



# HUMAN RESOURCES

## AFFORDABLE CARE ACT ("ACA")

The Affordable Care Act requires that every Applicable Large Employer (ALE) providing minimum essential coverage will report coverage information by filing an information return with the IRS and furnishing a statement to individuals. The reporting requirements became effective in the calendar year 2015. This document explains how to capture data in the AUC system needed to meet the reporting requirements.

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# 1 About ACA

The Affordable Care Act (ACA) requires health insurance companies, employers, and some government entities to provide benefit information reporting. The IRS has tax information forms (1095-A, 1095-B, and 1095-C) used to report information to ensure compliance. All **ADMINS** sites use the 1095-C forms.

This applies to MEDICAL insurance only, not vision, dental, or others.

A "1095-C" form is to benefits as a "W2" form is to wages. In other words, an employee receives a W2 at year-end that summarizes their **wages** earned. A 1095-C form is a form issued to employees showing the health coverage **benefits offered**.

A [fully insured](#) large employer is required to do the following:

- Employer must supply a 1095-C to the employees
- Insurance carrier will provide a 1094-B (This form is the transmittal form that must be filed with the Form 1095-B)
- Employer must supply a 1094-C to the IRS

A [self-insured](#) large employer is considered "the carrier" and is required to do the following:

- Supply a 1095-C to your employees
- Supply a 1094-C & copies of the 1095-C to the IRS

## 1.1 Getting Started

Defer to your health insurance benefits consultant or legal counsel to understand reporting requirements. ADMINS, Inc. provides the **tools** to issue 1095-C forms and produce the electronic filing requirements. However, we cannot provide legal guidance on specific compliance requirements. The IRS Instructions can be found here:

<http://www.irs.gov/Affordable-Care-Act/Employers/Affordable-Care-Act-Tax-Provisions-for-Large-Employers>

## 1.2 Filing Timelines/Deadlines

The IRS has established the following deadlines for filing.

**Table 1 Filing Deadlines**

Who	Transmittal Type & Form		Deadline
ALE self-insured plan & ALE / fully insured plan		1095-C (to employees)	March 2 paper & emailed forms
	1094-C (to IRS)		March 31 electronic filing due date

## 1.3 Penalties

The penalties for non-compliance with filing requirements are available on the [IRS.gov website](#).



## 1.4 Terminology

These terms are for reference only. Consult the IRS instructions and/or a tax professional for questions or additional guidance in complying with this regulation.

**Table 2 Definition of Terms (in alphabetical order)**

Term	Explained						
ACA	Affordable Care Act						
ALE	Applicable Large Employer This is an employer who has employed (on average) more than 50 full time employees on any business days in the preceding calendar year.						
COBRA	Consolidated Omnibus Budget Reconciliation Act						
Dependent	An employee’s child (including adopted children) under the age of 26. Dependents do not include spouse, stepchild, foster child, or child residing outside of the US.						
EIN	Federal Employer Identification Number						
FPL	“The Federal Poverty Level (FPL)... under § 6056, the employer may report that it made a qualifying offer to the employee if it offered coverage providing minimum value at an employee cost for employee-only coverage not exceeding 9.5 percent of the mainland single federal poverty line.”  The mainland single federal poverty line is the annual dollar amount in the federal poverty guideline chart for a single-member household in any of the 48 contiguous states: see the table available here for the most recent information: <a href="#">Federal Poverty Level (FPL) - Glossary   HealthCare.gov</a>  Therefore, qualifying offer means the employee’s cost for employee-only coverage does not exceed the amounts shown below.  <table><tr><td>2021</td><td>\$12,880 * 9.5% / 12 months =</td><td>\$101.97</td></tr><tr><td>2022</td><td>\$13,590 * 9.5% / 12 months =</td><td>\$107.59</td></tr></table>	2021	\$12,880 * 9.5% / 12 months =	\$101.97	2022	\$13,590 * 9.5% / 12 months =	\$107.59
2021	\$12,880 * 9.5% / 12 months =	\$101.97					
2022	\$13,590 * 9.5% / 12 months =	\$107.59					
Full Time	A full-time employee is defined, for ACA purposes, as an employee who is employed an average of 30 hours per week (or 130 hours per month). This is not necessarily the hours they “worked” but the hours they were scheduled to work even though they may have sick, vacation, or other leave time used during the period.  For employees who have converted from PT to FT (or FT to PT) during a month, there is no provision for which “day” of the month is used as the measurement date.  A retiree is not a full-time employee. However, for the year in which the employee retired, a form must be produced reporting on those months during which the employee was employed full time, up to and including the month of retirement.						
Fully Insured Health Plan	“Fully insured” means that the employer purchases health insurance coverage from a commercial insurer and the insurance company then takes on the risk associated with the employees’ health claims. See also the Self-Insured Health Plan, below.						
HRA	Health Reimbursement Arrangement						



Term	Explained
HSA	Health Savings Account. A health savings account is a tax-exempt trust or custodial account you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. You must be an eligible individual to qualify for an HSA.
MEC	Minimum Essential Coverage Health coverage under an eligible employer-sponsored plan.  Any employer-sponsored group health plan with medical benefits. Excepted benefits (e.g., most types of dental and vision plans, flexible spending accounts (FSAs), employee assistance programs (EAPs), and -fixed indemnity plans) are not MEC.
MV	Minimum Value A plan provides minimum value if the plan pays at least 60 percent of the costs of benefits for a standard population.
Self-Insured Health Plan	"Self-insured" health insurance means the employer uses their money to cover their employees' claims. Most self-insured employers contract with an insurance company or independent third-party administrator (TPA) for plan administration, but the actual claims costs are covered by the employer's funds.

## 1.5 Enrolling in the AIR System

The IRS has the Affordable Care Act Information Return System (**AIR**), for ACA Information Returns. To file electronically, Cities/Towns must submit an [Application for Transmitter Control Code \(TCC\)](#), which establishes your registration as an Issuer. An Issuer is defined as a business that is required to file ACA Information Returns and is transmitting only their information returns. After you register with e-services (see [Registration Services](#) for more information), you will have access to the ACA Application for TCC. Once your application is approved, you can review and update your application online as needed.

[Secure Access: How to Register for Certain Online Self-Help Tools | Internal Revenue Service \(irs.gov\)](#)

The IRS asks that at least two individuals from each organization be registered as responsible agents. This does not mean that two individuals will share a username and password; rather, each individual from the organization should register and provide the IRS with the required data.

Once the TCC is established for the site, enter the information in the Entity table (see section 4.1).

## 2 About The Forms

Form 1094-C is the "transmittal form" to be completed by the employer (City/Town) indicating plan coverage offered, the number of full-time equivalents and the name and social security numbers for those full-time equivalent employees. Form 1095-C is the form provided to employees and covered non-employees; it may be provided as a paper form or electronically via email to employees who have provided prior consent to receive tax forms via email.

### 2.1 1094-C

The 1094-C is the Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns. All AUC sites file the 1094-C form electronically.



A separate 1094-C & 1095-C electronic filing is issued for **each** Federal ID#. If there is more than one entity in a municipality, for example, a school district and a city that share a Federal ID#, then a combined return must be filed (a single 1094-C for each Federal ID). If the entities are not on a shared server, contact [support@admins.com](mailto:support@admins.com) for assistance with creating a combined return.

If the municipality has multiple entities, each with a distinct Federal ID#, file a return for each entity. When the step is run to create the forms, an email like this will be sent to the user running the step:

**Town of Admins**

The 1095 Export for the IRS has been completed and the files to upload are in the following location:

D:\AUC\_Development\admhome\Transfer\ACA

Entity	Manifest File	1094/1095 Form File
1	Manifest_1094C_Request_XYZZZ_20221219T160037181Z.xml	1094C_Request_XYZZZ_20221219T160037181Z.xml

IMPORTANT: All these files need to be uploaded in to the IRS web site

\*\* Do not reply to this email message as it was system generated via the ADMINS Unified Community (AUC) System \*\*

Figure 1 Sample email sent to the user running the steps notifies them of the file location and file names

## 2.2 1095-C: Employer-Provided Health Insurance Offer and Coverage

Form 1095-C is the annual statement supplied to the employees outlining the employer provided coverage offerings and whether the employee is enrolled in the employer provided health plan(s). A sample form is provided in section 3 below.

[Self-insured](#) employers must complete Part III. [Fully insured](#) employers do not complete Part III. The AUC program decides what to print on the forms based on the value of the radio button on the Payroll W2 1095-C screen.

