



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.

CONTENTS

- 1 ABOUT ACA3**
 - 1.1 Getting Started3
 - 1.2 Filing Timelines/Deadlines.....3
 - 1.3 Penalties3
 - 1.4 Terminology.....4
 - 1.5 Enrolling in the AIR System.....5
- 2 ABOUT THE FORMS.....5**
 - 2.1 1094-C5
 - 2.2 1095-C: Employer-Provided Health Insurance Offer and Coverage6
- 3 SAMPLE 1095-C FORM7**
- 4 MAINTAIN DATA IN AUC.....9**
 - 4.1 Entity Table.....9
 - 4.1.1 Part II: Employee Offer and Coverage (Entity Table or Bargaining Unit)10
 - 4.2 Bargaining Unit.....11
 - 4.2.1 Use the Bargaining Unit or Entity Table?12
 - 4.3 Employee Maintenance [1 Contact Tab]12
 - 4.3.1 Part I: Employee Information12
 - 4.4 Employee Maintenance [V ACA] Tab.....14
 - 4.4.1 Part III: Covered Individuals (the [V ACA] tab on Employee Maintenance)15
 - 4.4.2 Declining Coverage15
 - 4.4.3 Terminated Employees Mid-Year that Elect COBRA16
 - 4.4.4 Stopping Coverage17
 - 4.4.5 Covered Individuals18
 - 4.4.5.1 Social Security Number or Date of Birth?19
 - 4.4.5.2 Covered Individual Dates Row #2 & #3 Must = Calendar Year in Row #119
 - 4.4.5.3 Covered Individual End Dates.....20
- 5 MAINTAIN ACA DATA YEAR ROUND20**
- 6 USING A SPREADSHEET TO UPLOAD DATA EN MASSE.....20**
 - 6.1 List of Potential Covered Individuals20
- 7 PROCESSING21**
 - 7.1 Reports22
 - 7.1.1 ACA Audit Reports (#7560) on Steps Menu *or* the Report Library22
 - 7.1.1.1 Entity Table (Payroll W2 ACA)22
 - 7.1.1.2 Bargaining Unit Table ACA Tab.....23
 - 7.1.1.3 Employee ACA Tab23
 - 7.1.1.4 New Hires or Terminations between 01/01/Tax Year and 12/31/Tax Year24
 - 7.1.2 Edit Work File Screen 1095 Register24
 - 7.1.3 #7565 ACA Dependent List with SS#s (in Help Reference Library).....25
 - 7.1.4 ACA Employee Edit List (Employee Maintenance Screen)26
 - 7.2 1095-C Forms Issued to Employees.....27
 - 7.2.1 About the Paper Stock.....27



- 7.2.2 Social Security Numbers are Masked on Printed Forms & Edit Screen28
- 7.2.3 Printing/Emailing Forms by Bargaining Unit28
- 7.3 Producing 1095-C Forms For Employees30
 - 7.3.1 Print Single Form30
- 7.4 Producing the 1094-C Transmittal Form.....31
- 7.5 Submitting a File Electronically31
- 7.6 Corrections31
- 7.7 Save Attachments and Archive.....31
- 8 FAQ’S.....31**
- 9 INDEX OF TABLES AND FIGURES.....32**



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	<p>“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.”</p> <p>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: Federal Poverty Level (FPL) - Glossary HealthCare.gov</p> <p>Therefore, qualifying offer means the employee’s cost for employee-only coverage does not exceed the amounts shown below.</p> <table style="margin-left: 40px;"> <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	<p>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.</p> <p>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.</p> <p>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.</p>						
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	<p>Minimum Essential Coverage Health coverage under an eligible employer-sponsored plan.</p> <p>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.</p>
MV	<p>Minimum Value A plan provides minimum value if the plan pays at least 60 percent of the costs of benefits for a standard population.</p>
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 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:

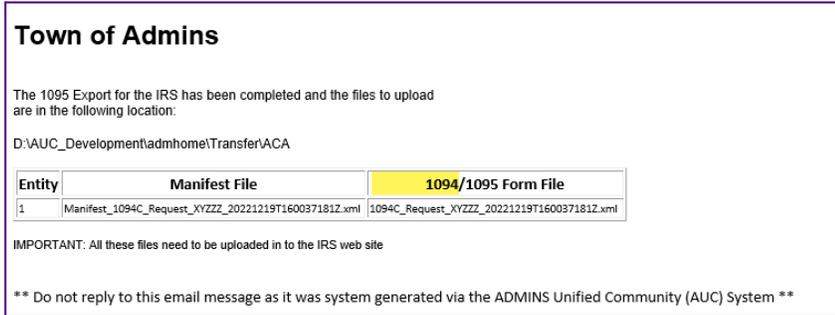


Figure 1 Sample email sent to the user running the steps notifies them of the file location and file names

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.

