

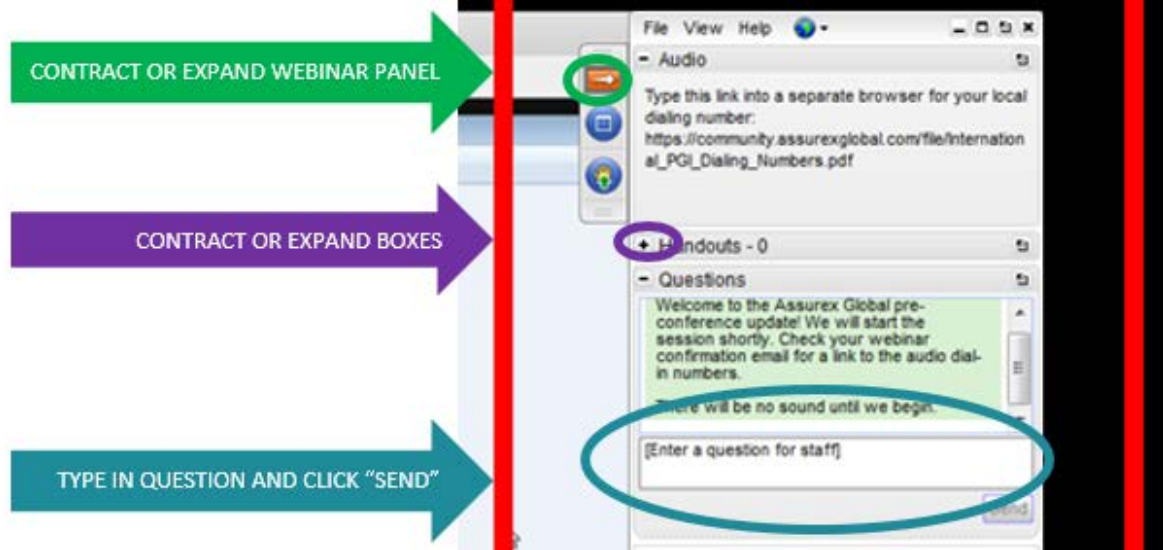
October 26, 2017

ACA 1094/1095 Employer Reporting – Year 3

Presented by Benefit Comply

ACA 1094/1095 Employer Reporting – Year 3

- Welcome!
- There will be no sound until we begin the webinar. When we begin, you can listen to the audio portion through your computer speakers or by calling into the phone conference number provided in your confirmation email.
- You will be able to submit questions during the webinar by using the “Chat” or “Questions” box located on your webinar control panel.
- Slides can be printed from the webinar control panel – expand the “Handouts” section and click the file to download.



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- R&R/The Knowledge Brokers
- RCM&D
- RHSB
- Ross & Yerger Insurance
- The Rowley Agency
- Sterling Seacrest Partners
- Starkweather & Shepley Insurance Brokerage
- The Underwriters Group
- Woodruff-Sawyer & Co.
- Wortham Insurance & Risk Management

Agenda

- Legislative Update
- Employer Reporting Basics
- Reporting Self-Funded Coverage
- Reporting Offers of Coverage
- Form 1094-C – Common Questions
- Form 1095-C – Coding Guidance
- Reporting Penalties & Corrections

Proposed Legislation

- Commonsense Reporting Act of 2017
 - Introduced in the Senate Oct. 3, 2017 by Mark R. Warner (D-VA) and Rob Portman (R-OH)
 - *“A bill to streamline the employer reporting process and strengthen the eligibility verification process for the premium assistance tax credit and cost-sharing subsidy”*

Employer Reporting Basics

Who Must Report

- Applicable Large Employers (ALEs) – 50 or more FTEs
 - Must report offer of coverage information for all full-time employees
- Employers Offering Self-Funded Plans (Large and Small)
 - Must report coverage information for all covered individuals

