

Invitation for Bid for Tax Year 2015, 2016, and 2017
Tax Form 1095-C and Form 1095-B
Addendum 3 – Additional Information Regarding Test File Submission for IFB

Posted on: December 3, 2015

Addendum 3 Overview

The Department of Finance and Administration (DFA) is issuing this Addendum #3 to Invitation for Bid (IFB) # 3160000738 to add further information regarding the test file submission requirement for the IFB submission.

As outlined in the Item Specification Document and Addendums 1 & 2, the vendor must request a test file of 1095-C and 1095-B information to be printed and included in their submitted response. The process to request a test file is outlined in the above mentioned documents.

As stated in the documents, the *vendor must acknowledge that they will print the 1095-C and 1095-B information using the file layouts and mapping provided by DFA.*

Addendum 2 states that the file layout and mapping for the test file creation may or may not change for the production generation of the files.

Addendum 3 is issued to provide the mapping and modified business rules that should be used for the test file creation of examples to be submitted in the IFB response.

Addendum 3 Details

- (1) The requested test file, from DFA, will be a single file of ten (10) records. This one file should be used to print **both** the 1095-C and 1095-B examples.
- (2) The mapping to be used for the test files submitted is included as an attachment to this addendum.
- (3) Page three of the Item Specification List states that information from the 1094-C scheme must be pulled into each 1095-C printed form. For the purposes of the example printed forms submitted, a 1094-C file will not be provided. All the necessary data for the 1095-B example print is included in the test file that will be sent by DFA and the corresponding attached mapping.
- (4) All other requirements listed in the Item Specification List and Addendums 1 & 2 has not changed.

DFA reserves the right to reject any or all bids.

IFB Documents

A copy of all the IFB documents can be found by searching IFB #3160000738 at www.dfa.ms.gov, under the Bid and RFP Notices Section or you may submit a written request to:

David Pitcock
210 East Capitol Street, Suite 1400
Jackson, MS 39201
or via email at david.pitcock@dfa.ms.gov

Appendix A: Signature Page & Cost Proposal

Vendor must complete the Appendix A: Signature Page & Cost Proposal document and submit with their proposal.

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

Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
RE(525-525)
 CORRECTED

600116
OMB No. 1545-2251
2015

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee FIRST RE(16-30) MID RE(31-45) LAST RE(46-65) SFX RE(66-69)		2 Social security number (SSN) SSN RE(7-15)		7 Name of employer EMP RE(211-250)			8 Employer identification number (EIN) EIN RE(202-210)				
3 Street address (including apartment no.) ADD1 RE(70-109) ADD2 RE(110-149)				9 Street address (including room or suite no.) STR1 RE(251-290) STR2 RE(291-330)			10 Contact telephone number PH# RE(372-386)				
4 City or town CITY RE(150-174)		5 State or province STATE RE(175-176)		6 Country and ZIP or foreign postal code CTRY RE(178-179) ZIP RE(181-190)		11 City or town TOWN RE(331-355)		12 State or province ST RE(356-357)		13 Country and ZIP or foreign postal code CC RE(359-360) ZIP2 RE(362-371)	

Part II Employee Offer and Coverage

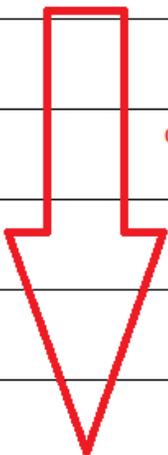
Plan Start Month (Enter 2-digit number): **SM RE(392-393)**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	RE(394-395)	RE(396-397)	RE(398-399)	RE(400-401)	RE(402-403)	RE(404-405)	RE(406-407)	RE(408-409)	RE(410-411)	RE(412-413)	RE(414-415)	RE(416-417)	RE(418-419)
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)	RE(498-499)	RE(500-501)	RE(502-503)	RE(504-505)	RE(506-507)	RE(508-509)	RE(510-511)	RE(512-513)	RE(514-515)	RE(516-517)	RE(518-519)	RE(520-521)	RE(522-523)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual. **COV IND RE(524-524)**

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN 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 1ST RD(16-30) MID RD(31-45) LAST RD(46-65) SFX RD(66-69)	SSN RD(7-15)	DOB RD(70-77)	<input type="checkbox"/> RD(78)	<input type="checkbox"/> RD(79)	<input type="checkbox"/> RD(80)	<input type="checkbox"/> RD(81)	<input type="checkbox"/> RD(82)	<input type="checkbox"/> RD(83)	<input type="checkbox"/> RD(84)	<input type="checkbox"/> RD(85)	<input type="checkbox"/> RD(86)	<input type="checkbox"/> RD(87)	<input type="checkbox"/> RD(88)	<input type="checkbox"/> RD(89)	<input type="checkbox"/> RD(90)
18			<input type="checkbox"/>												
19	CONTINUE 17 THRU 22		<input type="checkbox"/>												
20			<input type="checkbox"/>												
21			<input type="checkbox"/>												
22			<input type="checkbox"/>												



