| Form W-2 Reporting of Emplo | · · | Do Not Report on Form W-2 | Optional Reporting |
|---|--------------------------------|------------------------------|-------------------------------|
| Coverage Type | Report on form W-2 | | |
| Major medical | X | | |
| Dental or vision plan not integrated into another medical or health plan | | | X |
| Dental or vision plan which gives the choice of declining or electing and paying an | | | X |
| additional premium | | | |
| Health Flexible Spending Arrangement (FSA) funded solely by salary-reduction amounts | | X | |
| Health FSA value for the plan year in excess of employee's cafeteria plan salary | X | | |
| reductions for all qualified benefits | | | |
| Health Reimbursement Arrangement (HRA) contributions | | | X |
| Health Savings Arrangement (HSA) contributions (employer or employee) | | X | |
| Archer Medical Savings Account (Archer MSA) contributions (employer or employee) | | Х | |
| Hospital indemnity or specified illness (insured or self-funded), paid on after-tax basis | | X | |
| Hospital indemnity or specified illness (insured or self-funded), paid through salary | X | | |
| reduction (pre-tax) or by employer (Ex: mini meds, GAP plans) | | | |
| Employee Assistance Plan (EAP) providing applicable employer-sponsored healthcare | Required if employer charges a | | Optional if employer does not |
| coverage | COBRA premium | | charge a COBRA premium |
| Onsite medical clinics providing applicable employer-sponsored healthcare coverage | Required if employer charges a | | Optional if employer does not |
| Orisite medical cililics providing applicable employer-sponsored healthcare coverage | COBRA premium | | charge a COBRA premium |
| Wellness programs providing applicable employer-sponsored healthcare coverage | Required if employer charges a | | Optional if employer does not |
| | COBRA premium | | charge a COBRA premium |
| Multi-employer plans | | | X |
| Domestic partner coverage included in gross income | X | | |
| Military plan provided by a governmental entity | | Х | |
| Federally recognized Indian tribal government plans and plans of tribally charted | | Х | |
| corporations wholly owned by a federally recognized Indian tribal government | | | |
| Self-funded plans not subject to Federal COBRA | | | X |
| Accident or disability income | | X | |
| Long-term care | | X | |
| Liability insurance | | X | |
| Supplemental liability insurance | | X | |
| Workers' compensation | | X | |
| Automobile medical payment insurance | | X | |
| Credit-only insurance | | X | |
| Excess reimbursement to highly compensated individual, included in gross income | | X | |
| Payment/reimbursement of health insurance premiums for 2% shareholder-employee, | | X | |
| included in gross income | | | |
| Other Situations | Report | Do Not Report | Optional |
| Employers required to file fewer than 250 Forms W-2 for the preceding calendar year* | - | | X |
| Forms W-2 furnished to employees who terminate before the end of a calendar year and | | | X |
| request, in writing, a Form W-2 before the end of that year | | | |
| Forms W-2 provided by third-party sick-pay provider to employees of other employers | | | X |

^{*}Until required by further IRS guidance.