[AUC] 6481-Payroll W2 1095 - C

Payroll W2 1095 - C

Entity: [TOWN OF ADMINS] Description: [TOWN OF ADMINS] ☐ 1099-R ☒ W-2

Name: [TOWN OF ADMINS]  
Address 1: [219 LEWIS WHARF]  
Address 2: [ ]  
Address 3: [ ]  
City: [BOSTON] Phone: [(617) 494-5100]  
State: [MA] Zip Code: [02110-0000] Fed Tax ID: [041234567]  
Country: [ ] State Tax ID: [041234567]

1 Payroll W2 2 Payroll W2 ACA 3 Payroll 1099-R 4 Payroll 1099-R ACA

Contact Name: [LURANN MOORE] Phone: [(617) 494-5100 Ext 2116]  
Export File Path: [D:\AUC\_Development\admhome\Transfer\ACA]  
Transmitter Control Code: [XYZZZ] Plan Start Month: [07]  
Coverage Offered to Employee: ☒ Spouse ☒ Dependents ☒  
HSA Plan: ☒ HRA Plan: ☐ Employer Zip Code: ☐ Resident Zip Code: ☐

Coverage is Provided Through a Self-Insured Plan? ☒ Yes ☐ No

Employer Affordability Safe Harbor: ☐ Annual % [9.83]  
Federal Poverty Line (FPL) Amount: [ ]

1094-C Line 22 (select all that apply):  
A. Qualifying Offer Method ☒ B. Qualifying Offer Method Transitional Relief ☐  
C. Section 4980H Transitional Relief ☐ D. 98% Offer Method ☐

1095-C Line 14 Overall Value:  
All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec  
[1E] or [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

1095-C Line 15 For Codes 1B,1C,1D,1E,1J,1K,1L,1M,1N,1O,1P,1Q,1T or 1U:  
Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage  
All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec  
[ ] or [189.75] [189.75] [189.75] [189.75] [189.75] [189.75] [189.75] [196.25] [196.25] [196.25] [196.25] [196.25]

-- Added 12-Jan-1999 By MUPDEV Changed 17-Nov-2022 by ANTHEA

Figure 2 The Self-Insured Plan radio button on the Payroll W2 1095-C screen



The 1095-C form has three parts: **Part I** for Employee Information, **Part II** for Employer Information, and **Part III** for the covered individual information.

### 3 Sample 1095-C Form

The face of the form will look like this: note that the form is four pages total; the first page has sections "**Part I**" (boxes 1-13) and "**Part II**" (lines 14-17), page three has "**Part III**", the list of covered individuals and the type of coverage (lines 18-30).

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b> <small>Do not attach to your tax return. Keep for your records. Go to <a href="http://www.irs.gov/Form1095C">www.irs.gov/Form1095C</a> for instructions and the latest information.</small>		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-2251 <b>2022</b>										
<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>												
1 Name of Employee (first name, middle initial, last name) MARIE   E   PAIVA		2 Social security number (SSN) ***-**-5265		7 Name of employer TOWN OF ADMINS		8 Employer identification number (EIN) 041234567										
3 Street address (including apartment no.) 129 WALLACE AVE		9 Street address (including room or suite no.) 219 LEWIS WHARF		10 Contact telephone number (617) 494-5100 ext. 2116												
4 City or town CAMBRIDGE		5 State or province MA		11 City or town BOSTON		12 State or province MA										
6 Country and ZIP or foreign postal code US 02138		13 Country and ZIP or foreign postal code 02110														
<b>Part II Employee Offer of Coverage</b>				<b>Employee's Age on January 1:</b>				<b>Plan Start Month (Enter 2-digit number): 07</b>								
	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	1E	1E	1E	1E	1H	1H	1H	1H			
15 Employee Required Contribution (see instructions)		\$189.75	\$189.75	\$189.75	\$189.75	\$189.75	\$189.75	\$195.25	\$195.25							
16 Sections 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A			
17 Zip Code	02110															
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.																
Cat. No. 60705M																
Form <b>1095-C</b> (2022)																
1095C Form 1095-C (2022)																
<b>Part III Covered Individuals</b> If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in the coverage, including the employee <input checked="" type="checkbox"/>																
(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	Sep	Oct	Nov	Dec
18 MARIE	E   PAIVA	XXX-XX-5265		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 ERIK	B   JOHNSON	XXX-XX-6874		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 ISADORA	R   JOHNSON	XXX-XX-6875		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 AUDREY	S   JOHNSON	XXX-XX-6876		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 KENNET	R   JOHNSON	XXX-XX-6877		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 3 Sample page one and three (the "fronts" of the form)

- The back of the form prints on pages two and four, as shown in Figure 4. Page four will include the mailing address and folding guides to use when mailing the forms in a standard #10 window envelope.
- As IRS requirements change year-to-year, the forms work best when printed to blank stock, allowing sites to purchase blank stock in bulk and use leftover stock from prior years. Perforated stock is optional but makes the forms easier to fold.





Form 1095-C (2022)

600220  
Page 2

**Instructions for Recipient**

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers. For example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer. In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

**TIP** Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/ACA](http://www.irs.gov/ACA) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

**Part I. Employee**

Lines 1-6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

**Part I. Applicable Large Employer Member (Employer)**

Lines 7-13. Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

**Part II. Employer Offer of Coverage, Lines 14-17**

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

IA. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information about the adjustment of the 9.5%, visit [IRS.gov](http://irs.gov).

IB. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

IC. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

ID. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

IE. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

IF. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

IG. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.

IH. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

II. Reserved for future use.

IJ. Minimum essential coverage providing minimum value offered to you, minimum essential coverage conditionally offered to your spouse, and minimum essential coverage NOT offered to your dependent(s).

IK. Minimum essential coverage providing minimum value offered to you, minimum essential coverage conditionally offered to your spouse, and minimum essential coverage offered to your dependent(s).

IL. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

IM. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

IN. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

IO. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

IP. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

IQ. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

IR. Individual coverage HRA that is NOT affordable offered to you, employee and spouse or dependent(s), or employee, spouse, and dependent(s).

IS. Individual coverage HRA offered to an individual who was not a full-time employee.

IT. Individual coverage HRA offered to employee and spouse (no dependent) with affordability determined using employee's primary residence ZIP code.

IU. Individual coverage HRA offered to employee and spouse (no dependent) using employee's primary employment site ZIP code affordability safe harbor.

IV. Reserved for future use.

IW. Reserved for future use.

IX. Reserved for future use.

IY. Reserved for future use.

IZ. Reserved for future use.

(Continued on page 4)

1095C 071620-MARIE E. PAIVA Form 1095-C 2022

Form 1095-C (2022)

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**Instructions for Recipient (continued)**

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage, such as family coverage. Line 15 will show an amount only if code IB, IC, ID, IE, IF, IG, IH, II, IM, IN, IO, IP, IQ, IT, or IU is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit [IRS.gov](http://irs.gov).

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit [IRS.gov](http://irs.gov).

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code IL, IM, IN, or IT was used on line 14, this will be your primary residence location. If code IO, IP, IQ, or IU was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit [IRS.gov](http://irs.gov).

**Part III. Covered Individuals, Lines 18-30**

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN) for covered individuals other than the employee listed in Part I is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 30 covered individuals, additional copies of page 3 may be used.

LYNN M DEWITT  
274 EAST STREET  
CAMBRIDGE MA US 02138

1095C 000092-LYNN M DEWITT Form 1095-C 2022

Figure 4 Sample pages two and four (the "backers" of the form)





## 4 Maintain Data In AUC

Use the AUC system to capture data needed for ACA reporting compliance. These tables and screens are used:

- W2 Entity table ▶ 1095C or 1099R Entity Table – 1095 C (data for **Part II** of the form)
- Bargaining Unit table ▶ Affordable Care Act Tab (data for **Part II** of the form)
- Employee Maintenance ▶ [1 Contact] tab (data for **Part I** of the form)
- Employee Maintenance ▶ [V ACA] tab (data for **Part III** of the form)

Each site has unique offerings, including when employees are eligible, the dates for eligibility, and the cost for health insurance. Defer to your health insurance benefits consultant or legal counsel to understand reporting requirements.

### 4.1 Entity Table

The Entity table includes a tab pertaining to ACA data, and it is where to enter the data used on Part II, the Employee Offer of Coverage, on the 1095C. To locate the table, from the menu, select:

**Human Resources ▶ Tables ▶ W2 Entity Table**

or

**Human Resources ▶ Tables ▶ 1099R Entity Table**

The entity tables can also be accessed from the 1095C Processing steps menu. Fill in the data on the entity table using the illustration below as a guide. Each filing year, review the data to ensure that it is current (staff may have changed, health plan costs frequently change, the file location should be accessible from the AUC server as well as the user's workstation who will file on the AIR system.)

This data will be used on the Applicable Large Employer Member section of the form - same as the W2 and 1099R

Enter the name and phone number to print on line 10 of the 1095C provided to the employee

The data here corresponds to the line numbers on the printed 1095C forms

For Pensioners, go to the [4\_Payroll\_1099-R\_ACA] table

1 Transmitter control number and Plan start month fields are required - the HSA Plan checkbox may be left blank if the entity is not offering an HSA plan

2 Check all boxes that apply for a qualifying offer method

3 Indicate if coverage is provided via a self-insured plan

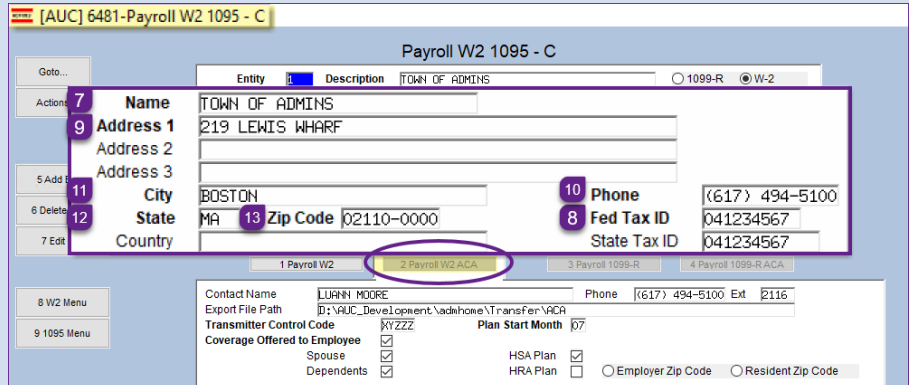
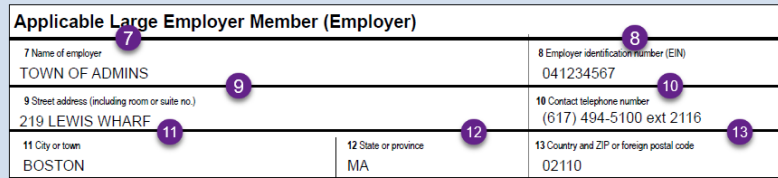

