



NFL Club ACA Reporting for Players Forms 1095-B and 1095-C

December 2022

NFL Player 1095-C Reporting

- The NFL Player Insurance Plan is a Multiemployer Plan
- Unique for Multiemployer Plans:
 - **Employee (Player) Reporting** – Two 1095s

Form	Who Prepares & Distributes	What is Reported	# of Forms Players Will Receive
1095-B	NFL Player Insurance Plan (Alight Solutions)	Healthcare Coverage	1
1095-C	NFL Clubs	Employment Only	1 or More (Depending on number of Clubs that employed the Player)

- **IRS Reporting** – Two 1094s

Form	Who Files	What to Include In Counts
1094-B	NFL Player Insurance Plan (Alight Solutions)	Number of Players With Coverage in 2020
1094-C	NFL Clubs	Number of Players Employed by Club in 2020

- **Interim Guidance** – Released by IRS September 2015
 - Guidance still in effect for 2022 reporting
 - Provides special codes for 1095-C forms



NFL Player 1095-C Reporting

- Transition Relief for Multiemployer Plans – continues for the 2022 Tax Year
- The following reference guide for completing Form 1095-C for the Club's Players is based on the 2022 IRS Instructions issued regarding employers contributing to multiemployer health plan
- The rules may be different for all other Club employees
- Clubs will need to file a single 1094-C transmittal form with the IRS for all of its employees, both Player and non-Player
- Clubs should consult their professionals with any questions regarding reporting for non-Player employees



Employer (Club) 1095-C Reporting for Players

- **1095-C Guidelines for the NFL Player Insurance Plan: 2022 Tax Year - Multiemployer Plan**
- **Part I**
 - Lines 1-6 — Employee (Player under contract) Information
 - Line 7-13 — Club Information (Plan information should not be included on these lines)
- **Part II**
 - Plan Start Month: 09
 - Line 14 — Code 1H (no offer) should be entered for every month
 - Line 15 — Leave blank (does not apply to code 1H)
 - Line 16 — Enter the following codes as applicable
 - Code 2E – enter for every month that the Player is an employee for at least one day
 - Code 2A – enter for any month that a Player is not the Club’s employee
- **Part III – Leave Blank**
 - This Part should not be completed for Players because coverage is provided under a multiemployer plan and will be reported to the Player by the Plan in a separate form



Employer (Club) 1095-C Reporting for Players

The following pages provide two samples:

- **Sample 1: Player Employed All 12 Months of 2022 (by the same Club)**
 - Note that only one column needs to be populated – the “All 12 Months” column
- **Sample 2: Player NOT Employed All 12 Months of 2022 (by the same Club)**
 - Row 14: Code “1H” is used for January-December
 - Row 16:
 - Code “2A” is used for every month the Player is not an employee of your Club
 - Code “2E” is used for every month the Player is an employee of your Club (under contract for at least one day)



Sample 1: Player Employed All 12 Months of 2022

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

Employer-Provided Health Insurance Offer and Coverage

► Do not attach to your tax return. Keep for your records.

► Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) Player Name		2 Social security number (SSN) Player SSN	
3 Street address (including apartment no.) Player Address			
4 City or town Player City	5 State or province Player ST	6 Country and ZIP or foreign postal code Player ZIP	

Applicable Large Employer Member (Employer)

7 Name of employer Club Name		8 Employer identification number (EIN) Club EIN	
9 Street address (including room or suite no.) Club Address		10 Contact telephone number Club Phone #	
11 City or town Club City	12 State or province Club ST	13 Country and ZIP or foreign postal code Club Zip	

Part II Employee Offer of Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1H													
15 Employee Required Contribution (see instructions) \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2E													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(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	June	July	Aug	Sept	Oct	Nov	Dec
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Sample 2: Player NOT Employed All 12 Months of 2022

Form 1095-C Department of the Treasury Internal Revenue Service	Employer-Provided Health Insurance Offer and Coverage ▶ Do not attach to your tax return. Keep for your records. ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.	<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2251 <div style="font-size: 2em; font-weight: bold;">2022</div>													
Part I Employee		Applicable Large Employer Member (Employer)														
1 Name of employee (first name, middle initial, last name) Player Name		7 Name of employer Club Name														
2 Social security number (SSN) Player SSN		8 Employer identification number (EIN) Club EIN														
3 Street address (including apartment no.) Player Address		9 Street address (including room or suite no.) Club Address														
4 City or town Player City	5 State or province Player ST	6 Country and ZIP or foreign postal code Player ZIP	10 Contact telephone number Club Phone #													
11 City or town Club City		12 State or province Club ST	13 Country and ZIP or foreign postal code Club Zip													
Part II Employee Offer of Coverage		Plan Start Month (enter 2-digit number):														
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H			
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2E	2E	2E	2E	2E	2E	2E			
Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																
(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	June	July	Aug	Sept	Oct	Nov	Dec
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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