

The Baldwin Professional Education Connection
**ACA 102: Understanding & Administering the
Employer's Information Reporting Obligations**



Disclaimer

The Baldwin Regulatory Compliance Collaborative is not a law firm and cannot provide legal advice. We are providing this information to you solely in our capacity as consultants with knowledge and experience in the industry and not as legal advice.

This document is intended to provide a basic understanding of the ACA's substantive requirements and to assist plan sponsors in their performance of these compliance-related activities. For more information on the ACA, or to review related agency guidance issued by the Internal Revenue Service, please visit the following:

<https://www.irs.gov/affordable-care-act/employers/employer-shared-responsibility-provisions>
(general information)

<https://www.irs.gov/pub/irs-pdf/i109495c.pdf> (instructions)

<https://www.irs.gov/pub/irs-pdf/i109495b.pdf> (instructions)

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THE BALDWIN REGULATORY
COMPLIANCE COLLABORATIVE

AGENDA

Part I:	Understanding the ACA's Employer Information Reporting Requirements
Part II:	Translating ACA Information Reporting of Insurance Coverage for Fully-insured Plans and Insurance Issuers - The "B" Series Forms
Part III:	Translating ACA Information Reporting for Offers of Coverage and Failures to Offer Coverage for ALE Members- The "C" Series Forms
Part IV:	Common Employer Questions Respecting Annual Information Reporting Processes
Part V:	Contemplating Vendor Solutions to Assist in the Performance of the ACA's Reporting Requirements
Part VI:	Question & Answer Session



This educational program is designed to provide participants with knowledge and understanding related to the following learning objectives:

- 1) Understand and explain the purposes of the annual ACA employer information filing requirements.
- 2) Understand and explain utilization of the “B” series forms for the purposes of reporting insurance coverage for fully-insured plans and other insurance issuers.
- 3) Understand and explain utilization of the “C” series forms for the purposes of reporting offers of coverage and qualifying minimum essential coverage provided to employees, as well as their dependents and spouses.
- 4) Learn answers and solutions related to some of the more common ACA information reporting questions asked by covered employers.
- 5) Learn to differentiate among the various affordability safe harbors, including the W-2, rate of pay, and federal poverty line safe harbors.

Part I:

Understanding the ACA's Employer Information Reporting Requirements

Introduction to Employer Information Reporting



➤ What is Information Reporting?

- **Applicable Large Employers (or “ALEs”), plan sponsors, and insurers are required to report health plan information and participant coverage-related data to the IRS on an annual basis.**
- **The IRS uses this information to administer the Affordable Care Act (or “ACA”).**
- **Premium tax credit eligibility is established primarily based upon the employer’s reporting in accordance with the IRC §4980H employer shared responsibility rules.**



'Tis the
Season

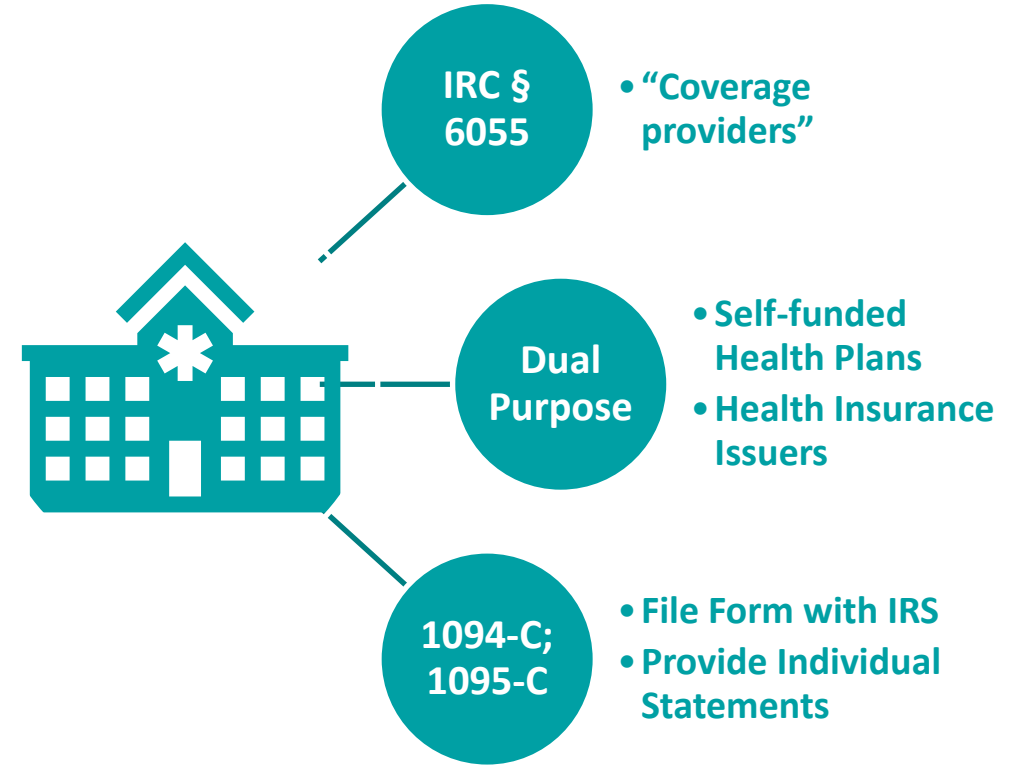
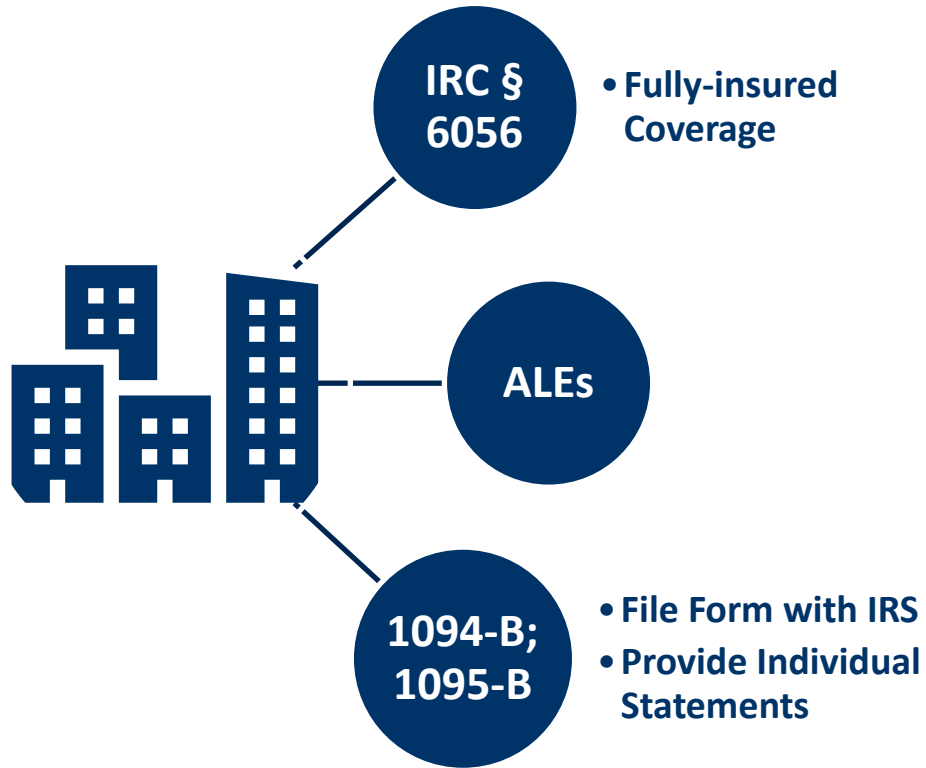