Lines 14 and 15 - if "All 12 Months" field has data, do not enter data in the Month fields. If different values are needed for part of the year, leave the "All 12 months" blank & fill in the value for each month

Figure 5 A sample entity table with descriptions for how to use the table



## 4.1.1 Part II: Employee Offer and Coverage (Entity Table or Bargaining Unit)

**Table 3 Part II Employer Information – Source of the Data on the Forms**

Form	Data/Fields	Source
<b>Boxes 7-13</b>	Name, Tax ID#, Address of the Employer (City/Town)	<p>Payroll/HR data comes from the Entity Table found under:</p> <p><b>Human Resources ▶ Tables ▶ W2 Entity Table</b></p>  
<b>Boxes on Line 14</b>  	Offer of coverage.	<p>Enter the code on the entity table or bargaining unit, if used. This line applies to all Applicable Large Employers ("ALE"). Codes range from "1A" to "12". See <a href="#">IRS Instructions</a> for the current information about the codes. The most common code used is 1E.</p> <p>Determine whether to use one overall value in Line 14 for all employees – or whether this line must be answered on a bargaining unit-by-bargaining unit basis.</p> <p>If you offered coverage to all eligible employees and that offer was in place for all 12 months of the year (regardless of whether some or all employees accepted coverage), then enter the value in the <b>"All 12 Months"</b> box on Line 14 of the <b>entity table or bargaining unit</b>. If it varies over the course of the calendar year, make an entry for each of the twelve months.</p>



Form	Data/Fields	Source
<b>Boxes on Line 15</b>	Report the amount of the employee's share of the lowest cost monthly premium for "single" or "self-only" coverage.	Regardless of whether this employee took the "single" plan or not, enter the employee's monthly cost for the lowest-cost single plan offered to the employee. See <a href="#">IRS Instructions</a> for the current guidance on Line 15.
<b>Boxes on Line 16</b>	Sections 4980H Safe Harbor and other relief.	Codes range from "2A" through "2I". See <a href="#">IRS Instructions</a> for the current information about the codes. This code provides the IRS information to administer the employer shared responsibility provisions. The AUC system will populate line 16 based on data provided on the entity table or bargaining unit.
<b>Boxes on Line 17</b>	Zip Code	This line reports the applicable ZIP code used for determining affordability if offering an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be the employee's primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be the primary employment site. For more information about individual coverage HRAs, visit <a href="https://www.irs.gov">IRS.gov</a> .

## 4.2 Bargaining Unit

The Bargaining Unit table includes a tab pertaining to ACA data, which in some cases will be used to override the default data on the entity table for Part II of the form, that defines coverage. To access the table, from the menu, select:

**Human Resources ► Tables ► Bargaining Unit Table ► Affordable Care Act tab**

**Figure 6 Bargaining Unit Table**

If this bargaining unit offered or terminated coverage during the year, then indicate the types of coverage offered for each month during the year. If the bargaining unit was offered the same type of coverage for the entire year, put the code into the "All 12 Months" box.

**Line 15** – Enter the employee's share of the monthly premium here for the cost for the lowest priced "single" plan option.

If the **"Override Entity Table"** ☒ box is used on the Affordable Care Act tab, and the employee record is set to use that **"Reporting Bargaining Unit"** on the [V ACA] tab, these values supersede the values on the entity table and will be used for 1095-C reporting.

The bargaining unit will be used for all employees with that **Reporting Bargaining Unit designated on the [V ACA] tab**.

**Line 14** – If a bargaining unit has different coverage offered, or a change in a bargaining unit where coverage was offered or terminated at some point during the year, then enter information for the affected bargaining unit(s).



## 4.2.1 Use the Bargaining Unit or Entity Table?



An employee can be part of one bargaining unit for payroll but use a **different "Reporting Bargaining Unit" for ACA**. Each employee has a mutually exclusive designation for Entity or Bargaining Unit on the [V ACA] tab of the employee maintenance screen.

### Human Resources ► Maintenance ► Employee Maintenance ► [V ACA]

Figure 7 Specifying the use of either the Reporting Entity or Reporting Bargaining Unit on the [V ACA] tab

## 4.3 Employee Maintenance [1 Contact Tab]

ADMINS, Inc. provides the **tools** to issue 1095 forms via postal and email and produce electronic files. However, we cannot provide legal guidance on specific compliance requirements.

The data found in the Employee Maintenance screen under the [1 Contact] tab is used to populate **PART I: EMPLOYEE** of the Form 1095-C. The table in section 4.3.1 provides more information.

### 4.3.1 Part I: Employee Information

Table 4 Part I Employee Information – Source of the Data on the Forms

Form	Data/Fields	Source
Boxes 1-6	Name, SS#, Address of the Employee	Static payroll/HR data comes directly from the [1 Contact] tab of the Employee Maintenance screen.



Form	Data/Fields	Source																					
<b>Human Resources ► Maintenance ► Employee Maintenance ► [1 Contact]</b>																							
<div><div>[AUC] 6439-Employee Maintenance</div><div><div>Employee Maintenance</div><div><div>Goto...</div><div>Actions</div><div>I Add Employee</div><div>P Add Position</div></div><div><div>Employee Number</div><div>071620</div><div>MARIE E PAIVA</div><div>No Active Positions</div><div>Employee Attachments (4)</div><div>Employee Position Attachments</div></div><div><div>Y Employee Notes</div><div>No text available</div><div>Current Positions</div><div>000 -00</div><div>0 All Positions</div><div>000 -00</div></div><div><div>1 Contact</div><div>2 Personal</div><div>3 Ded/Ben</div><div>4 Add Wages</div><div>5 Payroll</div><div>6 Accounting</div><div>7 Salary</div><div>8 Dates/Class</div><div>9 Degrees</div><div>0 Custom</div><div>U Accidents</div><div>V ACA</div></div></div><div><div>No picture on file</div><div></div></div></div>																							
<table><tr><td>First Name</td><td>Middle Name</td><td>Last Name</td><td>Suffix</td><td>Gender</td><td>Birth Date</td><td>SS#</td></tr><tr><td>MARIE</td><td>E</td><td>PAIVA</td><td></td><td><input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Non-Binary</td><td>05-Oct-1974</td><td>001-10-5265</td></tr></table>			First Name	Middle Name	Last Name	Suffix	Gender	Birth Date	SS#	MARIE	E	PAIVA		<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Non-Binary	05-Oct-1974	001-10-5265							
First Name	Middle Name	Last Name	Suffix	Gender	Birth Date	SS#																	
MARIE	E	PAIVA		<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Non-Binary	05-Oct-1974	001-10-5265																	
<div><div><div>Residential Address</div><div><div>House#</div><div>129</div><div>Street</div><div>WALLACE AVE</div><div>Unit</div><div></div></div><div><div>Address</div><div>129 WALLACE AVE</div></div><div><div>City</div><div>CAMBRIDGE</div><div>State</div><div>MA</div><div>Zip</div><div>02138-0000</div></div></div><div><div>407-8340 Type H Home</div><div>239-6872 Type C Cell</div><div>000-0000 Type</div><div>Test Date 31-Jul-2021 Test</div><div>Send Date Consent Date</div></div></div>																							
<table><tr><td colspan="3"><b>Part I Employee</b></td></tr><tr><td colspan="2">1 Name of Employee (first name, middle initial, last name)</td><td>2 Social security number (SSN)</td></tr><tr><td colspan="2">MARIE E PAIVA</td><td>***-**-5265</td></tr><tr><td colspan="3">3 Street address (including apartment no.)</td></tr><tr><td colspan="3">129 WALLACE AVE</td></tr><tr><td>4 City or town</td><td>5 State or province</td><td>6 Country and ZIP or foreign postal code</td></tr><tr><td>CAMBRIDGE</td><td>MA</td><td>US 02138</td></tr></table>			<b>Part I Employee</b>			1 Name of Employee (first name, middle initial, last name)		2 Social security number (SSN)	MARIE E PAIVA		***-**-5265	3 Street address (including apartment no.)			129 WALLACE AVE			4 City or town	5 State or province	6 Country and ZIP or foreign postal code	CAMBRIDGE	MA	US 02138
<b>Part I Employee</b>																							
1 Name of Employee (first name, middle initial, last name)		2 Social security number (SSN)																					
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3 Street address (including apartment no.)																							
129 WALLACE AVE																							
4 City or town	5 State or province	6 Country and ZIP or foreign postal code																					
CAMBRIDGE	MA	US 02138																					



## 4.4 Employee Maintenance [V ACA] Tab

The data required for **Part III** of the form is entered on the **[V ACA]** tab. There are four columns for dates on the top section of the screen, and each column is split into two sections; a "Start" and an "End".

HR ► Maintenance ► Employee Maintenance ► [V ACA]

The screenshot shows the 'Employee ACA' form. At the top, it displays the employee's name 'IRVINE LONGLEY' and their current position 'SCHOOL BUS TECH SUBSTITUTE'. Below this, there are tabs for various sections: 1 Contact, 2 Personal, 3 Ded/Ben, 4 Add Waives, 5 Payroll, 6 Accounting, 7 Salary, 8 Dates/Class, 9 Degrees, 0 Custom, U Accidents, and V ACA (highlighted). The V ACA tab contains a table for reporting dates. The table has four columns labeled #1, #2, #3, and #4. Each column has a 'Reporting Entity' field and a 'Dates' section with fields for 'ACA Offer Start / End', 'ACA Reporting Start / End', 'ACA Full Time Start / End', and 'ACA Coverage Declined'. The first column (#1) shows dates for 01-Nov-2022. The other columns are currently empty.