Reporting Timeframes

- 2017 Reporting (Due in Early 2018)
 - Reporting is always handled on a calendar year basis, regardless of plan year
- Individual Statements
 - Form 1095s must be provided to employees and participants by **Jan. 31**
 - Forms may be delivered by hand, mail, or electronically if consent is given
- IRS Reporting
 - Form 1094 and Form 1095s must be filed with the IRS by **Feb. 28 (Apr. 2, if filed electronically)**
 - Employers filing less than 250 Form 1095s may submit by mail or electronically
 - Employers filing 250 or more Form 1095s are required to submit forms electronically

Form Details

- Form 1094 and Form 1095
 - Form 1094 and all 1095s are submitted to the IRS
 - Form 1094 is used to report summary information (cover sheet)
 - Form 1095 is used to report individual-specific information
 - A copy of Form 1095 is submitted to full-time employees and covered individuals
- Three Versions (A, B & C)
 - Form 1094-A and 1095-As are used by the government to report coverage information in a public Exchange
 - Form 1094-B and 1095-Bs are used by insurance carriers to report coverage information in a fully-insured plan, and also by small employers to report coverage information under a self-funded plan
 - Form 1094-C and 1095-Cs are used by applicable large employers to report offer of coverage information and coverage information under a self-funded plan

Form Details

ALE Fully-Insured Plan

Form 1094-C (all parts)

Form 1095-C

- **Part I** - Employee & Employer Info
- **Part II** - Offer of Coverage (eligibility) Info

*Insurance carrier will provide coverage information on fully-insured plan via Form 1094/1095-B

ALE Self-Funded Plan

Form 1094-C (all parts)

Form 1095-C

- **Part I** - Employee & Employer Info
- **Part II** - Offer of Coverage (eligibility) Info
- **Part III** - Info on Covered Individuals

*Form 1094/1095-B may be used instead for non-employees covered under the plan

Small Employer Fully-Insured Plan

No reporting required by the employer

*Insurance carrier will provide coverage information via Form 1094/1095-B

Small Employer Self-Funded Plan

Form 1094-B and 1095-B
Info on Covered Individuals

Reporting Self-Funded Coverage

Reporting Self-Funded Coverage

- **Must Report for All Covered Individuals**
 - Includes part-time or non-employees (e.g. retiree or COBRA participants) as well as spouses and dependents covered under the plan
 - Form 1095 is provided to the primary subscriber or responsible individual (e.g. the employee) and then the spouse and dependents are listed on the same form
 - Generally spouses and dependents will not receive a separate Form 1095
- **Must Provide the Following Data:**
 - Name
 - SSN (DOB may be used if SSN is not available subject to rules described below)
 - Indication of whether the individual had coverage for at least 1 day during the month

TIN/SSN Solicitation

- Self-Funded Plans Required to Provide a TIN (or SSN)
 - If the employer is unable to obtain a TIN for purposes of reporting on Form 1095-B or C, employers must show “reasonable cause” to avoid potential penalties
 - Showing reasonable cause requires the employer to make 3 solicitations according to the following timeframes:
 - Incorrect TINs
 1. Initial solicitation upon enrollment
 2. Second solicitation by Dec 31st of the same year
 3. Third solicitation by Dec 31st of the following year
 - Missing TINs
 1. Initial solicitation upon enrollment
 2. Second solicitation no more than 75 days later
 3. Third solicitation by Dec 31st of the following year

Reporting Offers of Coverage

Reporting Offers of Coverage

- No Changes to the Format of Form 1094-C or 1095-C
 - No further transition relief available under §4980H during 2017, so several places are now marked “RESERVED”
 - Form 1094-C, Part II, Line 22, Box C - §4980H Transition Relief
 - Form 1094-C, Part III, Column (e)
 - Form 1095-C, Code 2i
- Must Report for All Full-Time Employees
 - Must report offer of coverage information for any employee who is full-time for at least 1 month under either the monthly measurement method or the look-back measurement method
- Must Provide the Following Data:
 - Whether coverage was offered for the month (Line 14)
 - If coverage was offered, the employee contribution for single coverage (Line 15)
 - Whether a safe harbor applies (Line 16)