Filing Deadline: The electronic ACA filing deadline usually lands on the last day of March each year, but March 31, 2024, is a Sunday, so employers will have the extra day to submit their ACA information by **Monday, April 1, 2024.**

Furnishing Deadline: Historically, the deadline for distributing the 1095-Cs to employees was January 31, but the IRS always issued a 30-day extension, giving employers another month to comply. Late last year, the agency issued regulations that made the 30-day extension permanent. However, because 2024 is a leap year, the extra day in February makes the deadline for furnishing ACA information to full-time employees **Friday, March 1, 2024,** instead of March 2.



Reporting Rules are Related but Separate

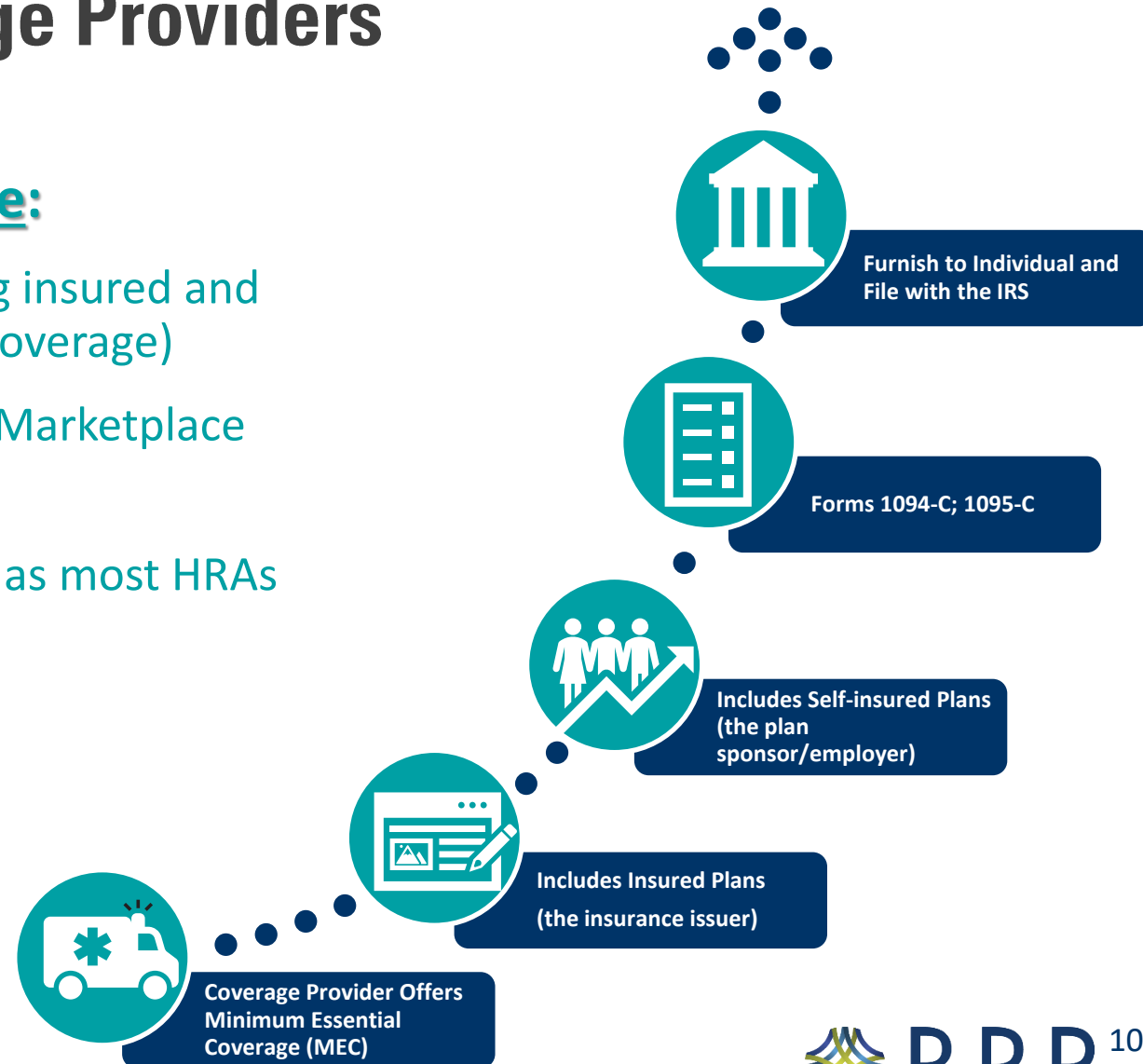


***Self-funded ALEs may use Forms 1094-C and 1095-C (Part III) to report under both sections**

IRC §6055: MEC & Coverage Providers

➤ Understanding Minimum Essential Coverage:

- **Eligible employer-sponsored coverage** (including insured and self-insured plans, COBRA coverage and retiree coverage)
- **Individual health coverage** (including Exchange/Marketplace plans)
- Does not include “**supplemental coverage**” such as most HRAs and HSAs and coverage at on-site medical clinics



IRC §6055: Who is a Self-insured Plan Sponsor?