Figure 8 The ACA Dates on the [V ACA] tab on the employee master file

Table 5 ACA Dates Explained

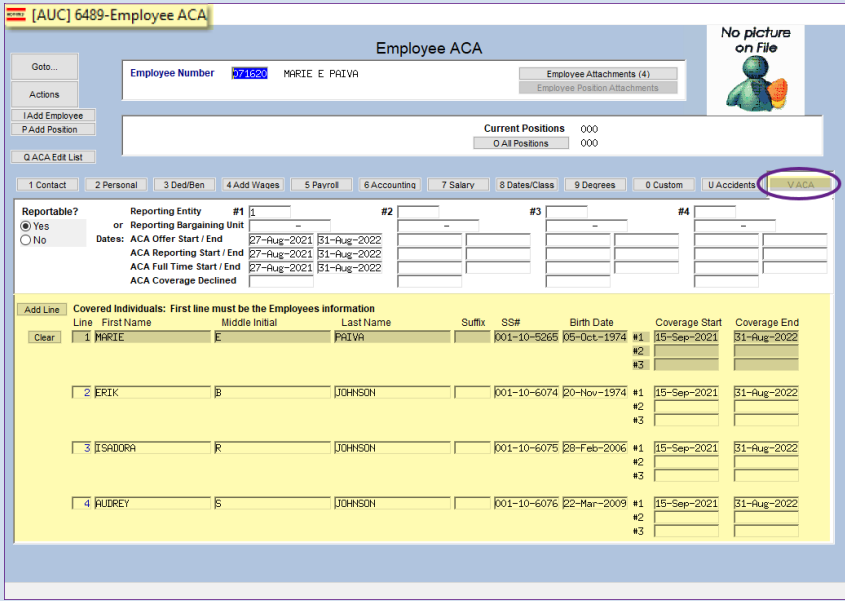
Date	Start Date	End Date
<b>ACA Offer Date</b>	For ACA purposes, this is the date that coverage was offered to this employee	This is the date that coverage ended, either because the employee is no longer employed, or because they elected to stop coverage (e.g., if they picked up coverage from a spouse).
<b>ACA Reporting Date</b>	For ACA purposes, this is the date that the employee is included in ACA reports.	This is the date the employee will no longer be included in ACA reports.
<b>ACA Full Time Date</b>	For ACA purposes, this is the date the employee began working more than 30 hours per week.	This is the date that full time employment ended for any reason (e.g., termination, moving to part time status, deceased.)
<b>ACA Coverage Declined</b>	Enter the date that the employee declined coverage. This does not require a "Start" and "End" date, just the date known that they declined coverage.	

The most current data is always in column #1. Only enter data in columns 2, 3, & 4 if there is a break in coverage within the current year.



## 4.4.1 Part III: Covered Individuals (the [V ACA] tab on Employee Maintenance)

Table 6 Part III Coverage Lines 18-30 – Source of the Data on the Forms

Form	Data/Fields	Where It Comes From
<b>Lines 18–30</b>	The data for covered individuals comes from the <b>[V ACA]</b> tab on the Employee Maintenance record.	<p>If you are fully insured, skip this section.</p> <p>If you are self-insured, complete this section indicating to whom you have offered coverage. Enter covered individual information on the <b>[V ACA]</b> tab of the <b>Employee Maintenance Screen</b> as described below.</p> 

## 4.4.2 Declining Coverage

If an employee declines coverage, enter the date in the ACA Coverage Declined field on the Employee Master File **[V ACA]** data entry screen.

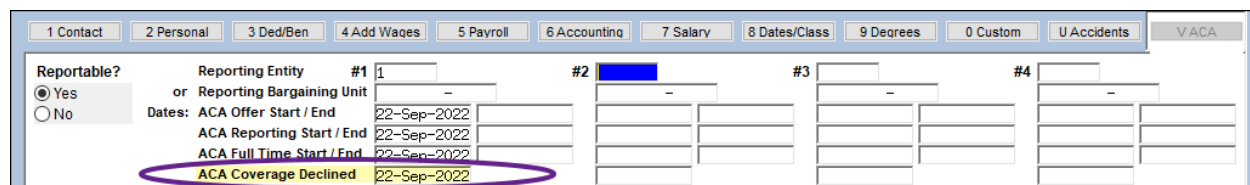


Figure 9 ACA Coverage Declined date set on the [V ACA] tab of the employee maintenance screen





### 4.4.3 Terminated Employees Mid-Year that Elect COBRA

Employees often retire or are terminated mid-year, and some elect **COBRA** to continue with the site's health care plan. To report on these employees for the purposes of ACA, set the **ACA Full Time End** date, but **do not** set a **Coverage End** date:

The screenshot shows the 'Employee ACA [TRAINING]' form. The 'Reporting Entity #1' is selected. The 'Dates' section shows 'ACA Offer Start / End' as 01-Jan-2015, 'ACA Reporting Start / End' as 01-Jan-2015, and 'ACA Full Time Start / End' as 01-Jan-2016 to 30-Jun-2021. The 'ACA Coverage Declined' checkbox is checked. The 'Coverage End' date is left blank. Callouts indicate: 'Set the ACA Full Time End date for terminated employees electing COBRA' and 'Do not set a Coverage End date'.

Figure 10 The ACA tab for an employee terminating mid-year and electing COBRA

The 1095C form will show the COBRA in line 14 as "1H", in line 15 as "2A", and there will be an "X" for all the months the employee was covered.

The screenshot shows the 1095-C form, 'Employer-Provided Health Insurance Offer and Coverage'. The form is dated 2021. The 'Part I Employee' section shows the employee's name, address, and contact information. The 'Part II Employee Offer of Coverage' section shows the employee's age on January 1st, the plan start month (01), and the months of coverage. Line 14 shows '1H' for all months, and line 15 shows '2A' for all months. Line 17 shows the zip code 06238. The form is dated 2021.

Figure 11 This example shows the individual is covered all 12 months; Jan – Jun as an employee, and Jul – Dec via COBRA

See also [HR-770, ACA & Non-Employee Participants](#) in the Human Resources Help Reference Library.



## 4.4.4 Stopping Coverage

Enter the Coverage End date for everyone who is stopping coverage. In this case, the coverage stops mid-year. The form will show the months of coverage.

The screenshot shows the 'Covered Individuals' section of the HR-675 form. The 'Reportable?' checkbox is checked. The 'Reporting Entity' is 'ADMINS'. The 'ACA Offer Start / End' is '29-Dec-1993'. The 'ACA Reporting Start / End' is '29-Dec-1993'. The 'ACA Full Time Start / End' is '29-Dec-1993'. The 'ACA Coverage Declined' is '31-Mar-2022'. The 'Covered Individuals' table shows the following information for the first individual:

Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth Date	Coverage Start	Coverage End
1	LYNN	M	DEWITT		001-10-1030	29-Mar-1967	01-Jun-2014	31-Mar-2022

Figure 12 Specifying a Coverage End date for the individual

The screenshot shows the Form 1095-C Employer-Provided Health Insurance Offer and Coverage. The form is for the employee LYNN M DEWITT, who is an employee of TOWN OF ADMINS. The form shows the employee's information, the employer's information, and the coverage details. The 'Plan Start Month' is 07, and the 'Coverage End' date is 31-Mar-2022.

**Part I Employee**

1 Name of Employee (last name, middle initial, first name): LYNN M DEWITT  
2 Social security number (SSN): \*\*\*-\*\*-1030  
3 Street address (including apartment no.): 274 EAST STREET  
4 City or town: CAMBRIDGE  
5 State or province: MA  
6 Country and ZIP or foreign postal code: US 02138  
7 Name of employer: TOWN OF ADMINS  
8 Employer identification number (EIN): 041234567  
9 Street address (including room or suite no.): 219 LEWIS WHARF  
10 Contact telephone number: (617) 494-5100 ext 2116  
11 City or town: BOSTON  
12 State or province: MA  
13 Country and ZIP or foreign postal code: 02110

**Part II Employee Offer of Coverage**

Employee's Age on January 1: 54  
Plan Start Month (Enter 2-digit number): 07

14 Offer of Coverage (enter required code): 1E  
15 Employee Required Contribution (see instructions): \$189.75  
16 Sections 4980H Safe Harbor and Other Relief (enter code, if applicable): 2C  
17 Zip Code: 02110

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in the 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	Sep	Oct	Nov	Dec
18 LYNN M DEWITT	XXX-XX-1938		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>

Figure 13 How coverage end dates affect the printed 1095-C form



## 4.4.5 Covered Individuals

Covered individuals are listed on the bottom section of the **[V ACA]** tab of the employee maintenance screen. Enter the First Name, Middle Initial (if provided), Last Name, any Suffix, the Social Security Number (if provided), and the Birth Date. Enter the coverage start date for each covered individual. These coverage start dates may vary depending on the employee circumstances.

### Human Resources ► Maintenance ► Employee Maintenance ► [V ACA]

Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth Date	Coverage Start	Coverage End
1	KEITH	P	GROSSMAN		001-10-5444	15-Sep-1975	29-Aug-2022	
2	LIAM	P	SWEENEY		001-10-6119	20-Feb-2007	29-Aug-2022	
3	DANICA	J	SWEENEY		001-10-6120	01-Dec-1996	29-Aug-2022	01-Dec-2022

Figure 14 The individual on line 3 is stopping coverage effective December 1, 2022

(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	Sep	Oct	Nov	Dec
18 KEITH P GROSSMAN	XXX-XX-5444		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 LIAM P SWEENEY	XXX-XX-6119		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20 DANICA J SWEENEY	XXX-XX-6120		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Figure 15 The form shows coverage in December for all the individuals, coverage end date is within December

If there was coverage on any day of the month, the box will be checked (unless there was coverage for all 12 months, and then the "Covered all 12 months" box is checked instead.)