Form 1095-C, Part II

- Line 14 Code Series 1 (Offer of Coverage Codes)
 - There must be a code for all 12 months
 - Offer of coverage valid only if available for the entire month

Code	Description
1A	Qualifying Offer
1B	MV offered to EE only
1C	MV offered to EE, at least MEC offered to dependent (not spouse)
1D	MV offered to EE, at least MEC offered to spouse (not dependents)
1E	MV offered to EE, at least MEC offered to spouse & dependents
1F	MEC that is not MV offered to employee
1G	Part-time EE or non-employee covered under self-funded plan
1H	No offer of coverage
1I	Reserved
1J	MV offered to EE, at least MEC conditionally offered to spouse (not dependents)
1K	MV offered to EE, at least MEC offered to dependent and conditionally offered to spouse

Form 1095-C, Part II

- Line 15 (Employee Contributions)
 - Only enter an amount on Line 15 if Code 1B, 1C, 1D, 1E, 1J or 1K is used on Line 14
 - Enter the employee contribution for employee-only coverage for the lowest cost minimum value plan offered regardless of which plan or which tier (e.g. employee-only or family) an employee may ultimately choose
 - When employee contribution varies by employee (e.g. age-banded rates), it is necessary to calculate and report the employee contribution that applies for each full-time employee and report accordingly
 - Other things such as wellness incentives, HRA contributions, opt-out credits and flex credits may need to be taken into consideration

Form 1095-C, Part II

- Line 16 Code Series 2
 - Not necessary to enter a code if no code applies
 - No specific code indicates a waiver of coverage

Code	Description
2A	Not employed any day that month
2B	Part-time or termination month when not covered all month
2C	Enrolled in coverage (use over any other code if applicable, except 2E)
2D	EE in non-assessment period (e.g. waiting period or initial measurement period)
2E	Multi-employer plan interim relief (use over any other code if applicable)
2F	W-2 affordability safe harbor
2G	FPL affordability safe-harbor
2H	Rate of pay affordability safe harbor
2I	Reserved

Form 1094-C – Common Questions

Aggregated ALE Group

Form **1094-C**

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

► Go to www.irs.gov/Form1094C for instructions and the latest information.

☐ CORRECTED

OMB No. 1545-2251

2017

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)
3 Street address (including room or suite no.)		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code
7 Name of person to contact		8 Contact telephone number
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 Country and ZIP or foreign postal code
15 Name of person to contact		16 Contact telephone number
17 Reserved		

For Official Use Only



18 Total number of Forms 1095-C submitted with this transmittal

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group? ☐ Yes ☐ No

If "No," do not complete Part IV.

☐ A. Qualifying Offer Method ☐ B. Reserved ☐ C. Reserved ☐ D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

Aggregated ALE Group

- Definition of an Aggregated ALE Group
 - Controlled group or affiliated service group under § 414 rules
 - Multiple employers or entities are generally considered part of a controlled group or affiliated service group due to common ownership or shared services
- Applicable Large Employer (ALE) Status
 - All employers or entities within a controlled group/affiliated service group are required to aggregate full-time equivalents (FTEs)
 - If together the group has 50 or more FTEs, all employers within the controlled group/affiliated service group are considered ALEs even if individually they have less than 50 FTEs
- Reporting Requirements
 - Regardless of whether the aggregated ALE group shares a benefit plan or has separate benefit plans per employer, **reporting is handled on a per EIN basis**

Form **1094-C**Department of the Treasury
Internal Revenue Service**Transmittal of Employer-Provided Health Insurance Offer and
Coverage Information Returns**► Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c☐ CORRECTED

OMB No. 1545-2251

2016**Part I Applicable Large Employer Member (ALE Member)**

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
3 Street address (including room or suite no.)			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	
17 Reserved			