The Plan is...	The Plan Sponsor is:
<ul style="list-style-type: none">▪ Maintained by a single employer	<ul style="list-style-type: none">▪ The employer
<ul style="list-style-type: none">▪ Maintained by more than one employer (but is not a multiemployer plan under ERISA)	<ul style="list-style-type: none">▪ Each participating employer (without regard to the application of aggregation rules)
<ul style="list-style-type: none">▪ A multiemployer plan (as defined by ERISA; union plans)	<ul style="list-style-type: none">▪ The committee, joint board of trustees or another similar group of representatives of the parties who establish or maintain the plan
<ul style="list-style-type: none">▪ Maintained solely by an employee organization	<ul style="list-style-type: none">▪ An Employee organization
<ul style="list-style-type: none">▪ Sponsored by an entity other than the reporting employer	<ul style="list-style-type: none">▪ The person designated by the terms of the plan, or, if no such person is designated, each entity that maintains the plan

IRC §6056: Applicable Large Employers (ALEs)

Defining an Applicable Large Employer:



Applicable Large Employer (ALE)

- For a calendar year, an employer that employed, on average, at least 50 full-time employees and full-time equivalents during the prior calendar year
- **Same definition as the pay or play rules**
- Determined by looking at full-time and full-time equivalent (FTE) employee count from prior year

Full-time Employee

- Employed on average at least **30 hours of service per week** (130 hours in a calendar month)

FTEs in a Month

- Add hours of service of PT employees (up to 120 per employee per month)
- Divide by 120

ACA Reporting Overview

	Small Employer (Insured Plan)	Small Employer (Self-insured Plan or Level-funded Plan)	ALE (Insured Plan or No Plan)	ALE (Self-insured Plan or Level-funded Plan)
IRC Section	Section 6055	Section 6055	Section 6056	Sections 6055 & 6056
Form Number(s)	B-series reporting is conducted by the insurer	Form 1094-B Form 1095-B	Form 1094-C Form 1095-C (Parts I and II)	Form 1094-C Form 1095-C (Parts I, II, and III)
Information Transmitted	Information about individuals covered under the plan	Information about individuals covered under the plan (not just employees)	Information about the employer's offer of coverage to full-time employees	Information about: Individuals covered under the plan (AND) Offer of coverage to full-time employees

IRS Rule Regarding Furnishing Statements for “B” Series Reporting

➤ Statements for “B” Series Reporting:

- Automatic extension of the annual due date for furnishing statements to individuals under Sections 6055 & 6056:
 - Effective November 22, 2021;
 - 30 days from Jan. 31 each year;
 - Essentially makes the furnishing deadline extension permanent.
- Alternative method for furnishing statements to individuals under Section 6055 only (the “B” series forms):
 - Employers generally must only provide Form 1095-B to covered individuals upon request;
 - Applies for every year in which the individual mandate penalty is zero;
 - Does not apply for furnishing statements under Section 6056 (the “C” series forms).

Individual Statements: Furnishing Deadline Exception ("B" Series Forms Only)



DEADLINE

- Individual statements to "responsible individual";
- Reporting deadline for 2023 tax year: March 1, 2024.



EXCEPTION

- Reporting entities will not be penalized for failing to furnish a Form 1095-B to responsible individuals if certain conditions are met;
- Applies to Section 6055 only.



RULES

- Due date for furnishing Form 1095-B is automatically extended from January 31;
- No formal request from the IRS is necessary;
- If the extended furnishing date falls on a weekend or holiday, due date is the next business day.



An Alternative Method for Furnishing Statements to Individuals

➤ **Note: Alternative method does not apply to Form 1095-C furnishing requirement**



- Proposed rule provides an alternative manner for furnishing statements to individuals under Section 6055 (Form 1094-B) for all years that the individual mandate penalty is zero (applies in 2023)
- Reporting entity must:
 - Post by the furnishing deadline (March 1, 2024), a clear and conspicuous notice on its website stating that responsible individuals may receive a copy of their Form 1095-B upon request (along with certain contact info)
 - Retain the website notice until Oct. 15 of the year following the calendar year to which the statement relates (October 15, 2024)

IRS Returns: Filing Deadlines (“B” and “C” Series Forms)

➤ Filing Deadline

- Feb. 28 (paper statements)
- March 31 (if filing electronically)
- 2023 Tax Year reporting deadlines: Feb. 28, 2024, or April 1, 2024, if filing electronically
- Unaffected by proposed rule



➤ Extension for Filing Returns

- *Automatic* 30-day extension by filing IRS Form 8809 by the due date of the returns
- Additional 30-day extension may be available under certain hardship conditions (*not* automatic). File IRS Form 8809 with explanation for the needed extension.

Tax Code Penalty Provisions Related to Reporting

➤ Reporting Penalty Particulars:

- General tax code penalty provisions apply to Section 6055 and 6056 violations
- The tax code contains separate penalties for:
 - Failure to file correct information returns with the IRS (§6721)
 - Failure to furnish correct statements to individuals (§6722)
- Base penalty amounts *started* at \$250 per violation
- Penalty amounts are adjusted each year
- IRS will send IRS Notice Letter 972CG (not 226-J)

Penalty amounts increased to \$310 per violation for 2023 returns



Elimination of Transitional/Short-Term Penalty Relief

- IRS penalty relief
 - Applied to failures involving incorrect or incomplete information
 - If reporting entity could show a good faith effort to comply
- Penalty relief timing
 - Was available for returns related to 2015-2020 coverage
 - **Proposed rule states that penalty relief for reporting incorrect or incomplete information will NOT be extended for 2021 or future reporting years**
- Other relief provisions still apply
 - Some additional relief available for failures due to reasonable cause at IRS discretion (this is a higher standard than “good faith”)



Adjusted Reporting Penalties (IRC §6721 & §6722)

Penalty Type	Per Violation		Annual Maximum		Annual Max for Small Business*	
	2024	2023	2024	2023	2024	2023
General	\$310	\$290	\$3,783,000	\$3,532,500	\$1,261,000	\$1,177,500
Corrected within 30 days	\$60	\$50	\$630,500	\$588,500	\$220,500	\$206,000
Corrected after 30 days and before Aug. 1	\$120	\$110	\$1,891,500	\$1,766,000	\$630,500	\$588,500
Intentional Disregard	\$630	\$580	No Max		No Max	

***Note:**

For purposes of the penalty maximum, a small business is one that has average annual gross receipts of up to \$5 million for the most recent three taxable years.

Part II:

Translating ACA Information Reporting of Insurance Coverage for Fully-insured Plans and Insurance Issuers

(The “B” Series Forms)



Completing Form 1094-B and 1095-B

What information must be reported?

- The issuer or other coverage provider
- The individuals who were covered (including the responsible individual)
- The months during the year they had coverage



How is the information reported?

- **Non-ALEs:** Use 1094-B/1095-B
- **ALEs:** Use 1094-C/1095-C (Parts I, II and III) for combined reporting with Section 6056 (except if reporting for an individual that was a non-employee for the entire year such as a retired former employee or non-employee COBRA beneficiary)



Completing Form 1094-B – The Transmittal

Transmittal

Form 1094-B		Transmittal of Health Coverage Information Returns		110116
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form1094B for instructions and the latest information.		OMB No. 1545-2252
				2023
1 Filer's name		2 Employer identification number (EIN)		For Official Use Only □ □ □ □ □ □ □ □ □ □
3 Name of person to contact		4 Contact telephone number		
5 Street address (including room or suite no.)		6 City or town		
7 State or province		8 Country and ZIP or foreign postal code		
9 Total number of Forms 1095-B submitted with this transmittal				
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. 61570P	Form 1094-B (2023)

Filer Name, EIN, Address and Contact Person

Note: Filer is the Self-insured Employer or the Insurance Issuer

Preparer Signature Block

Total number of Forms 1095-B being submitted.

