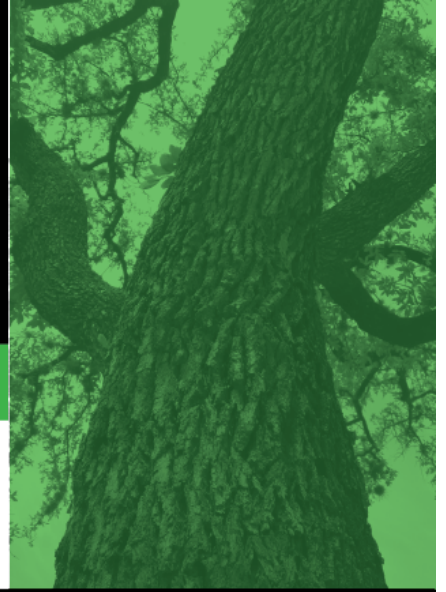




ASCENDER GUIDES



**body**



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This page allows you to manually input and track employee and covered individual year-to-date health coverage data.


**Notes:**

- You can import records by uploading a comma-delimited text (.txt) file using the Utilities > Import ACA 1095-B/1095-C Data page.
- For employees with a self-insured insurance plan, you can extract insurance data from the Maintenance > Staff Demo > Insurance tab to this page by using the Utilities > Extract Insurance Data to 1095 Data utility.
- For more information about Form 1095-B, click [here](#) and refer to the Instructions for Form 1095-B.

**Enter 1095-B data:**

| Field                | Description  |
|----------------------|--|
| <b>Calendar Year</b> | Populated with the current calendar year; however, you can enter a different year. The year must be greater than or equal to 2015.   |
| <b>Employee</b>      | Begin typing the employee name or number. As you type the data, a drop-down list of corresponding data is displayed. Select an employee and click <b>Retrieve</b> . Or, click <b>Directory</b> to perform a search in the <a href="#">Employees directory</a> .  |
| <b>Coverage Type</b> | Select the coverage type (i.e., origin of policy) in which the employee is enrolled.<br><br><i>A - Small business health options program (SHOP)</i><br><i>B - Employer-sponsored coverage</i><br><i>C - Government-sponsored program</i><br><i>D - Individual market insurance</i><br><i>E - Multiemployer plan</i><br><i>F - Miscellaneous minimum essential coverage</i> |

Under **Covered Individuals**, complete the following fields for each covered individual:

|                    |   |
|--------------------|---|
| <b>First Name</b>  | Type the covered individual's first name. The field is 17 characters.   |
| <b>Middle Name</b> | Type the covered individual's middle name. The field is 14 characters.  |
| <b>Last Name</b>   | Type the covered individual's last name. The field is 25 characters.  |
| <b>Generation</b>  | Click  to select the covered individual's generation code.   |
| <b>SSN</b>         | Type the covered individual's nine-digit social security number.<br><br>Form revision per 2016 IRS guidelines, effective for the 2016 tax year: In the <b>SSN</b> or <b>Other TIN</b> field, type the covered individual's nine-digit social security number or other taxpayer identification number.   |
| <b>DOB</b>         | Type the covered individual's date of birth in the MMDDYYYY format. Or, select a date from the calendar.<br><br>Form revision per 2016 IRS guidelines, effective for the 2016 tax year: In the <b>DOB</b> (If SSN or other TIN is not available) field, type the covered individual's date of birth in the MMDDYYYY format only if the <b>SSN</b> or other <b>TIN</b> field is blank. |

|            |  |
|------------|--|
| <b>All</b> | Select to indicate that the individual was covered for at least one day per month for all 12 months of the calendar year. Or, if the individual was not covered for all months, select the applicable month ( <b>Jan-Dec</b> ) fields in which the individual was covered for at least one day during the month. |
|------------|--|

Click **Save**.