



Offer of Coverage for IRS Reporting Template Help

Employer FEIN	Employee First Name	Employee Last Name	Employee SSN	Employee ID	Job Title	Benefits Effective Date	Monthly Cost Employee Only	Benefits Type Offered	Benefits Type Accepted	Accepted Plan Is Self Insured
What does this mean?										
The school district's tax ID number.				A district-specified employee ID number. (Optional)	Employee's job title.	The date that the offered coverage started (or will start).	Monthly premium sharing that the employee would pay to the lowest cost, self-only plan.	Offered to	Employee election	
Can I leave it blank?										
No	No	No	No	Yes	Yes	No	No	No	No	No
What type of data is this?										
Text or Number	Text	Text	Text or Number	Text or Number	Text	Date	Dollar Amount	Text	Text	Single Digit
What values are acceptable?										
Only federally provided FEIN values with leading zeros intact	Any name	Any name	Only federally provided SSN values with leading zeros intact					Send only the code value: NO = No benefits offered E = Employee Only ED = Employee and Dependent(s) (not spouse) ES = Employee and Spouse (no dependent(s)) EDS = Employee and Family	Send only the code value: NO = No benefits accepted E = Employee Only ED = Employee and Dependent(s) (not spouse) ES = Employee and Spouse (no dependent(s)) EDS = Employee and Family	To specify that the plan is self-insured, use a 1, for fully funded use 0.