Completing Form 1095-B – The Statement

Statement – Parts I, II, and III

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2252 2023
Part I Responsible Individual					
1 Name of responsible individual—First name, middle name, last name		2 Social security number (SSN) or other TIN		3 Date of birth (if SSN or other TIN is not available)	
4 Street address (including apartment no.)		5 City or town		6 State or province	
				7 Country and ZIP or foreign postal code	
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): <input type="checkbox"/>				9 Reserved	
Part II Information About Certain Employer-Sponsored Coverage (see instructions)					
10 Employer name				11 Employer identification number (EIN)	
12 Street address (including room or suite no.)		13 City or town		14 State or province	
				15 Country and ZIP or foreign postal code	
Part III Issuer or Other Coverage Provider (see instructions)					
16 Name			17 Employer identification number (EIN)		18 Contact telephone number
19 Street address (including room or suite no.)		20 City or town		21 State or province	
				22 Country and ZIP or foreign postal code	

Primary enrollee/
statement recipient

Fully-insured Coverage

Issuer or Provider is not Employer unless a self-insured plan

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage
- G. Individual coverage health reimbursement arrangement (HRA)

Completing Form 1095-B – The Statement

Statement – Part IV

Part IV Covered Individuals (Enter the information for each covered individual.)																
(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	Jun	Jul	Aug	Sep	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form 1095-B (2023)

Enrollee Name

Enrollee DOB (if no SSN)*

Enrollee SSN or TIN

12-month Coverage Indicator

Monthly Coverage Indicator

Use this option only if the reporting entity has made reasonable efforts to obtain the social security number of the enrolled individual(s). For more information see: <https://www.irs.gov/affordable-care-act/questions-and-answers-on-information-reporting-by-health-coverage-providers-section-6055>.

Part III:

Translating ACA Information Reporting for Offers of Coverage and Failures to Offer Coverage for ALE Members

(The “C” Series Forms)



Completing Forms 1094-C and 1095-C

What information must be reported?

Information about:

- The applicable large employer (ALE)
- Aggregated ALE group members (if any)

For each full-time employee:

- Whether minimum essential coverage providing minimum value was offered to each full-time employee
- Whether coverage was offered to the employee's family
- Cost to the employee of the cheapest self-only coverage



Reporting Offers & Coverage

- Employers with 50 or more full-time employees (including full-time equivalent employees) in the previous year use Forms 1094-C and 1095-C to report the information required under sections 6055 and 6056 about offers of health coverage and enrollment in health coverage for their employees:

Submit One for Each ALE

Form 1094-C must be used to report to the IRS summary information for each Applicable Large Employer (ALE Member) and to transmit Forms 1095-C to the IRS.

Submit One for Each Employee

Form 1095-C is used to report information about each employee to the IRS and to the employee.


Who Must File?

➤ Who files Form 1094-C and 1095-C?

- Forms 1094-C and 1095-C are used in determining whether an ALE owes a payment under the employer shared responsibility provisions under IRC Section 4980H.
- Form 1095-C is also used in determining the eligibility of employees for the premium tax credit.
- ALEs that offer employer-sponsored, self-insured coverage also use Form 1095-C to report information to the IRS and to employees about individuals who have minimum essential coverage under the employer plan.
- An ALE must file one or more Forms 1094-C (including a Form 1094-C designated as the Authoritative Transmittal, whether or not filing multiple Forms 1094-C) and must file a Form 1095-C for each employee who was a full-time employee of the ALE Member for any month of the calendar year.
- Generally, an ALE is required to furnish a copy of the Form 1095-C (or a substitute form) to the employee.

Completing Form 1094-C – The Transmittal

Transmittal – Part I

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.		<input type="checkbox"/> CORRECTED	OMB No. 1545-2251 2023
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		
For Official Use Only 					
17 Reserved <input type="checkbox"/>					
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 <input type="checkbox"/>					

Employer Name and Address (private)

Authoritative Transmittal

Amended Return

EIN

Contact Person

Total 1095-C

Completing Form 1094-C – The Transmittal

Transmittal – Part II

1095-C Total
Count

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. 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

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

Cat. No. 61571A

Form **1094-C** (2023)

ALE Status

Preparer
Signature

Certifications of
Eligibility –
Qualifying Offer
or 98% Offer
Method

Completing Form 1094-C – The Transmittal

Transmittal – Part III

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"/>	

12-Month Indicator

Monthly Indicator

Note: checking "No" in this box is an audit indicator for the IRS.

- (a) MEC Indicator
- (b) Full-time Employee Count
- (c) Total Employee Count
- (d) Aggregated Group Indicator

Form 1094-C (2023)

Completing Form 1094-C – The Transmittal

Transmittal – Part IV

Part IV Other ALE Members of Aggregated ALE Group			
Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).			
Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

Column I:
Name of Each
ALE Member
Group

Column II:
EIN for Each
Group Member

Column III:
Additional
Group
Members

Column IV:
EIN for Each
Additional
Group
Member

Form 1094-C (2023)

Offer of Coverage Reporting – Line 14 Code Set

TABLE ONE

IRS Form 1095-C – Line 14 Code Set

Code	Utilization
1A	Qualifying Offer: MEC = 60%+ MV offered to FTE's w/EE contribution for self-only coverage equal to or less than 9.61% (plan years beginning in 2022) or 9.12% (plan years beginning in 2023) of the individual Federal Poverty Line ("FPL"), and an offer of coverage of no less than MEC to the spouse and any dependent(s). Only applicable to the extent it satisfies the FPL safe harbor.
1B	MEC providing MV offered to EE but excluding spouse and dependent(s).
1C	MEC providing MV offered to EE and dependent(s) but excluding an offer to spouse.
1D	MEC providing MV offered to EE and MEC offered to spouse but excluding an offer to dependent(s). <i>Caution:</i> To the extent spousal offer of coverage is conditional, utilize Code 1J.
1E	MEC providing MV offered to EE and MEC offered to spouse and dependent(s). <i>Caution:</i> To the extent spousal offer of coverage is conditional, utilize Code 1K.
1F	MEC <u>NOT</u> providing MV offered to EE, EE & spouse or dependent(s), or EE, spouse & dependent(s).
1G	EE did not satisfy FTE status during any month of the year and enrolled in self-insured coverage in one or more months during the same year (must apply for entire year or inapplicable to any individual month within such year – "all 12 months" code).
1H	No offer or offer of non-qualifying coverage (<i>i.e.</i> , not MEC) to the EE (applicable for any month in which the individual was not an EE, <i>e.g.</i> , months during which EE was a COBRA eligible individual).
1I	Do not populate. Reserved for future use.
1J	MEC providing MV offered to EE and MEC offered to spouse on a conditional basis but excluding an offer to dependent(s).
1K	MEC providing MV offered to EE and MEC offered to dependent(s) and spouse but offered to spouse on a conditional basis.
1L – 1U	Only applicable to offers coverage for Individual Coverage HRAs.
IV – IZ	Do not populate. Reserved for future use.

