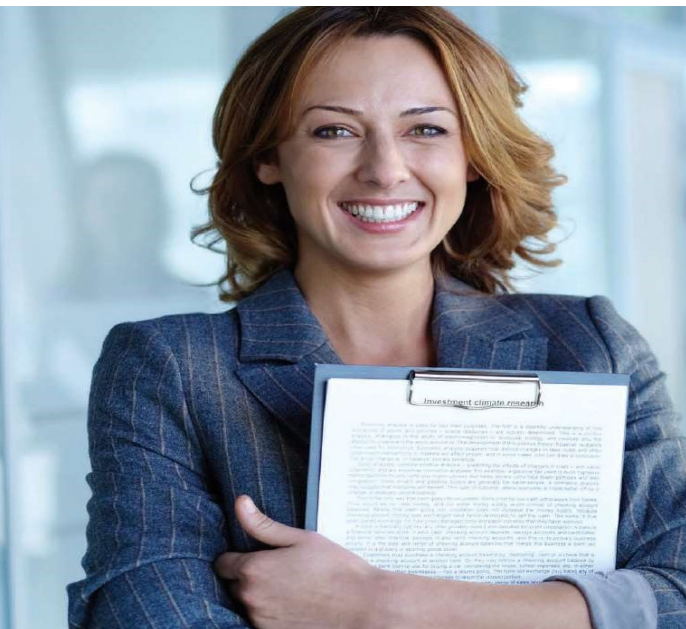


Complete, Simplified ACA Reporting

For: 1094 /1095 B & C

From the Benefits Technology Experts at **EmployeeTech**



**"Health Cost Manager
made it EASY to complete
our ACA filing"**

About HCM File

- ✓ **An end-to-end solution for 1094/95 B & C**
From data collection to forms distribution and electronic filing, we'll get you filed quickly and easily.
- ✓ **Easy to use**
Just upload a single Excel workbook at year-end. Simple, yet powerful.
- ✓ **Flexible – *Past, State and Complicated filings***
A proprietary, stand-alone system that works with any HR/Benefits system and can handle any client complexity for both state and federal filing. We can also take other systems ACA coding.
- ✓ **We're experts**
With years of benefits and technology expertise, we specialize in ACA reporting. And your dedicated Account Manager and ACA specialist will guide you every step of the way.


2,000+

Clients


4,500

Corporate Tax
IDs


650,000

Employees


100%

Of our clients were filed
by 3/31


95%

Of customers say they'll
use us again



Basic Client Requirements

Census Data



Employee Name, SSN, Mailing Address



Date of Hire



Effective Date of Coverage, Waiver, Termination



Employee Class Assignment

Class Rules



Associated FEIN



Lowest Cost Plan

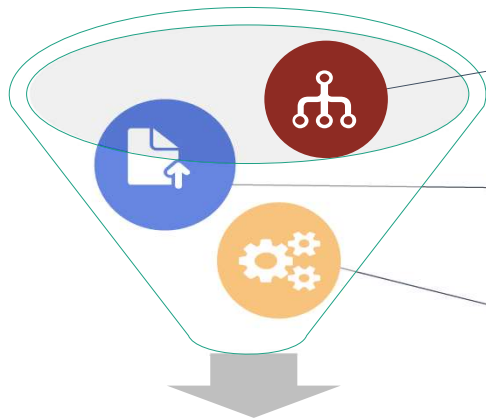


Designated Offer of Coverage and Safe Harbor



Effective date of plan, coverage end date at termination

Determines Coding



System Inputs

Collect vital information regarding your organization, FEINs, ACA rules and other important drivers



Census Upload

Includes employee demographic, employment and coverage dates. Dependent data for self-funded plans



System Calculation

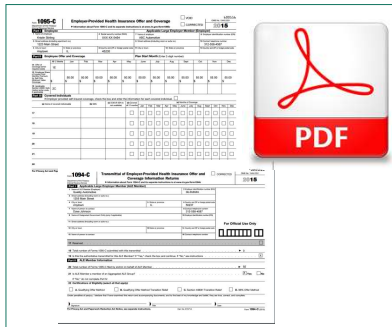
From above data HCM proprietary algorithm process correct coding for forms 1094/95