For Official Use Only

18 Total number of Forms 1095-C submitted with this transmittal ►

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions ☐

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member ►

21 Is ALE Member a member of an Aggregated ALE Group? ☐ Yes ☐ No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):☐ A. Qualifying Offer Method ☐ B. Reserved ☐ C. Section 4980H Transition Relief ☐ D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

► Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Form **1094-C** (2016)

Box A – Qualifying Offer Method

- Definition of a “Qualifying Offer”
 - Employer offers minimum value coverage at an employee-only cost not exceeding \$96/month for 2017 (9.69% of the mainland single federal poverty line [FPL]), and at least minimum essential coverage to spouses and dependents
- Requirements for the Qualifying Offer Method
 - Qualifying offer to one or more full-time employees for all months in which the employee was a full-time employee for whom a §4980H penalty could apply
- Employer Should Check the Box If:
 - Using Code 1A on Line 14 in Part II of Form 1095-C; and/or
 - Using a simplified statement for one or more full-time employees that received a Qualifying Offer for all 12 months
 - Important Note - Employer still has to provide a Form 1095 to the IRS
 - Cannot use simplified statement for those enrolled in self-funded coverage

Box A – Qualifying Offer Method

- Clarification between Codes 1A (Qualifying Offer) and 1E
 - Code 1E indicates a minimum value offer of coverage to employee and at least minimum essential coverage to spouses and dependents
 - No requirement in regard to cost/affordability
 - Code 1A adds a cost/affordability requirement – employee contribution for employee-only coverage cannot exceed \$96/month in 2017
 - If the offer meets the definition of Code 1E and the employee contribution for employee-only coverage is less than \$96/month, the employer has the option to use Code 1A or 1E; either is correct
 - Using Code 1A allows the employer to skip providing the contribution amount on Line 15 and makes Line 16 optional as well

Box A – Qualifying Offer Method

- Example – Full-time employee hired Feb. 15th, offered coverage 1st of the month following 60 days, employee enrolled
 - Fully-insured, minimum value offer to employee, spouse and children
 - Cost for single coverage - \$75/month

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	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D								

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	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

Box D – 98% Offer Method

- Requirements for the 98% Offer Method
 - Employer makes an offer of affordable (based on any of the affordability safe harbors), minimum value coverage to at least 98% of employees for whom a Form 1095-C is being filed and at least minimum essential coverage to dependents (children only)
- Employer Should Check the Box If:
 - Leaving column (b) in Part III of Form 1094-C blank
 - The employer chooses to report on all employees receiving a 1095-C without designating who is full-time and who is part-time (advantageous for employers that offer coverage to part-time employees)
 - Form 1095-C is required for all full-time employees, so the employer should verify any employee not receiving a Form 1095-C is truly part-time

Form 1094-C, Part III

Form 1094-C (2017)

Page **2**

Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Form **1094-C** (2017)

Form 1095-C – Coding Guidance

Enrollments & Waivers

- Line 14
 - Code used for Line 14 is not affected by whether or not the employee enrolled or waived the coverage
- Line 16
 - Code 2C is always used when the employee enrolled
 - No specific code applied when the employee waived
 - Code 2B if part-time
 - An affordability safe harbor code (i.e. Code 2F, 2G or 2H), if applicable

Enrollments & Waivers

- Example – Offered and Enrolled All 12 Months

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)	1E												
15 Employee Required Contribution (see instructions)	\$ \$120.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

Part III Covered Individuals

- Example – Offered and Waived All 12 Months, Form W-2 Safe Harbor Used

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)	1E												
15 Employee Required Contribution (see instructions)	\$ \$120.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2F												