Offer of Coverage Reporting – Line 16 Code Set

TABLE TWO

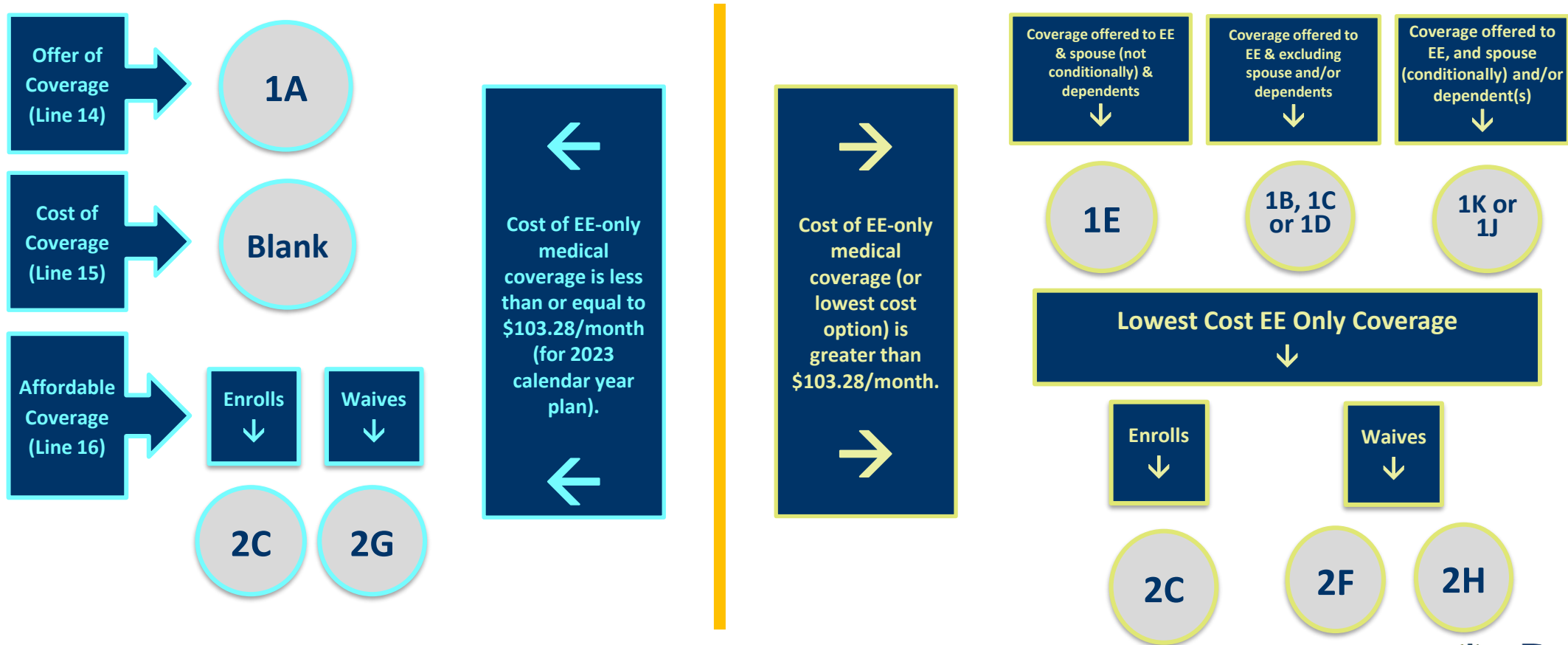
IRS Form 1095-C – Line 16 Code Set

Code	Utilization
2A	EE not employed during any day of month (inapplicable to termination month).
2B	(1) EE not an FTE during any day of month, and, if offered, EE not enrolled during any day of the month. (2) EE was FTE during any day of month, and coverage (or qualifying offer of coverage) terminated prior to the last day of month due to termination of employment.
2C	EE offered and enrolled in qualifying coverage for entire month. Inapplicable if Line 14 is populated with Code 1G, if the EE enrolled in non-qualifying coverage (not MEC), or if EE was a terminated EE and was enrolled as a COBRA qualifying individual or as a participant in other post-employment coverage.
2D	EE was ineligible to enroll because the individual was in a Section 4980H(b) Limited Non-Assessment Period during the month (<i>e.g.</i> , measurement period, waiting period, or bona fide orientation period).
2E	Code applied respecting applicability of the multiemployer interim relief rule (applicable union trust). Utilized notwithstanding the applicability of Codes 2C, 2F, 2G, or 2H.
2F	Form W-2 safe harbor utilized to satisfy affordability pursuant to Section 4980H (applicable only to the extent such code is utilized respecting all months of the reporting year).
2G	Federal Poverty Line safe harbor utilized to satisfy affordability pursuant to Section 4980H. [For 2023: Calendar year plan: \$103.28; non-calendar year plans <i>beginning</i> in 2023 (\$14,580): \$110.81/month].
2H	Rate of pay safe harbor utilized to satisfy affordability pursuant to Section 4980H.
2I	Do not populate. Reserved for future use.

*Note: There is no specific Safe Harbor Code to identify an individual that either waived coverage or refused enrollment upon an offer of qualifying coverage.