If the date entered was November 30 instead of December 1, the December column would not be checked on the form, as the individual did not elect to receive coverage that month.



Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth Date	Coverage Start	Coverage End
1	KEITH	P	GROSSMAN		001-10-5444	15-Sep-1975	29-Aug-2022	
2	LIAM	P	SWEENEY		001-10-6119	20-Feb-2007	29-Aug-2022	
3	DANICA	J	SWEENEY		001-10-6120	30-Nov-1996	29-Aug-2022	30-Nov-2022

The [V ACA] Data Entry Screen

EMPLOYEE OFFER AND COVERAGE		Employees Age on January 1												Plan Start Month
	12 Mths	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
14 Offer of Coverage		1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	
15 Employee Share									195,25	195,25	195,25	195,25	195,25	
16 Applicable Section		2A	2A	2A	2A	2A	2A	2A	2C	2C	2C	2C	2C	
17 Zip Code														

COVERED INDIVIDUALS				(e) Months of Coverage											
(a) Name of Covered	(b) SS#	(c) DOB	(d) 12 Mth	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18 KEITH P. GROSSMAN	00X-XX-5444														
19 LIAM P. SWEENEY	00X-XX-6119														
20 DANICA J. SWEENEY	00X-XX-6120														

The Edit 1095C Work File screen

The 1095C Printed Form

Form 1095-C (2022)														b00320 Page 3	
Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in the 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											
First Name, middle initial, last name				Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
18 KEITH P. GROSSMAN	00X-XX-5444		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 LIAM P. SWEENEY	00X-XX-6119		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20 DANICA J. SWEENEY	00X-XX-6120		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Figure 16 The same individual on line 3, this time with a November 30 coverage end date instead of December 1

#### 4.4.5.1 Social Security Number or Date of Birth?

If the social security number is not available for a covered individual, use the date of birth.

#### 4.4.5.2 Covered Individual Dates Row #2 & #3 Must = Calendar Year in Row #1

Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth Date	Coverage Start	Coverage End
1	MARIE		LINGLEY		001-10-5469		16-Sep-2022	
2	GEORGE		BOYCE		002-10-5469		16-Sep-2022	01-Nov-2022
3	HENRY		LINGLEY-BOYCE		003-10-5469		23-Sep-2022	
4	JEANNE		LINGLEY-BOYCE		004-10-5469		16-Sep-2022	30-Nov-2022

The system checks that the Covered Individual Start dates in rows #2 and 3 are in the same **calendar year** as row #1:

The dates only apply to the calendar year. Each year starts fresh.

Check Error

**E6334-Covered Start Date #2 must be in same Calendar Year as #1 End Date**

OK

Only fill in rows 2 and 3 if they have a break in the coverage during a calendar year. If the start date in row #2 or #3 are not in the same calendar year as row #1, the system displays this message:

Figure 17 Error message if Covered Start Date in row #2 is not in the same calendar year as the row #1 End Date



### 4.4.5.3 Covered Individual End Dates

Only set a coverage end date if coverage is terminating for cause in the calendar year; for example, a spouse picks up their own insurance or a dependent "ages out". If coverage continues, leave the end date blank. Leaving it blank tells the system that the coverage is in effect until the end of the year. In the image in Figure 18, there are two individuals that are continuing coverage, and a third that is ending coverage. Only the individual that is ending coverage has an end date set.

#### HR ► Maintenance ► Employee Maintenance ► [V ACA]

Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth Date	Coverage Start	Coverage End
1	KEITH	P	GROSSMAN		001-10-5444	15-Sep-1975	29-Aug-2022	
2	LIAM	P	SWEENEY		001-10-6119	20-Feb-2007	29-Aug-2022	
3	DANICA	J	SWEENEY		001-10-6120	01-Dec-1996	29-Aug-2022	01-Dec-2022

Figure 18 Covered Individual section of the screen

## 5 Maintain ACA Data Year Round

Continue data entry throughout the year to collect any changes to health care reportable coverage for your employees by updating the [V ACA] tab directly as employees come on board. If data collection is not performed on an ongoing basis, the spreadsheet utility is available. See section 6 below.

## 6 Using a Spreadsheet to Upload Data En Masse

See [HR-690 ACA Import from a Spreadsheet](#) in the Help Reference Library to load data en masse. This will be useful if data has not been maintained throughout the year for covered individuals.

### 6.1 List of Potential Covered Individuals

A report is available to show employees who have "reportable health care coverage deductions" on file. It can be used as a starting point to gather a list of employees who may require covered subscriber data to be collected.



To run this report, from the menu, select:

**Human Resources ▶ Year-End Processing ▶ 1095-C Employees with Reportable Health Coverage**

Task 7552: 1095 - C Employees with Reportable Health Coverage

**1095 - C Employees with Reportable Health Coverage**

Required: Enter Tax Year

Run as ☒ Excel

This provides a starting point of the individuals for whom you need to collect Covered Individual data for AUC. The data can be used as a source for the uploading data en masse.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Emp#	Name	Position#	Position	CostCode	Description	W2Box	Desc	PayGrp	FTE	Status	Description	Type	Hired	Terminated
000040	H F	T421DPWDIR-0	DPW DIRECTOR	ER PGFTV	EMPLOYER HPHC FAMILY	12	DD	DPW	1.00	A	Active	F	2/7/1991	
071693	IN	S009SCHLPN-0	LICENSED PRACTICAL NURSE DISTRICT	ER BC S	EMPLOYER HMO SINGLE	12	DD	26	1.00	A	Active	F	11/15/2021	
000152	J KEITH C	T123TWNADMN-4	TOWN ADMINISTRATOR	ER BC S	EMPLOYER HMO SINGLE	12	DD	TW	1.00	A	Active	F	12/17/1987	
000286	U MICHAEL J JR	T210POLOFF-0	POLICE PATROL OFFICER	ER PGFTV	EMPLOYER HPHC FAMILY	12	DD	ADMTST	1.00	A	Active	F	1/1/2021	
000288	KEITH	T210POLOFF-0	POLICE PATROL OFFICER	ER PGFTV	EMPLOYER HPHC SINGLE	12	DD	POLICE	1.00	A	Active	F	4/26/2021	
071677	MICHAEL L	T422DPWDRP-0	Driver/Operator/Pipefitter UNL	ER PGFTV	EMPLOYER HPHC FAMILY	12	DD	DPW	1.00	A	Active	F	10/21/2021	
071674	MARIE M	S012ABATECH-0	ABA TECH BMS 10 MONTH BENEFITS	ER BC S	EMPLOYER HMO SINGLE	12	DD	WE	1.00	A	Active	F	10/18/2021	
000311	WRENCE L	T210POLSGT-0	POLICE SERGEANT	ER BC S	EMPLOYER HMO SINGLE	12	DD	POLICE	1.00	A	Active	F	7/2/2022	
001148	REN L	T154M3MS-0	MIS	ER BC F	EMPLOYER HMO FAMILY	12	DD	TW	1.00	A	Active	F	9/7/1993	
001239	ER MARIE M	T610LIBTECH-0	LIBRARY TECHNICIAN	ER BC F	EMPLOYER HMO FAMILY	12	DD	TW	1.00	A	Active	F	7/1/1997	
001248	AY LAWRENCE	T253INSPLMB-0	PLUMBING & GAS INSPECTOR	ER PGFTV	EMPLOYER HPHC FAMILY	12	DD	TW	1.00	A	Active	F	12/14/2005	
001255	C KAREN	T135HR OFCR-0	HUMAN RESOURCES DIRECTOR	ER BC F	EMPLOYER HMO FAMILY	12	DD	TW	1.00	A	Active	F	9/15/2010	
001260	ER LYNN	T210POLPRC-0	PRINCIPAL CLERK - POLICE	ER BC F	EMPLOYER HMO FAMILY	12	DD	POLICE	1.00	A	Active	F	5/31/2016	
001264	YNN A	T137ASRADMN-0	ADMINISTRATIVE ASSESSOR	ER BC S	EMPLOYER HMO SINGLE	12	DD	TW	1.00	A	Active	F	8/16/1993	
001267	LYNN	T610LIBTECH-0	LIBRARY TECHNICIAN	ER PGFTV	EMPLOYER HPHC SINGLE	12	DD	TW	1.00	A	Active	F	10/22/1992	
001272	MARIE	T171CONCOMM-0	CONSERVATION ADMINISTRATOR/CLERK	ER BC S	EMPLOYER HMO SINGLE	12	DD	TW	1.00	A	Active	F	9/17/2015	
001375	CHAE F	S012TEASST5-0	BMMS TEACHER	ER MH+ F	EMPLOYER MASTER HEALTH FAM	12	DD	26	1.00	A	Active	FF	9/1/1972	
001596	LAWRENCE T	T210POLOFF-0	POLICE PATROL OFFICER	ER PGFTV	EMPLOYER HPHC FAMILY	12	DD	POLICE	1.00	A	Active	F	7/1/2021	
071660	NI M	S010ABATCH-0	BECP ABA TEACHER BTA	ER PGFTV	EMPLOYER HPHC SINGLE	12	DD	26	1.00	A	Active	FF	8/30/2021	
002190	HAEL L JR	T210POLCH-0	POLICE CHIEF	ER PGFTV	EMPLOYER HPHC FAMILY	12	DD	POLICE	1.00	A	Active	F	8/24/2000	

Figure 19 Report #7552 Run as Excel®

## 7 Processing

Batch: 000024 **1095 Processing**

Description

This document [HR-775 ACA/1095C Processing Steps Menu](#) in the Help Reference Library provides details on using the steps menu to process your 1095-Cs.

