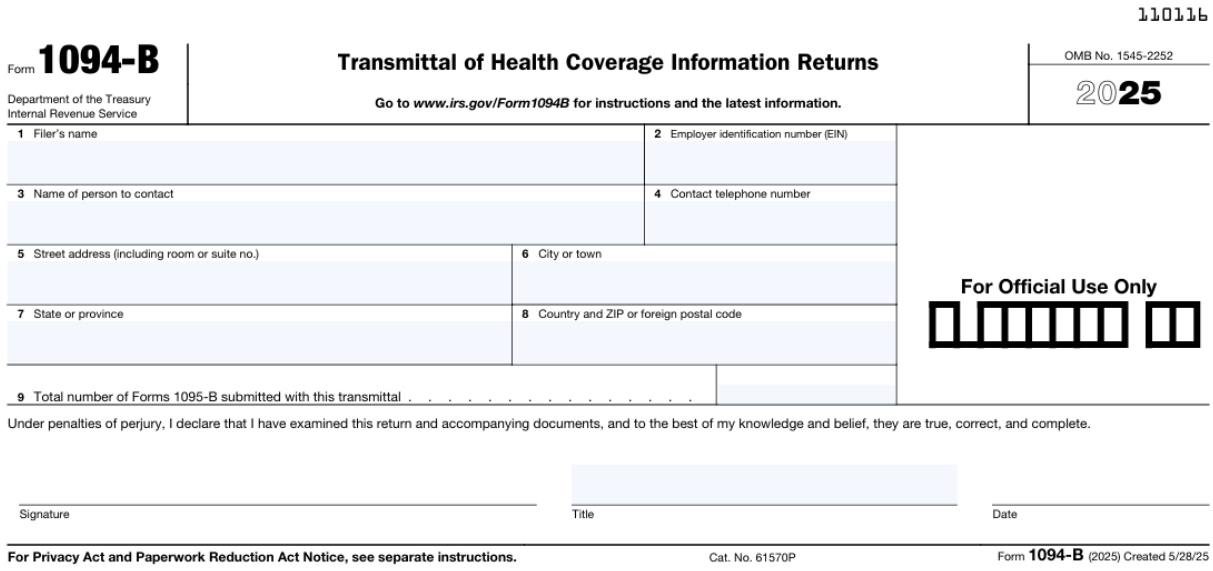
(a) Name
(b) SSN or TIN
(c) Date of birth (if SSN or TIN ***not*** reported)
(d) Check box if covered for at least one day in each month of the entire year
Proceed to E if primary participant was not covered in all 12 months
(e) If D was not completed (i.e., if the primary participant was not covered at least one day in all 12 months), check the box(es) corresponding to each month in which the primary participant was covered for at least one day

Lines 24-28: Enter the following information for each covered dependent of the primary participant:

(a) Name
(b) SSN or TIN
(c) Date of birth (if SSN or TIN not reported)
(d) Check box if dependent was covered for at least one day in each month of the entire year.
Proceed to E if dependent was not covered in all 12 months
(e) If D was not completed (i.e., if the dependent was not covered at least one day in all 12 months), check the box(es) corresponding to each month in which the dependent was covered for at least one day

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Instructions for Completing *IRS Form 1094-B*—Transmittal of Health Coverage Information Returns



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Form **1094-B**
Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

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

OMB No. 1545-2252

2025

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

For Official Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature
Title
Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61570P Form **1094-B** (2025) Created 5/28/25

Line 1: Enter the plan sponsor's complete name

Line 2: Enter the plan sponsor's Employer Identification Number (EIN)

Lines 3-4: Enter the name and telephone number (including area code) of plan sponsor contact who is responsible for answering any questions

Lines 5-8: Enter the plan sponsor'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*

Distribution and Filing Deadlines

- ***IRS Forms 1095-B*** must be provided to covered individuals no later than **March 2, 2026,** for the 2025 calendar year.

  Statements may be delivered electronically, but only if consent, notice and other IRS requirements are met.

  Alternative manner of furnishing statements. Employers no longer have to automatically send Form 1095-B to individuals. The requirement for furnishing the statement is met if the employer responsible for providing the statements provides clear, conspicuous, and accessible notice on its website that an individual may request a copy of their statement and the copy is timely furnished. For this purpose, the statement is timely furnished if provided to the individual no later than the later of January 31, 2026, or 30 days after the date of the request.

- ***IRS Form 1094-B*** must be submitted to the IRS no later than **March 2, 2026,** unless filing electronically.

  Note: Copies of all *IRS Forms 1095-B* that were sent to covered individuals must be submitted to the IRS with one *IRS Form 1094-B*. If more than 10 *1095-B* forms are submitted, the *1094-B* must be filed electronically by **March 31, 2026**.

Detailed instructions for completing and submitting the forms are available **here** and at **www.irs.gov**.

More information about Section 6055 Reporting is available **here** and on the Wespath website (**wespath.org**, select "**Health Care Reform**").

Disclaimer: This *summary* is provided by Wespath as a general informational and educational service to its plan sponsors, the annual conferences, plan participants and friends across The United Methodist Church. It should not be construed as, and does not constitute, legal advice nor accounting, tax, or other professional advice or services on any specific matter; nor do these messages create an attorney-client relationship. Readers should consult with their counsel or other professional adviser before acting on any information contained in this document. Wespath expressly disclaims all liability in respect to actions taken or not taken based on the contents of this document.

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