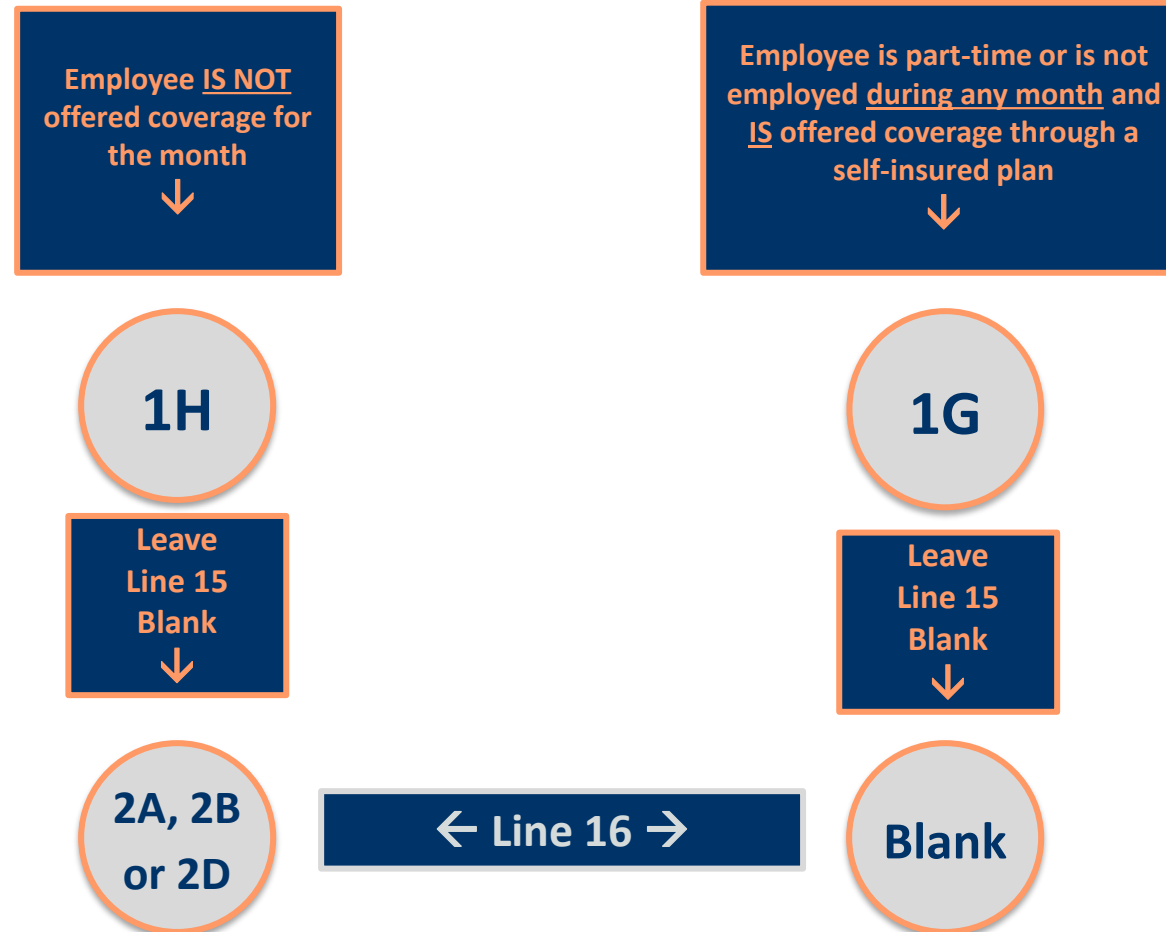
Typical Offer of Coverage Reporting

Employee IS Offered Coverage During Month:



Typical Failure to Offer Coverage Reporting

Employee IS NOT Offered Coverage During Month:



Understanding Affordability & Minimum Value

Minimum Value:

→ Coverage is expected to pay, at the least, 60% of the total allowed cost of benefits that are expected to be incurred under the plan.

→ See the SBC for this info

Affordability:

→ Coverage is considered affordable if premium is less than applicable percentage (**9.12% for 2023/8.39% for 2024**) of household income.

Affordability Safe Harbors:

- Rate of pay
- Federal poverty line
- W-2 (box 1 wages)



Helpful Hint:
Look at the health plan's SBC to confirm this information.

Form 1095-C: Affordability Safe Harbor Codes (Line 16)

W-2 (Code 2F)

- Pro: Can result in a higher employee contribution threshold since it is based off box 1 wages.
- Cons: The box 1 amount is not available until the end of the year and is affected by unpaid leaves and reductions in hours. Most difficult to administer.
- Best to use: For salaried, consistent workforce.

Federal Poverty Line (Code 2G)

- Pros: Basically, zero risk from a penalty standpoint. Actual changes in earnings are not relevant. Easiest to administer.
- Con: Usually a low amount since it is based off of the federal poverty level.
- Best to use: For ALEs that do not have employees contribute a higher amount.

Rate of Pay (Code 2H)

- Pros: Simple to calculate based on 130 hours each month regardless of actual hours.
- Con: Could result in a low amount for workers that generally work closer to 40 hours/week.
- Best to use: For hourly workforce that fluctuates.

Safe Harbor Election Considerations

- Employer's budget for contributions
- Workforce pay and hours
- Base salary for lowest paid workers
- Employee Turnover
- Are there opt-out payments, wellness incentives, etc., that may increase or decrease the affordability calculation?



Form 1095-C, Line 15: Employee Required Contribution

Line 15:

- Enter employee's share of monthly cost for the lowest-cost, self-only minimum essential coverage providing minimum value.

Additional Instructions:

- Do not complete Line 15 if Code 1A, 1F, 1G, 1H, 1R, or 1S is entered on Line 14
- If the employee is offered coverage but is not required to contribute to the premium, enter **"0.00"** (do not leave blank)

Note:

- The amount entered may not be the amount the employee is paying for the coverage (for example, if the employee chose to enroll in more expensive coverage)
- May also be adjusted due to wellness program incentives and opt-out payments.



Completing Form 1095-C – The Statement

Statement – Parts I & II

600120

Form 1095-C **Employer-Provided Health Insurance Offer and Coverage**
 Department of the Treasury Internal Revenue Service
 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
2023

Part I Employee		Applicable Large Employer Member (Employer)											
1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)		7 Name of employer				8 Employer identification number (EIN)					
3 Street address (including apartment no.)		9 Street address (including room or suite no.)				10 Contact telephone number							
4 City or town	5 State or province	6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code					
Part II Employee Offer of Coverage		Employee's Age on January 1						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)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

Employee Name, Address, and SSN

Employee Age & Plan Start Month

Line 14 Offer Code

Line 16 Safe Harbor Code

Amended Return

ALE Name, EIN & Address

Lowest Cost Employee Only Premium

Employer Zip Code

Completing Form 1095-C – The Statement

Statement – Part III

Form 1095-C (2023) 600320
Page 3

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	
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"/>	<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"/>	<input type="checkbox"/>
20			<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"/>	<input type="checkbox"/>
21			<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"/>	<input type="checkbox"/>
22			<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"/>	<input type="checkbox"/>
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"/>	<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"/>	<input type="checkbox"/>

Covered Individual's Name

SSN or TIN

DOB (if SSN/TIN Unavailable)

Self-insured Coverage Indicator

12-month Coverage Indicator

Individual Coverage Month Indicator

Completing Form 1095-C – The Statement (Examples)

Statement – Parts I & II

Ex 1:
Qualifying Offer Method

600120														
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			2023	
Part I Employee						Applicable Large Employer Member (Employer)								
1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)					
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number					
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code				
Part II Employee Offer of Coverage				Employee's Age on January 1 43				Plan Start Month (enter 2-digit number): 01						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	1A													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													
17 ZIP Code	30032													
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.						Cat. No. 60705M			Form 1095-C (2023)					

Contribution (blank)

Zip Code (offer)

Qualifying Offer

Safe Harbor Code (Offered & Accepted)



Completing Form 1095-C – The Statement (Examples)