Use the step-by-step guide to prepare the filing.



## 7.1 Reports

Many reports are produced as part of the processing steps (the most important are the Audit Reports) and there are also reports available in the Help Reference Library. Other reports are available from the data entry screens.

### 7.1.1 ACA Audit Reports (#7560) on Steps Menu or the Report Library

The Audit Reports verify the data in the Entity, Bargaining Unit Tables, and the Employee ACA tab on Employee Maintenance screen.

Task 7560: ACA 1095 - C Audit Reports

ACA 1095 - C Audit Reports  
Tax Year is used to only select Employees with active positions after 01/01/<yr> for audit checking purposes

Required: Enter Tax Year

Include Warnings in Audit Report ☒ Yes ☐ No

Run as ☐ Preview ☐ Print ☒ PDF ☐ Excel

If Printing use Duplex ☒ Yes ☐ No

Lookup OK Cancel Clear All

Enter the tax year being reported and choose to "Run as" either PDF or Excel

There are four reports produced from this step:

#### 7.1.1.1 Entity Table (Payroll W2 ACA)

7560-HRREP:HRACAAUDITRPT.REP Printed Page 1

Town of Admins  
ACA 1095 Audit Report

Audit Report 1 - 1095-C ENTITY TABLE

Batch#: 000026

Entity: 1	TOWN OF ADMINS
Field	Error
No Errors found for 1095-C on this Entity Table	
Entity: 2	Town of ADMINS Fire District
Field	Error
No Errors found for 1095-C on this Entity Table	
Entity: 3	School of ADMINS
Field	Error
No Errors found for 1095-C on this Entity Table	
Entity: 4	Regional School of ADMINS

Figure 20 Audit Report #1 will identify errors on the Entity Table





### 7.1.1.2 Bargaining Unit Table ACA Tab

7560-HRREP:HRCAAUDITRPT.REP	Printed 03-Jan-2023	Page 1
Town of Admins ACA 1095 Audit Report		
Audit Report 2 - BARGAINING UNIT TABLE - ACA		
Batch#: 000026		
-----		
Field	Error	
-----		
Bargaining Unit RET	-RE	retiree aca reporting
-----		
No Errors found on this Bargaining Unit for 1095-C		
-----		
Bargaining Unit RI ACA	-1	rhode island aca reporting
-----		
No Errors found on this Bargaining Unit for 1095-C		

Figure 21 Audit Report #2 will identify errors on the Bargaining Unit Tables

### 7.1.1.3 Employee ACA Tab

7560-HRREP:HRCAAUDITRPT.REP	Printed 03-Jan-2023	Page 1
Town of Admins ACA 1095 Audit Report		
Audit Report 3 - EMPLOYEE ACA		
Batch: 000026		
-----		
Field	Error	
-----		
Employee: 071825      SONJOP, HARRIET X		
-----		
Reporting Entity/Barg Unit	are both missing. Either Entity or Bargaining Unit must be set	
Reportable set to Yes	but Employee has no active Covered Individuals	
*** Total # Employees with Errors    1		

Figure 22 Audit Report #3 – Identifies Employee ACA Tab errors run *without including warnings*

7560-HRREP:HRCAAUDITRPT.REP

Printed 03-Jan-2023

Page 4

Town of Admins  
ACA 1095 Audit Report

Audit Report 3 - EMPLOYEE ACA

Batch: 000026

Field	Error
Employee: 010001	FLANAGAN, KAREN A.
Warn: #1 Full Time End Date	Date prior to 2022 year. Review Dates
Employee: 070366	BURCHILL, MARIE
Warn: Reportable set to No	but Employee has covered individual information set
Employee: 070811	DAVIS, LAWRENCE S
Warn: Reportable set to No	but Employee has covered individual information set
Employee: 071825	SONJOP, HARRIET X
Reporting Entity/Barg Unit	are both missing. Either Entity or Bargaining Unit must be set
Reportable set to Yes	but Employee has no active Covered Individuals

Note the difference when the "Include Warnings" prompt is set to "Yes". These errors can be reviewed but will not stop the process from continuing.

\*\*\* Total # Employees with Errors 34

If the "Include Warning" is set to "No", only "hard errors" that will stop the process will be reported

Figure 23 Audit Report #3 – Identifies Employee ACA Tab errors run *including warnings*



### 7.1.1.4 New Hires or Terminations between 01/01/Tax Year and 12/31/Tax Year

7560-HRREP:HRCAAUDITRPT.REP Page 1

Town of Admins  
ACA 1095 Audit Report

**Audit Report 4 - EMPLOYEE NEW HIRES/TERMINATIONS BETWEEN 01-Jan-2022 AND 31-Dec-2022**

Batch#: 000026

Employee	Name	Position	Description	Hire Date	Termination	Reason
000062	DAY, LYNN E	S009TEASUBS-01	SUBSTITUTE TEACHER	29-Aug-2022		
000092	DEWITT, LYNN M	T210POLCORT-01	POLICE COURT OFFICER	29-Dec-1993	29-Mar-2022	retired
000307	PERRY, KEITH JR	T210POLSGT -01	POLICE SERGEANT	01-Jul-1999	19-Aug-2022	retired
000307	PERRY, KEITH JR	T801POLDETL-05	POLICE DETAIL	20-Jul-2022		
000311	GIVENS, LAWRENCE L	T210POLOFF -01	POLICE PATROL OFFICER	25-Sep-1995	30-Jun-2022	promotion to sergeant
000311	GIVENS, LAWRENCE L	T210POLSGT -01	POLICE SERGEANT	02-Jul-2022		
002213	BARTLETT, MICHAEL P	S009ATHATHL-01	COACH	02-Dec-2019	30-Jun-2022	school employee
002213	BARTLETT, MICHAEL P	S009MAINDIR-01	DIRECTOR OF MAINTENANCE-SCHOOL &	01-Jul-2022		
002213	BARTLETT, MICHAEL P	T210POLOFF -08	POLICE SRO PROACTIVE SERVICES	31-Jan-1996	30-Jun-2022	trsf to school dir of maintenance
002678	THE ESTATE OF, KEITH D	T450DPWAMEC-01	DPW ASSISTANT MECHANIC	06-Jul-2000	01-Jan-2022	
002678	THE ESTATE OF, KEITH D	T490AS FAC -01	ASSISTANT FACILITIES OPERATOR	01-Jan-2022		
002698	SCHREFFLER, MARIE A	T541COAADO -01	COA ASST DIRECTOR/OUTREACH COORDI	01-Jul-2013	30-Mar-2022	voluntary resignation
002732	MATTHEWS, KAREN K	S009TEASUBS-01	SUBSTITUTE TEACHER	16-Sep-2019	03-Jun-2022	ft postion
002732	MATTHEWS, KAREN K	S009TECHAST-01	TECHNOLOGY ASSISTANT .8	01-Oct-2020	30-Jun-2022	transfer to STS Position
002732	MATTHEWS, KAREN K	S009TECSPEC-02	SCHOOL TECHNOLOGY SPECIALIST	01-Jul-2022		
002783	BARTLETT, KAREN	T220FIRCLRK-01	PRINCIPAL CLERK-FIRE	13-Jun-2002	01-Apr-2022	
002972	RIDENOUR, LAWRENCE L	T634COAVAN -01	COA VAN DRIVER	01-Oct-2006	01-Jul-2022	resigned
003046	LAMOTHE, MARIE A	T510BOHCOMM-01	BOARD OF HEALTH	07-May-2013	28-Feb-2022	resigned

Figure 24 Audit Report #4 shows new hires and terminations within the tax year

### 7.1.2 Edit Work File Screen 1095 Register

Printing a 1095 Register from the edit work file screen offers the option to select up to nine bargaining units, as well as the option to exclude up to nine bargaining units.