1095-C Employer-Provided Health Insurance Offer and Coverage
OMB No. 1545-0045
2015

1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns
OMB No. 1545-0045
2015

Part I Applicable Large Employer Member (ALE Member)
1. Internal ALE Member (Employee)
2. External ALE Member (Former ALE Member)
3. Social Security Number (SSN)
4. Date of birth (MM/DD/YYYY)
5. State or province
6. City or town
7. Name of person to contact
8. Street address (including room or suite no.)
9. Country and ZIP or foreign postal code
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1094/1095 Delivery Options



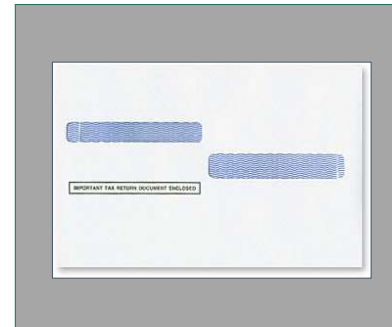
Download In PDF

Download 1094 and 1095 B or C forms anytime. Available in batch or by individual employee.

15	16	16	16	16
DEC	Applicable 4980H Safe Harbor All 12 Months	JAN	FEB	MAR
160	2D	2F	2F	
130	2D	2C	2C	
130	2C	2C	2B	
160 2C				
160 2C				
160 2C				
160 2C				
160 2C				
160	2A	2D	2D	

Download in Excel

You have access to all of your 1095 form data at any time in a comprehensive MS Excel report.



Mail to Employee

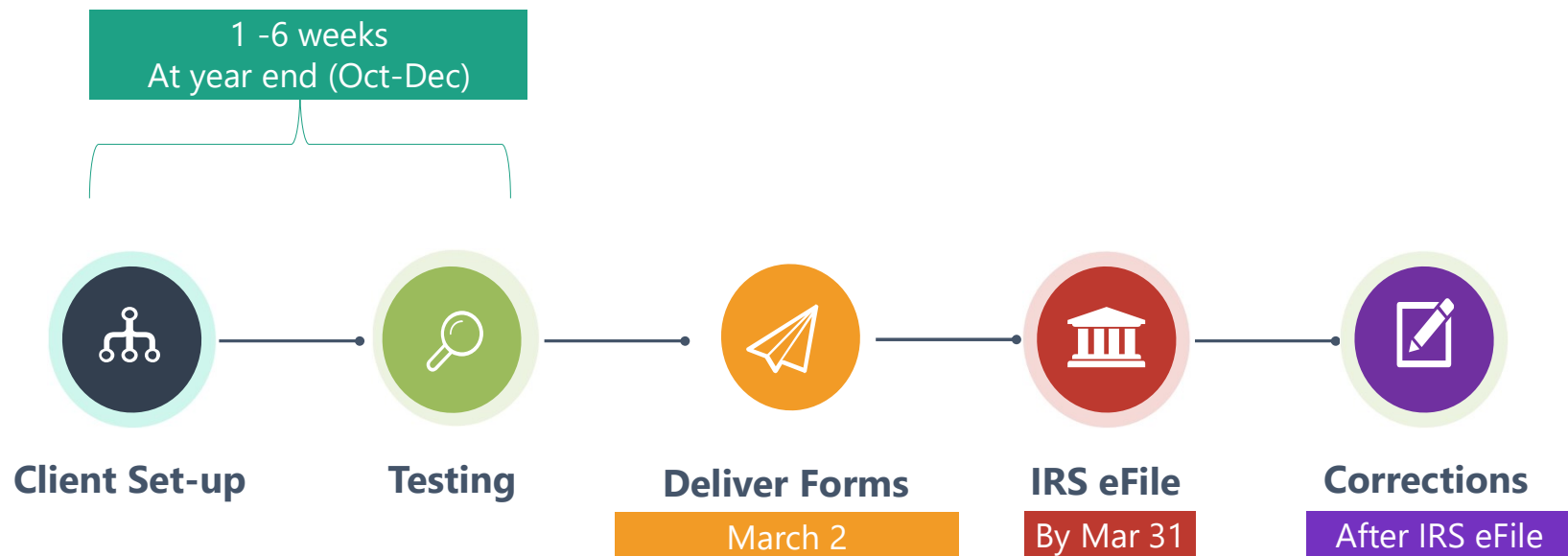
Upon request HCM File will mail your 1095 forms to employee's homes using pressure sealed envelopes. Advanced sorting and mailing is utilized.



eFile to the State and IRS

HCM File will electronically file your 94/95 information with state (if applicable) and the IRS and support an electronic corrections process.