Statement – Parts I & II

Ex 2:
Qualifying Offer Method – Excluding Spouse & Dependents

Part II Employee Offer of Coverage													Employee's Age on January 1		Plan Start Month (enter 2-digit number):	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	36	07	
14 Offer of Coverage (enter required code)	1B															
15 Employee Required Contribution (see instructions)	\$	\$ 132.00	\$ 132.00	\$ 132.00	\$ 132.00	\$ 132.00	\$ 132.00	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C															
17 ZIP Code	30032															

Contribution

Zip Code (offer)

Qualifying Offer

Safe Harbor Code

Completing Form 1095-C – The Statement (Examples)

Statement – Parts I & II

Ex 3: Newly-hired Full-time Employee (01/01) in a 90-day Waiting Period

600120													
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 2023		
Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)				
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number				
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code			
Part II Employee Offer of Coverage				Employee's Age on January 1 44				Plan Start Month (enter 2-digit number): 01					
	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	1A	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)		2D	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code	30032												

Contribution (blank)

Zip Code (offer)

Qualifying Offer

Safe Harbor Code

Completing Form 1095-C – The Statement (Examples)

Statement – Parts I & II

Ex 4: Newly-hired, variable hour, full-time Employee (02/01) in a 180-day Measurement Period

Contribution (blank)

Zip Code (offer)

600120													
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 2023		
Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)				
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number				
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code			
Part II Employee Offer of Coverage				Employee's Age on January 1 27				Plan Start Month (enter 2-digit number): 01					
	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	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2D	2D	2D	2D	2D	2D	2C	2C	2C	2C	2C
17 ZIP Code	30017												
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.						Cat. No. 60705M			Form 1095-C (2023)				

Qualifying Offer

Safe Harbor Code

Completing Form 1095-C – The Statement (Examples)

Statement – Part III

Ex 5: Family of 5 with 2 Newborn Children (01/12)

Form 1095-C (2023) 600320
Page 3

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
18	MARY	E.	SMITH	500-15-5587	N/A	<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"/>
19	JOHN	J.	SMITH	252-65-1555	N/A	<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"/>
20	LESLIE	E.	SMITH	442-11-9686	N/A	<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"/>
21	PAUL	M.	SMITH	N/A	01/12/23	<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"/>
22	PHILLIP	D.	SMITH	N/A	01/12/23	<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"/>
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"/>

Self-insured Coverage Indicator

12-month Coverage Indicator

Individual Coverage Month Indicator

Covered Individual

SSN or TIN

DOB (If SSN/TIN Unavailable)

Part IV:

What are some Common Employer Questions Respecting Annual Information Reporting Processes?

SSN & DOB Reporting for Enrollees & Dependents

- What is our obligation to request SSNs of employees' enrolled dependents?
 - Fully-insured: None for reporting purposes.
 - Self-insured: These plans are required to report certain information on covered individuals, including the individual's social security number or other TIN. A reporting entity must act in a responsible manner by making solicitations for a covered individual's TIN at 3 separate times (these times will depend upon whether the TIN is missing or incorrect).



Correcting Forms 1095-C

- **How does an employer correct a mistake on an employee's Form 1095-C?**
 - The answer depends upon whether the original was filed/distributed in paper or electronically.
 - The answer also depends upon whether the form has been furnished to the employee but has not yet been filed with the IRS.

Do ALEs Only Report for Covered Employees?

➤ **No. Under Section 6056, ALEs must report information for all full-time employees:**

- **Regardless of whether they were covered (or offered coverage) under an employer-sponsored plan;**
- **If the employee was full-time for any month of the calendar year, the ALE must report complete information for that employee for the full calendar year;**
- **A Form 1095-C is not required for an individual who is not an employee or is in a Limited Non-Assessment Period for each month of a calendar year.**



***ALEs must report information for all full-time employees!**

What is a Limited Non-Assessment Period?

An employee in a Limited Non-Assessment Period is not considered an ACA full-time employee during that period



- January through March of the first year an employer is an ALE (but only for an employee not offered health coverage by employer in the prior year);
- A waiting period under the monthly measurement method;
- A waiting period under the look-back measurement method;
- A new employee's initial measurement period and associated administrative period;
- The period following a change in employment status during an employee's initial measurement period;
- An employee's first calendar month of employment (if started after the first day of the month).

What code do we use on Line 16 for an employee who waived coverage?

➤ Employers should use the safe harbor code that applies to the employee's situation:

- There is no specific safe harbor code for an employee who waived coverage.
- An employee waiving coverage is not a safe harbor situation on its own.
- If an employee waives coverage, the IRS wants more information about the coverage that was offered (such as whether it was affordable).



There is no specific code for an employee who has waived coverage

How do we report employees on COBRA coverage?

***Reporting depends on whether employees are terminated or active**



➤ Terminated Employees

- An offer of COBRA is not reported as an offer of coverage on line 14 for the months after termination.
- Enter code 1H (no offer of coverage)

➤ Active Employees

- An offer of COBRA is reported in the same manner and using the same code as an offer of that type of coverage to any other active employee.
- Example: an offer of COBRA coverage due to a reduction in hours.
- Line 15 will most likely be adjusted for the cost.

How do we report retired employees?

■ Former Employees Retired for the Entire Year:

- Retirees are not full-time employees if they were not employed during the reporting period.
- Section 6056 Reporting is not required for individuals who were not full-time employees for any month of the year (but may have obligation to report under Section 6055/on Form 1095-B if self-insured).

■ Employees who Retired Mid-Year:

- Individuals who were full-time employees for any month of the calendar year must be reported.
- The ALE must report on the employee for all twelve months of the calendar year, using the appropriate codes by month.

***Reporting depends on when the employee retired**

Part V:

Contemplating Vendor Solutions to Assist in the Performance of the ACA's Reporting Requirements

Vendor Services Available to Employers

"B" Series Forms

Preparation of "B" Series Statements and Returns

"C" Series Forms

Preparation of "C" Series Statements and Returns

Amended Forms

Preparation of Amended and/or Corrected Statements and Returns

Letters 226J

Review and Response Preparation for IRS Penalty Letters 226J

Penalty Assessments

Forecasting potential pay or play penalties arising from the mandates

Hourly Tracking

Review of hourly tracking and reporting for offer requirements

Assessment Appeals

Development and Filing of Penalty Assessment Appeals

Recordkeeping

Recordkeeping and development of required archives

Preferred National Vendors – ACA Reporting

- Don't wait until the last minute to connect with a vendor!
- Waiting too late can lead to incorrect and/or late filings.



Medcom Benefit Solutions

(<https://www.medcombenefits.com/solutions/aca-employer-reporting>)

AdminAmerica

(<https://adminamerica.com/services/aca-employer-reporting/>)

Don't Forget about State Reporting – Individual Statements Due Soon

California

1/31/24

**District of
Columbia**

3/1/24

Massachusetts

1/31/24

New Jersey

3/1/24

**Rhode
Island**

4/4/24

Reporting: What's New for 2024

Alert! The threshold for electronic reporting has reduced from 250 to 10, such that basically all ALEs will be required to file electronically (as well as most, if not all, small, self-insured employers). Very limited exceptions may apply.

