

# 1094-B/1095-B Form Preparation Services Request and Certification

This 1094-B/1095-B Form Preparation Services Request and Certification form is used to request 1094-B/1095-B form preparation services from MedCost Benefit Services. Through this service, MedCost will prepare the 1094-B and 1095-B Forms (the "B Forms") for your covered employees and the IRS and securely transmit an electronic version of the Forms to you for review by **February 2025**. The fee for this service is \$500, which will be billed at the time the draft forms are provided to you. **If you are interested in having MedCost provide form preparation services, you must submit this Request Form by December 31, 2024.**

By signing below, you certify the following on behalf of the Employer indicated below ("Participating Employer"):

- 1. You have determined that you are not an "Applicable Large Employer" within the meaning of the Affordable Care Act. IMPORTANT: Applicable Large Employers have much greater reporting obligations that are not covered by MedCost's Form Preparation Services.**
2. The Employer Identification Number set forth below is the correct Employer Identification Number for the Participating Employer.
3. All information provided in response to this Certification and Request will reflect information in MedCost's systems as of December 31 of the calendar year for which information is being reported.
4. You understand that due to time limitations, MedCost likely will not be able to update reports or forms to reflect information added to the system after December 31.
5. MedCost will securely transmit any information and/or the draft Forms 1094-B/1095-B (as PDFs) to the contact stated below.

By signing below, you request that MedCost prepare Forms 1094-B and 1095-B and deliver the prepared Forms to you **via secure e-mail** for review, signature, and filing, with information completed as follows:

1. Forms will include information for individuals enrolled in the Participating Employer's health plan, including active employees and any active retirees and COBRA participants.
2. The name and phone number of the person for the IRS to contact about the 1094-B Form will be the person identified below as the Primary Benefits Contact.
3. The phone number for individuals to call with questions about the 1095-B Form will be the person identified below as the Primary Benefits Contact.
4. The filer's name and address will be the name and address of the Participating Employer maintained in MedCost's systems on December 31.

You understand that it is **your responsibility** to do the following if you utilize draft 1094-B and 1095-B forms provided by MedCost:

1. Review the 1094-B and 1095-B Forms and sign the affirmation on Form 1094-B.
2. If necessary, manually correct the Forms as needed before you file/mail them. Due to time limitations, you understand that MedCost likely will not be able to prepare corrected Forms.
3. Print and file the Forms with the IRS and deliver the Forms to covered individuals by the applicable deadlines and in accordance with IRS instructions.

You understand and acknowledge that you are solely responsible for any penalties assessed for failure to properly complete the reporting and that **MedCost will not file or deliver any forms on your behalf.**

**You understand that this Certification and Request will apply for calendar year 2024 reporting unless MedCost or the Participating Employer provides written notice to the other to the contrary.**

Participating Employer

Employer Identification Number (EIN)

Employer Address (City, State, ZIP)

Primary Benefits Contact Name

Primary Benefits Contact Email Address

Primary Benefits Contact Phone Number

Primary Benefits Contact Signature

Date

**RETURN THIS FORM BY 12/31/24 TO:**

Email: [compliance@MEDCOST.com](mailto:compliance@MEDCOST.com)  
Subject: 1094/1095 Reporting