Part III Covered Individuals

Waiting Periods

- Line 14
 - It is only considered an offer of coverage for the month if coverage is actually available for all days in the month
 - Time during a waiting period, when coverage is not yet effective, should be coded 1H
- Line 16
 - Use 2D for the following:
 - First partial month of employment
 - Months during the waiting period so long as coverage is actually offered no later than 1st of the month following 3 months from hire (or moving to full-time status)
 - Months during the initial measurement period, applicable only to variable hour employees, so long as coverage is actually offered at the end of the initial measurement period (and any applicable administrative period) to those determined to be full-time

Waiting Periods

- Example –
 - Full-time employee hired Feb. 15
 - Offered coverage May 1 and enrolled through the remainder of the year

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	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ \$120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C

COBRA Reporting

- COBRA Participant, Not Employed as Full-Time for Any Month
 - Reporting is only required if the plan is self-funded
 - Insurance carrier reports coverage for individuals under a fully-insured plan, including COBRA participants
- Example
 - COBRA participant in a self-funded plan (not full-time for any month)

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)	1G												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

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 checked="" type="checkbox"/>														
(a) Name of covered individual(s)	(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 Regan Debban	123456789		<input checked="" 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"/>	<input type="checkbox"/>

COBRA Reporting

- COBRA Participant who was Full-Time for Some Months
 - Reporting is required using Form 1095-C in Parts I and II regardless of whether the plan is fully-insured or self-funded
 - Form 1095-C, Part II is coded differently depending upon whether COBRA is offered due to a reduction in hours or termination of employment
 - Form 1095-C, Part III is completed only if the individual is covered under a self-funded plan (either as an active employee or COBRA participant)

COBRA Reporting

• Example – Termination of Employment

- Employee was full-time Jan. – Apr. and offered COBRA in May due to termination of employment
- Employee, spouse and children offered minimum value coverage under a self-funded plan with single coverage cost of \$105/month
- Only employee was offered COBRA because only employee was enrolled
- Former employee enrolled in COBRA continuation coverage at \$350/month

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)		1E	1E	1E	1E	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2A	2A	2A	2A	2A	2A	2A	2A

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 checked="" type="checkbox"/>												
(a) Name of covered individual(s)	(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 Regan Debban	123456789		<input checked="" 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"/>	<input type="checkbox"/>

Reporting Penalties & Corrections

Reporting Penalties

- \$260 per Form, Capped at \$3,218,500
 - Penalty applies for failure to file or filing incorrect information
 - Additional penalties may apply for intentional disregard

Reporting Corrections

- Filing “Rejected”
 - Employer must make corrections and resubmit the entire filing
- Filing “Accepted, But With Errors”
 - Employer should not resubmit the entire filing, but should confirm that it has provided the best information it has available or make corrections as applicable, only re-submitting those forms for which corrections are being made
- Correction Timeframe
 - Corrections should be made as soon as possible after discovery

Mismatched Name & TIN/SSN

- Most Common Error Code Received
- Establishing Reasonable Cause
 - If employer is unable to obtain a correct TIN, must show “reasonable cause” to avoid potential penalties by making 3 solicitations within the required timeframes
- Corrections
 - If employer discovers corrected information, the 1095 should be corrected as soon as possible
 - If employer follows the process and is unable to obtain better information, there is nothing further to do other than to document the process for audit purposes

Assurex Global Partners

- Bolton & Company
- Catto & Catto
- Cottingham & Butler
- Cragin & Pike, Inc.
- The Crichton Group
- Daniel & Henry
- Frenkel Benefits
- Gillis, Ellis & Baker, Inc.
- The Graham Company
- Haylor, Freyer & Coon, Inc.
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- The IMA Financial Group
- INSURICA
- Kapnick Insurance Group
- Lanier Upshaw
- Lipscomb & Pitts Insurance
- LMC Insurance & Risk Management
- Lyons Companies
- The Mahoney Group
- MJ Insurance
- Parker, Smith & Feek, Inc.
- Pritchard & Jerden
- PayneWest Insurance
- R&R/The Knowledge Brokers
- RCM&D
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