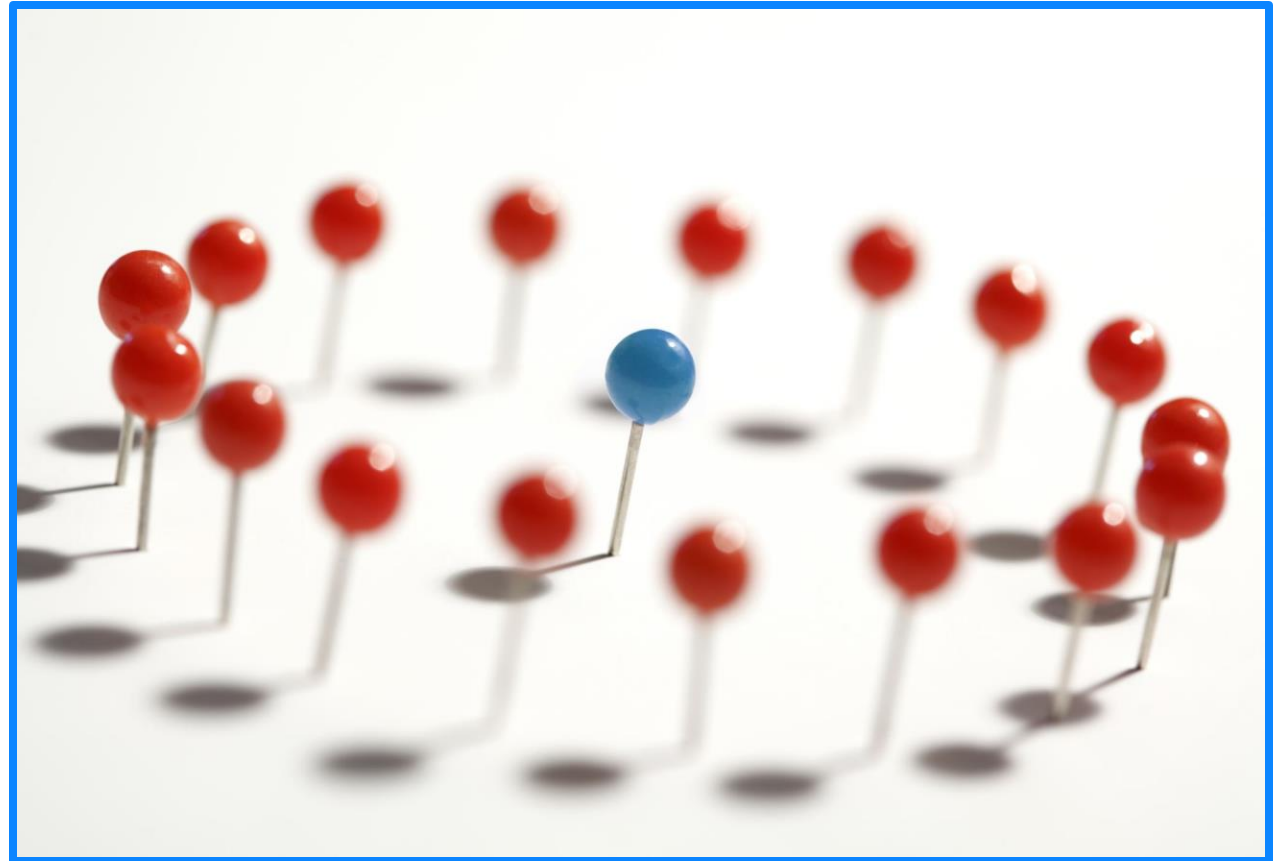
Our ACA Reporting Resources

Additional reporting guidance and solutions are available on our public website:

See:

<https://baldwinriskpartners.com/regulatory-compliance-collaborative-brcc/>.

- [Code Set and Flowcharts](#)
- [Corrections and Replacements and Other Filing Errors](#)
- [Filing Extensions](#)
- [Common Reporting Scenarios](#)
- [Responding to IRS Penalty Assessments](#)



Part VI:

Question and Answer Session



HRCI and SHRM Professional Education Recertification Credit

Thank you for attending this educational program sponsored by the Baldwin Professional Education Connection. BPEC programming is designed and delivered by the compliance experts at the Baldwin Regulatory Compliance Collaborative, a national partnership of employee benefits and human resources subject matter experts operated by Baldwin Risk Partners. If you attended a live broadcast of this presentation, you are entitled to apply for professional continuing education credits. The HRCI and SHRM continuing professional education credit recertification IDs are available at the bottom of this certificate. You may apply for either of HRCI or SHRM credits, but not both, respecting today's participation.



Course Completion Certificate

The Baldwin Professional Education Connection
Baldwin Risk Partners

Course Title: ACA 102 – Understanding and Administering the Employer's Information Reporting Obligations

Program Length: One Hour (1 hr.)

Broadcast Date: January 31st, 2024

Course ID: *See below

Participant Name: _____



The use of this official seal confirms that this Activity has met HR Certification Institute's® (HRCI®) criteria for recertification credit pre-approval. This Program, **HRCI Activity ID No. 656018** has been approved for 1.00 (General) recertification credit hours toward aPHR™, aPHRi™, PHR®, PHRca®, SPHR®, GPHR®, PHRi™ and SPHRi™ recertification through HR Certification Institute® (HRCI®).



Baldwin Risk Partners is recognized by SHRM to offer Professional Development Credits (PDCs) for SHRM-CP® or SHRM-SCP® recertification activities. This Program, **SHRM Activity ID No. 24-JFTWY** has been approved for 1.00 HR recertification credit hours.

- MEET THE NATIONAL REGULATORY COMPLIANCE TEAM -



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**THE BALDWIN REGULATORY
COMPLIANCE COLLABORATIVE**

- QUESTIONS, COMMENTS & ADDITIONAL INFORMATION -



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Employee Benefits Group | Baldwin Risk Partners

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**THE BALDWIN REGULATORY
COMPLIANCE COLLABORATIVE**

About BRP

BRP is an award-winning, entrepreneur-led, and inspired insurance distribution holding company delivering solutions that give our clients the peace of mind to pursue their purpose, passion, and dreams. Our family of firms' best-in-class resources and diverse portfolio of services are innovating the industry by taking a holistic and tailored approach to insurance and risk management.

Our vision and purpose currently reach 3,300+ colleagues and 1.2+ million clients throughout the nation. Our growth path includes geographic representation across the U.S., expanded value propositions, and new lines of insurance to meet the needs of evolving lifestyles and business risks.