HR ► Year End Processing ► 1095C Processing ► Edit Work File ► [3 1095 Register]

[AUC] 7574-Edit 1095 Work File

2021 Edit 1095 Work File

Employee# 1 Name of Employee 2 SS# Reporting Entity  
071576 CARL JUNG 1000-100-9876 1 Report Bargaining

3 Street Address  
35 VIENNA SQUARE

4 City or Town  
APO AE 097

5 State  
TOWN OF ADMIN

6 Zip  
219 LEWIS

7 City or Town

8 State

9 Street Address

10 City or Town

11 City or Town

12 State

13 Zip

14 City or Town

15 State

16 Zip

17 City or Town

18 State

19 Zip

20 City or Town

21 State

22 Zip

23 City or Town

24 State

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26 City or Town

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903 State

904 Zip

905 City or Town

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912 State

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1036 City or Town

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1038 Zip

1039 City or Town

1040 State

1041 Zip

1042 City or Town

1043 State

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1045 City or Town

1046 State

1047 Zip

1048 City or Town

1049 State

1050 Zip

1051 City or Town

10



TedRE - 1095C\_Register\_7580  
7580-HR1095REG.REP Printed 26-Jan-2022 at 09:21:49 by THERESA

City of ADMINS  
1095 - C ACA Register

Batch#: 000022  
Entity: 1 TOWN OF ADMINS

Employee#	Employee First Name	Middle Name	Last Name	Suffix	SS#	Mailing Address	City	State	Zipcode
000023	KAREN	M	OSTEGREN		XXXXX1010	19 DEBRA RD.	CAMBRIDGE	MA	02138-0000

Line 14 All 12 Months 10 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Print Bargaining Unit  
Line 15 10  
Line 16 2C  
Line 17 02110  
Age as of Jan 1: 61

COVERED INDIVIDUALS  
Line First Name Middle Name Last Name Suffix SS# Birth Date AllMon Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec  
18 KAREN M OSTEGREN XXXXX1010 X

Employee#	Employee First Name	Middle Name	Last Name	Suffix	SS#	Mailing Address	City	State	Zipcode
000205	MICHAEL	R	DOUGLAS		XXXXX1056	104 PINE HILL RD.	CAMBRIDGE	MA	02138-0000

Line 14 All 12 Months 10 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Print Bargaining Unit  
Line 15 10  
Line 16 02110  
Line 17 02110  
Age as of Jan 1: 72

COVERED INDIVIDUALS  
Line First Name Middle Name Last Name Suffix SS# Birth Date AllMon Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec  
18 LINDA BAKER XXXXX5011 X

\*\*\* Total # Employees for Entity TOWN OF ADMINS 4  
\*\*\* Total # Employees: 4  
Total # Entities: 1  
Select Reporting Bargaining Unit: RIACA 1  
Exclude Reporting Bargaining Unit: HGMT TH

Figure 26 Generating the 1095C – ACA Register from the Edit Workfile Screen

This allows printing just a bargaining unit that was set up for a state that has adopted an individual mandate, and uses the Federal 1095-C form, but requires an earlier deadline.

If, for example, the state forms were due January 31, and the remainder are due in March, this register can be printed first to **include** only RIACA 1 (the bargaining unit for employees needing the state forms), and then later printed to **exclude** the RIACA 1 bargaining unit.

## 7.1.3 #7565 ACA Dependent List with SS#s (in Help Reference Library)

To access the report from the menu, select:

HR ► Reports ► Report Library ► [By Employee] ► {Page Down}

The report has six optional filters for Entity Code, Bargaining Unit, Timesheet Group, Status Code, Type Code, and ACA Reportable.

[AUC] 7800-Report Library By Employee

Report Library By Employee

Report Name	View	Report	Last Run Date	Run Time
6039-Employee List - Highest Pay (Pay Code)	Sample	Run		
6038-Employee List - Cost of Leave	Sample	Run		
6066-Employee List - Cost of Leave - Default Fund	Sample	Run		
6046-Employee List - Cost of Leave as of a Defined Fund	Sample	Run	26-Jan-2022	11:46
7565-ACA Dependent List	Sample	Run	26-Jan-2022	10:34

Task 7565: ACA Dependent List

ACA Dependent List

Optional: Entity Code

Optional: Enter Bargaining Unit

Optional: Enter Timesheet Group

Optional: Employee Status Code

Optional: Employee Type Code

Include ACA Reportable? ☒ Yes ☐ No ☐ Both

Include SS# in Report: ☐ Yes ☒ No

Run as @ Excel

Lookup OK Cancel Clear All

Figure 27 the Default for including the SS# is "No"; select "Yes" to include the full SS# in column P



If access to this report should be restricted to only authorized users, this can be handled in the menu options. Please contact AUC support to help make these changes. Never email a report with social security numbers!



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	Employee#	Employee-Name	Reportable?	Line	Dependent-Last	First	Middle	Sufx	DOB	AGE	Entity	Bargaining-Unit	Timesheet-Group	Employee-Status	Employee-Type	SS#	
1	000023	OSTEGREN, KAREN M	Yes	2	POWERS	RONALD	O		1/24/1960	62	1	AFLA10-MOEL	SCHOOL-ASA	Retired	Full-Time	001-10-5002	
2	000031	BUSSEY, KEITH S	Yes	2	WHITTEN	PAULA			1/9/1955	67	1	NON -NO	TOWN -POL	Police Detail	Temporary	001-10-5003	
3	000040	MOORE, KEITH F	Yes	2	DIMARTINO	CHRISTINE			5/10/1957	64	1	MGMT -TH	TOWN -DPW	Active	Full-Time	001-10-5004	
4	000140	KILBURN, LYNN A	Yes	2	LAMARRE	KENNETH			8/30/1958	63	1	SINGL SCH-12MT	SCHOOL-SOUT	Retired	Full-Time Faculty	001-10-5006	
5	000152	GAREPY, KEITH C	Yes	2	FRANE	JOYCE	A		6/17/1961	60	1	MGMT -TH	TOWN -TOWN	Active	Full-Time	001-10-5009	
6	000152	GAREPY, KEITH C	Yes	3	FRANE	ANDREW	M		2/25/1968	33	1	MGMT -TH	TOWN -TOWN	Active	Full-Time	001-10-5010	
7	000205	DOUGLAS, MICHAEL R	Yes	2	BAKER	LINDA			7/5/1962	59	1	NON -NO	SCHOOL-BHS	coach	Part-Time	001-10-5011	
8	000228	MELANSON, KAREN E	Yes	2	BOYARI	WILLIAM	J		2/13/1953	69	1	AFL -AF	SCHOOL-CLERK	Retired	Full-Time	001-10-5012	
9	000286	MINCHILLO, MICHAEL JR	Yes	2	MELANSON	HEIDI			5/5/1972	49	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5013	
10	000286	MINCHILLO, MICHAEL JR	Yes	3	MELANSON	EMMA			3/14/2002	19	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5014	
11	000286	MINCHILLO, MICHAEL JR	Yes	4	MELANSON	ZANE			5/23/2007	14	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5015	
12	000295	VATER, MICHAEL J	Yes	2	CORRIVEAU	CELESTE	S		9/16/1962	59	1	NON -NO	TOWN -POL	Police Detail	Part-Time	001-10-5016	
13	000295	VATER, MICHAEL J	Yes	3	CORRIVEAU	MATTHEW	S		7/5/1990	31	1	NON -NO	TOWN -POL	Police Detail	Part-Time	001-10-5017	
14	000295	VATER, MICHAEL J	Yes	4	CORRIVEAU	ALLISON	M				1	NON -NO	TOWN -POL	Police Detail	Part-Time	001-10-5018	
15	000299	WHIDDEN, LAWRENCE	Yes	2	VATER	JEANINE			12/22/1951	70	1	TOCL -01	TOWN -TOWN	Retired	Full-Time	001-10-5019	
16	000299	WHIDDEN, LAWRENCE	Yes	3	WHIMSON VATER	ERIC			11/27/1991	30	1	TOCL -01	TOWN -TOWN	Retired	Full-Time	001-10-5020	
17	000307	SAVOIE, KEITH JR	Yes	2	ROLLS	KAREN	M		2/23/1962	59	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5021	
18	000311	PERRY, LAWRENCE L	Yes	2	AYOTTE	COLBY	D		11/19/2001	20	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5022	
19	000311	PERRY, LAWRENCE L	Yes	3	PERRY	DEBRA			7/15/1961	59	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5023	

Figure 28 Column "P" is an option on the ACA Dependents report

A site wants to use this report as a source for Other Post-Employment Benefits (OPEB) compliance reporting, so **ADMINS** has an option to include a column of social security numbers on the **#7565 ACA Dependent List**. The report is available to run as **Excel®**.

Table 7 Description of the #7565 ACA Dependents Report Columns

Column Letter	Column Label	Description
A	Employee#	Employee number
B	Employee-Name	Employee Name (Last, First MI)
C	Reportable?	Does the employee record have Reportable set to Yes or No
D	Line	Line number used to list the dependent on the employee screen
E	Dependent Last	Last name of the dependent
F	First	First name of the dependent
G	Middle	Middle initial of the dependent
H	Sufx	Suffix for the dependent, if any (e.g., JR.)
I	DOB	Date of birth in DD/MM/YYYY format
J	AGE	Age of the dependent
K	Entity	Entity for the employee
L	Bargaining-Unit	Bargaining unit of the employee from the payroll tab
M	Timesheet-Group	Employee belongs to this default timesheet group
N	Employee-Status	Status of the employee
O	Employee-Type	Employee type e.g., Temporary, Part-Time, Full-Time
P	SS#	Social Security number of the dependent

## 7.1.4 ACA Employee Edit List (Employee Maintenance Screen)

Run this report from the **[V ACA]** tab of the Employee Maintenance screen. Use the report at any time during the year to cross check against data supplied by the health insurance company.

