

**Do you wish Payroll Management to assist in completing the 1095-C ACA Employer-Provided Health Insurance Offer and Coverage forms for 2015?** YES NO

CLIENT # \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Printed Name)  
 \_\_\_\_\_  
 (Title) (Date)

**If answer is YES to above question, complete questions below:**

Please *circle* all applicable YES or NO, and **answer all questions** to allow Payroll Management to facilitate required information on mandated forms for ACA.

**POSSIBLE APPLICABLE LARGE EMPLOYER (ALE)**

Name of ALE Member (Employer) \_\_\_\_\_  
 Employer Identification Number (EIN) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

1. A. Employer Offered Health Insurance YES NO  
 B. Employer Sponsored Self-Insurance YES NO  
 C. No Insurance Offered YES NO
2. Are of part of an Aggregated ALE? YES NO  
 (An aggregated ALE is an employer that is part of a controlled group of entities or an affiliated service group of entities.)  
**If YES, list other entities:** Federal EIN No.: \_\_\_\_\_ Name \_\_\_\_\_  
 Federal EIN No.: \_\_\_\_\_ Name \_\_\_\_\_
3. A. Does the health plan(s) offered run on a calendar year? YES NO  
 If no, list plan year end: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 B. Has the plan year been changed in the past two years? YES NO
4. Is health coverage offered every month of the plan year? YES NO
5. Did the dependent coverage change in the last two plan years? YES NO
6. Lowest plan cost for employee: \$ \_\_\_\_\_
7. Is health coverage offered by the employer affordable? YES NO  
 If so, which of the following Safe Harbors is being used, if any? (Circle Applicable Answer)  
  1. W-2 Safe Harbor
  2. Rate of Pay Safe Harbor
  3. Federal Poverty Line Safe Harbor
8. Certification of Eligibility (select all that apply):  
  - A. Qualifying Offer Method YES NO
  - B. Qualifying Offer Method Transition Relief YES NO
  - C. Section 4980H transition YES NO
  - D. 98% Offer Method YES NO
9. Applicable Large Employer (ALE) size – total full-time and full-time equivalent employees:  
 2014 50-99 \_\_\_\_\_ 100+ \_\_\_\_\_  
 2015 50-99 \_\_\_\_\_ 100+ \_\_\_\_\_

**Return form to: [DebraD@payrollmgt.com](mailto:DebraD@payrollmgt.com) (Please use File Guardian Secure File Upload on our website to reply.)**