Name of employee

Social security number (SSN)

FIRST RE(16-30) MID RE(31-45) LAST RE(46-65) SFX RE(66-69)

SSN RE(7-15)

Part III Covered Individuals — Continuation Sheet

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
23				<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"/>
24				<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"/>
25				<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"/>
26				<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"/>
27				<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"/>
28				<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"/>
29				<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"/>
30				<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"/>
31				<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"/>
32				<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"/>
33				<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"/>
34				<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"/>

CONTINUE FROM LINE 22

Form **1095-B**

Health Coverage

VOID

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

RE(525-525)

CORRECTED

2015

Part I Responsible Individual

1 Name of responsible individual FIRST RE(16-30) MID RE(31-45) LAST RE(46-65) SFX RE(66-69)		2 Social security number (SSN) SSN RE(7-15)	3 Date of birth (If SSN is not available) EDOB RE(191-198)
4 Street address (including apartment no.) ADD1 RE(70-109) ADD2 RE(110-149)	5 City or town CITY RE(150-174)	6 State or province STATE RE(175-176)	7 Country and ZIP or foreign postal code COUNTRY RE(178-179) ZIP RE(181-190)
8 Enter letter identifying Origin of the Policy (see instructions for codes): COV CODE RE(526-526)		9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable NOT USED FOR 2015	

Part II Employer Sponsored Coverage (see instructions)

10 Employer name EMP RE(211-250)			11 Employer identification number (EIN) EIN RE(202-210)
12 Street address (including room or suite no.) STR1 RE(251-290) STR2 RE(291-330)	13 City or town CITY2 RE(331-355)	14 State or province ST RE(356-357)	15 Country and ZIP or foreign postal code CC RE(359-360) ZIP2 RE(362-371)

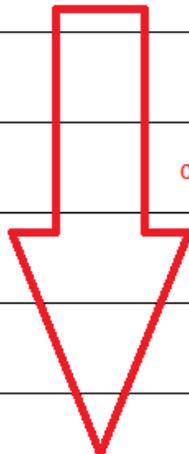
Part III Issuer or Other Coverage Provider (see instructions)

16 Name COV PROV RE(527-576)		17 Employer identification number (EIN) EINP RE(577-586)	18 Contact telephone number TELE RE(706-719)
19 Street address (including room or suite no.) ADD1P RE(587-626) ADD2P RE(627-666)	20 City or town CITYP RE(667-691)	21 State or province STATEP RE(692-693)	22 Country and ZIP or foreign postal code CCP RE(694-695) ZIPP RE(696-705)

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

(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1ST RD(16-30) MID RD(31-45) LAST RD(46-65) SFX RD(66-69)	SSN RD(7-15)	DOB RD(70-77)	<input type="checkbox"/> RD(78)	<input type="checkbox"/> RD(79)	<input type="checkbox"/> RD(80)	<input type="checkbox"/> RD(81)	<input type="checkbox"/> RD(82)	<input type="checkbox"/> RD(83)	<input type="checkbox"/> RD(84)	<input type="checkbox"/> RD(85)	<input type="checkbox"/> RD(86)	<input type="checkbox"/> RD(87)	<input type="checkbox"/> RD(88)	<input type="checkbox"/> RD(89)	<input type="checkbox"/> RD(90)
			<input type="checkbox"/>												
			<input type="checkbox"/>												
			<input type="checkbox"/>												
			<input type="checkbox"/>												
			<input type="checkbox"/>												

CONTINUE 23 THRU 28



Name of responsible individual FIRST RE(16-30) MID RE(31-45) LAST RE(46-65) SFX RE(66-69)	Social security number (SSN) SSN RE(7-15)	Date of birth (if SSN is not available) EDOB RE(191-198)
---	---	--

Part IV Covered Individuals — Continuation Sheet

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
29			<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"/>
30			<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"/>
31			<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"/>
32			<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"/>
33			<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"/>
34			<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"/>
35			<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"/>
36			<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"/>
37			<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"/>
38			<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"/>
39			<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"/>
40			<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"/>

CONTINUE FROM LINE 28

