

Do you wish Payroll Management to assist in completing the 1095-C ACA Employer-Provided Health Insurance Offer and Coverage forms for 2019? 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 you 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 (Please use File Guardian Secure File Upload on our website to reply.)