2020/21 Timeline



HCM File
HealthCostManager

Add Level 2 Login Home Logout

Set Up Account Add Employees Generate Forms Submit Filing Track Filing

Quality Automotive

Applicable Large Employer (ALE) Information ⓘ

Print Groups and Classes Save

Administrative Contacts

John Smith jsmith@qualityauto.com Activate Contact

First Name Last Name Email Address

Authoritative Transmittal? 1094/1095 B? 98% Method? Designated Governmental Entity?

☒ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Control Group

Quality Automotive 36-555555 Edit Group

Aggregated Group Companies ⓘ

ABC Automotive 21-555555 Edit Group Delete Group

Add Aggregated Group Save

Employee Demographic Information - Please Complete For any Employee with Active Status during 2018										Initial Health Insurance Coverage Event							
										Choose only one - Must select one prior to starting next event							
										Choose only one							
3	First Name	MI	Last Name	Suf.	SSN	Address1	Address2 (optional)	City/Town	ST	Zip Code	Zip H4	Class	Date of Hire	Coverage Begins	Coverage Waive Date	Event Close	Coverage Termination
4	John		Smith		238-585-4540	11 Main St		Anytown	IL	60625		5	10/1/2013	12/31/2013			

2020 Workbook

Client Set-up

Kick-off Call and Initial Client Set up



Review Client Information

We will review employer overall structure of your organization. Tax IDs, and other important details.



System Configuration

Our account manager will set up your organizational structure in HCM File.



Customized Workbook

HCM File will produce a customized workbook for the client to populate with employee data.



Census Upload

HCM File will upload the completed workbook and support additional workbook updates as needed..

Forms and Filing

Distribute forms and electronically file with the IRS



PDF Downloadable forms

Clients can look up employees and download their individual 1095 forms or print the entire batch of 1094 and 1095 employee forms

Print , Mail and Postage

HCM file will print your 1095 forms in a sealed envelope and mail the form to the employee's home

Electronic IRS Filing

HCM File will electronically file all required 94 and 95 information with the IRS. No TCC codes needed on part of the client

Forms Assistance

HCM File account manager will assist the client with the forms generation and answer questions

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** ☐ VOID ☐ CORRECTED **2015** OMB No. 1545-2251

Department of the Treasury Internal Revenue Service

► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

Part I Employee

1 Name of employee
Kristin Stirling

2 Social security number (SSN)
XXX-XX-5454

7 Name of employer
ABC Automotive

8 Employer identification number (EIN)
312-558-4587

3 Street address (including apartment no.)
1223 Main Street

9 Street address (including room or suite no.)

10 Contact telephone number
312-558-4587

4 City or town
Anytown

5 State or province
IL

6 Country and ZIP or foreign postal code
45235

11 City or town

12 State or province

13 Country and ZIP or foreign postal code

Part II Employee Offer and 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 Share of Covered Cost (Monthly Premium, for Self-only Minimum Value Coverage)	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 55.00	\$ 55.00	\$ 55.00	\$ 55.00	\$ 55.00	\$ 55.00
16 Applicable Section 4980B Safe Harbor (enter code, if applicable)	2C											

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual: ☐ (a) Name of covered individual (b) DOB (if SSN is) (c) Covered (d) Months of Coverage

17

18

19

20

21

22

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

Form **1094-C** **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns** ☐ CORRECTED **2015** OMB No. 1545-2251

Department of the Treasury Internal Revenue Service

► Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c

Part I Applicable Large Employer (ALE Member)

1 Name of ALE Member (Employer)
Quality Automotive

2 Employer identification number (EIN)
36-555555

3 Street address (including room or suite no.)
1205 Main Street

4 City or town
Anytown

5 State or province
IL

6 Country and ZIP or foreign postal code
60237

7 Name of person to contact
Dave Johnson

8 Contact telephone number
312-558-4587

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

18 Total number of Forms 1095-C submitted with this transmittal **0**

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

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member **92**

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. Qualifying Offer Method Transition Relief ☐ 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** (01/18)