**[AUC] 6489-Employee ACA**

**Employee ACA**

Goto... Actions

Employee Number **071826**

Employee Attachments Employee Position Attachments

No picture on File

Current Positions T422DPWDR0 Driver/Operator/Pipefitter 1.0000

O All Positions 000

**Q ACA Edit List**

1 Contact 2 Personal 3 Ded/Ben 4 Add Waives 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents **V ACA**



6488-HREMPACEDT.REP

Printed 19-Dec-2022 at 15:11:55 by THERESA

Town of Admins

Employee ACA Edit List

Page 1

Employee#	Employee Name	Position	Reportable					
000012	FURTADO, MARIE R	No Active Positions	Yes					
Reporting Entity	1							
Reporting Bargaining Unit	-							
ACA Offer Start/End	07-Sep-1982							
ACA Reporting Start/End	07-Sep-1982							
ACA Full Time Start/End	07-Sep-1982 30-Jun-2016							
ACA Coverage Declined								
Line	First Name	Middle Name	Last Name	Suffix	SS#	Birth Date	Cover Start	Cover End
1	MARIE	R	FURTADO		001-10-1005	26-Mar-1958	#1 07-Sep-1982	
2	PAUL	M	CONSIGLI		001-10-5001	23-Apr-1963	#1 07-Sep-1982	

Employee#	Employee Name	Position	Reportable					
000023	WASKIEWICZ, KAREN M	No Active Positions	Yes					
Reporting Entity	1							
Reporting Bargaining Unit	-							
ACA Offer Start/End	31-Aug-1992							
ACA Reporting Start/End	31-Aug-1992							
ACA Full Time Start/End	31-Aug-1992 30-Jun-2020							
ACA Coverage Declined								
Line	First Name	Middle Name	Last Name	Suffix	SS#	Birth Date	Cover Start	Cover End
1	KAREN	M	WASKIEWICZ		001-10-1010	04-Mar-1959	#1 31-Aug-1992	
2	RONALD	O	POWERS		001-10-5002	24-Jan-1960	#1 31-Aug-1992 30-Jun-2020	

## 7.2 1095-C Forms Issued to Employees

This section describes printing forms. In addition to the Print Forms step on the ACA Processing steps menu, there is an option to print a single form from the Edit 1095 Work File screen.

### 7.2.1 About the Paper Stock

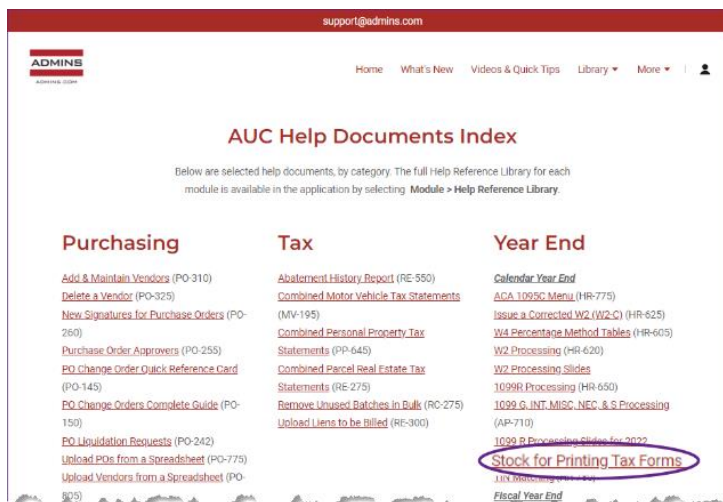


Figure 29 Paper Stock for Printing Forms (page down to get to the "Year End" links)

Each year **ADMINS** emails specifications for paper stock in late October/early November. The current year's letter will also be posted to the [Help Documents Index \(admins.com\)](#) as shown in Figure 29.

So far the same blank paper stock has been used successfully since the first year of filing.

**ADMINS** intends to continue using the format so that our clients can purchase paper stock in bulk and re-use stock on hand left over from prior years.



## 7.2.2 Social Security Numbers are Masked on Printed Forms & Edit Screen

Social Security Numbers (SSN)s are masked on the printed 1095C forms and the Edit Work File screen:

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

☐ VOID  
☐ CORRECTED

OMB No. 1545-2251  
2022

**Part I Employee**

1 Name of Employee (first name, middle initial, last name)  
MARIE E PAIVA

2 Social security number (SSN)  
\*\*\*-\*\*-5265

3 Street address (including apartment no.)  
129 WALLACE AVE

4 City or town  
CAMBRIDGE

5 State or province  
MA

6 Country and zip code  
TOWN OF ADMINS  
02138-0000

7 Name of employer  
TOWN OF ADMINS

8 Employer identification number (EIN)  
041234567

9 Room or suite no.  
JARF

10 Contact telephone number  
(617) 494-5100 ext 2116

11 City or town  
BOSTON

12 State or province  
MA

13 Zipcode  
02110-0000

Figure 30 SSN is masked on the printed / emailed form

[AUC] 7574-Edit 1095 Work File [theresa]

2022 Edit 1095 Work File

Goto... Actions

1 1095 Menu  
2 Check for Errors  
3 1095 Register  
4 Employee Edit  
5 Remove Employee  
6 Add Employee

Employee# 071630  
1 Name of Employee MARIE E PAIVA  
2 SS# XXX-XX-5265  
Reporting Entity 1  
Donor Receiving Unit

3 Street Address 129 WALLACE AVE  
4 City or Town CAMBRIDGE  
5 State or Province MA  
6 Country and zip code 02138-0000  
7 Name of Employer TOWN OF ADMINS  
8 Employer ID (EIN) 041234567  
9 Street Address 219 LEXIS WHARF  
10 Contact Phone (617) 494-5100 x 2116  
11 City or Town BOSTON  
12 State MA  
13 Zipcode 02110-0000  
7 Print Single Form

**EMPLOYEE OFFER AND COVERAGE**

Employees Age on January 1

Plan Start Month 07

14 Offer of Coverage	12 Mths	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
15 Employee Share		189,75	189,75	189,75	189,75	189,75	189,75	195,25	195,25				
16 Applicable Section		2C	2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A
17 Zip Code													

**COVERED INDIVIDUALS** If Employer provided self-insured coverage, check the box ☐

(a) Name of Covered	(b) SS#	(c) DOB	(d) 12 Mth	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18 MARIE E PAIVA	XXX-XX-5265														

Figure 31 SSN is masked on the Edit Work File screen

## 7.2.3 Printing/Emailing Forms by Bargaining Unit

The state of Rhode Island adopted an individual mandate in 2020 and requires that 1095-C forms be supplied to employees no later than January 31. The federal deadline to supply forms to the IRS is March 2. To supply forms by the January 31 deadline to Rhode Island residents, and to the remaining employees by March 2, (*without reprinting the Rhode Island resident forms*), **ADMS** added options to the prompts for printing and emailing forms.

To use this feature, establish a bargaining unit such as **"RIACA-1"**.





*While these instructions use Rhode Island as an example, this applies to any state with an individual mandate that opts to use 1095C forms for compliance and has a different due date from the IRS requirement.*

**Figure 32 Establish a Bargaining Unit for employees residing in a state that has adopted an individual mandate**

Return to the Steps menu and click on the **[Print 1095 Forms]** step:

Set up the ACA tab with the same selections as the Entity table. On the ACA tab, check the **"Override Entity Table ☒** box. Set the Bargaining Unit on each Rhode Island resident maintenance screen ACA tab to use the **"RIACA-1"** bargaining unit.

When printing or emailing from the steps menu, the prompt has an option to **include** up to 9 ACA Bargaining Units, and a second option to **Exclude** up to 9 ACA Bargaining Units. Select the Rhode Island ACA bargaining unit if printing just the Rhode Island resident forms.

When printing the remainder, use the second option to **exclude** the Rhode Island ACA bargaining unit, since they were already printed.

The Bargaining Unit **RIACA-1** and two other bargaining units are listed in the lookup and can be selected. *Only bargaining units with the "Override Entity Table ☒* box checked are available for selection in the lookup.



***My site is out of state, but I employ RI residents. Am I required to report?***

***"Yes, if you employ RI residents, you are subject to the reporting requirements. You may submit the same IRS Mandate reporting to us for your employees that are RI residents."***

[Health Insurance Mandate | RI Division of Taxation](#)





## 7.3 Producing 1095-C Forms For Employees

The AUC system produces the 1095-C forms for employees, suitable for postal mailing in a standard number 10 window envelope. Recipients who provide permission can be emailed the forms. See [HR-575 Electronic W2, 1099R and 1095C Forms](#) for details.

### 7.3.1 Print Single Form

HR ► Year End Processing ► 1095C Processing ► [Select Batch] ► [Edit 1095C Work File]

Print any form in the work file, even if it is set up to be emailed, using the **[7 Print Single Form]** button on the **Edit 1095 Work File** screen.

Figure 33 The [7 Print Single Form] button on the Edit 1095 Work File screen

Figure 34 Printing a single form from the Edit 1095 Work File screen



## 7.4 Producing the 1094-C Transmittal Form

The Generate IRS Export File step produces the entire package including the 1094-C and 1095-C copies for the IRS.

## 7.5 Submitting a File Electronically

The required format for all ACA Information Returns is XML. Returns will not be accepted electronically in any other format.

**Town of Admins**

The 1095 Export for the IRS has been completed and the files to upload are in the following location:

D:\AUC\_Development\admhome\Transfer\ACA

Entity	Manifest File	1094/1095 Form File
1	Manifest_1094C_Request_XYZZZ_20221219T160037181Z.xml	1094C_Request_XYZZZ_20221219T160037181Z.xml

IMPORTANT: All these files need to be uploaded in to the IRS web site

**\*\* Do not reply to this email message as it was system generated via the ADMINS Unified Community (AUC) System \*\***

The AUC software is updated and tested for each filing year.

The Generate Export file step creates the files for submission to the AIR system. An email similar to the one shown here will be sent to the user running the step. It will contain the 1095 export file location and file names.

Figure 35 Sample email with Manifest and Form file names and locations

## 7.6 Corrections

The site has 60 days from the submission date to file any corrections. If it is "Accepted with Errors":

- Download the error file from the IRS web site

- Update the ACA filing table with the original receipt number.

- Email the IRS error file to [support@admins.com](mailto:support@admins.com).

ADMINS support staff will provide instructions for making corrections.

## 7.7 Save Attachments and Archive

The last step on the steps menu will attach the **PDF**® images of the 1095C forms to the employee master file record, and create a zip archive of all the work files. This step should only be run once the file has been submitted electronically and has been accepted without errors.

## 8 FAQ's

See [HR-685 Affordable Care Act \("ACA"\) FAQs](#).



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