SIMPLE TEST (2017)

Track Filingⁱ

Search:

Page: **1**

Display **25**

- SIMPLE TEST 19-5000666

- Mail Files

Submitted Mail Files

	Count	Status	Date
EMPTECH_C_19-1346583_09262018T100200.xlsx	54	SUBMITTED	2018-09-26 10:02:03.000

- eFile Submissions

AFID	Status	Submitted	Last Update
3726721	SUBMITTED	2018-10-01 10:56:08.000	2018-10-01 23:00:11.000
3324520	ACCEPTED	2018-01-26 09:59:54.000	2018-01-26 23:01:20.000

+ Another EIN 19-1346583

+ Third EIN 19-7315714

Track

Track the status of your mailing Filing with IRS



Mailed Forms

You can track the progress of when your forms were mailed to your employees



Filing with the IRS

You can track the dates and statuses of all filings with the IRS



Corrections Status

Review any correction status and overall progress of corrections.

Build Account

Add Employees

Set Codes

Submit Filing

Track Filing

SIMPLE TEST

Form 1095C

Submitted for Mail:
Mail Status:
Submitted for eFile: 02/20/2017
eFile Status: INCOMPLETE

Save

Cancel

Part I: Employee

1. First Name

M.I.

Last Name

Suffix

2. SSN

John

M

Smith

Jr

011-53-7403

3. Street Address

Address Line 2

79 red JAY COURT

Apt 1

4. City or Town

5. State or Province

6. ZIP or foreign postal code

Zip Extension

FRONT ROYAL

VA

02345

2352

Part I: Applicable Large Employer Member (Employer)

7. Name of Employer

8. Employer identification number (EIN)

SIMPLE TEST FEB20

19-0540559

9. Street Address

Address Line 2

10. Contact Telephone Number

1400 St. Louis Ave

suite 15

312-558-4000

11. City or Town

12. State or Province

13. Country and ZIP or foreign postal code

Chicago

IL

60606-1234

Part II: Employee Offer and Coverage

All 12 Months

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

14. Offer of Coverage (enter required code)

1E

15. Employer Share of Lowest Cost Monthly Premium, for self-only

500.00

16. Applicable Section 4980H Safe Harbour (enter code, if applicable)

2C

Part III: Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual ☒

(a) Name of covered individual(s)

(b) SSN

(c) DOB (if SSN is not available)

(d) Covered all 12 months

(e) Months of Coverage

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

17. Hire to Cover

Only

Jr

011-53-7403

☒

Corrections

Correct your data and re-send to the IRS



Individual Corrections

You can make any requested adjustment such as corrected SSNs directly in the system and these changes will flow over to the IRS



Batch Corrections

You may have identified a large number of forms that need to be corrected. HCM will automate this process and send the corrected information to the IRS



IRS Audit Assistance

HCM File will assist the client in working any post file audits from the IRS

Full Service Model

Supporting your ACA filing from start to finish

Assigned ACA Account Manager

You will have a dedicated account manager assigned for implementation and support.

Summary Report Review

HCM File's summary report will provide an overview of all of your 1095 forms and help identify any issues prior to filing.

Electronic filing with the State and IRS

HCM File will electronically file all required 94 and 95 information with the IRS. No TCC codes needed on part of the client.

Kick-off and Set Up

Your account manager will set up your account in the system and upload your workbook.

1094/95 Forms Coding

HCM File's calculation will ensure accuracy in how your 1094 and 1095 information is coded and populated.

Online Corrections

You can make any requested adjustment such as corrected SSNs directly in the system and these changes will flow over to the IRS.

Data Validation

HCM File will identify gaps in data to ensure that your IRS filing is accurate and compliant the input

Mailing 1095 Forms to Employees

HCM file will print your 1095 forms in a pressure sealed envelope and mail the form to the employee's home

Post Filing Support

HCM File will assist the client in working any post file audits from the IRS

Pricing:

- Flat annual pricing
- Print/Mail of forms \$1.50 each