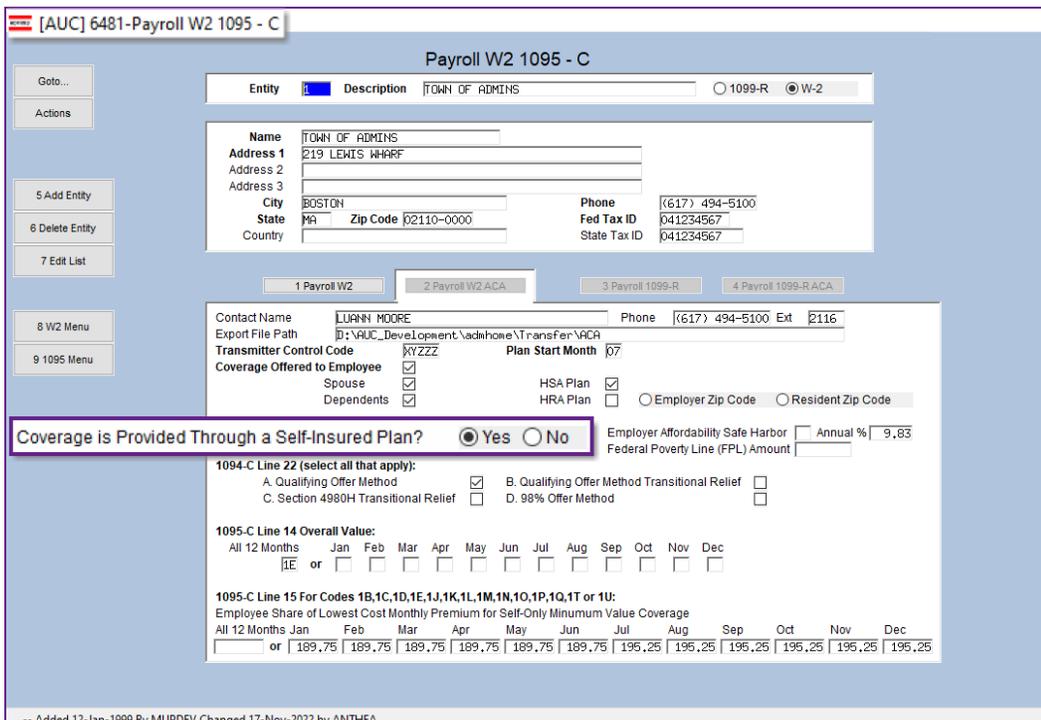


Figure 2 The Self-Insured Plan radio button on the Payroll W2 1095-C screen



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 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.						<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		600120 OMB No. 1545-2251 2022			
Part I Employee				Applicable Large Employer Member (Employer)									
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		6 Country and ZIP or foreign postal code US 02138		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:				Plan Start Month (Enter 2-digit number): 07					
	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 **1095-C** (2022)

1095C Form 1095-C (2022)										600320 Page 3						
Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in 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 a non-employer 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 or call the IRS Healthcare Helpline 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 on the adjustment of the 9.5%, visit 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 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.
IX. Reserved for future use. IW. Reserved for future use.
IZ. Reserved for future use. IY. Reserved for future use.

(Continued on page 4)

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

Form 1095-C (2022) 600420
Page 4

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 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U 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.

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.

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 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit 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)



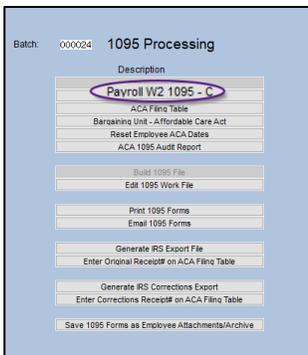
4 Maintain Data In AUC

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.)

Entity Table Data:

- Name:** TOWN OF ADMINS
- Address 1:** 219 LEXIS WHARF
- City:** BOSTON
- State:** MA
- Zip Code:** 02110-0000
- Phone:** (617) 494-5100
- Fed Tax ID:** 041234567
- State Tax ID:** 041234567

Transmitter Control Code: 47ZZZ

Plan Start Month: 07

Coverage Offered to Employee: Spouse, Dependents

Coverage is Provided: Yes, No

1094 (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 (Line 14) Overall Value: All 12 Months: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

1095 (Line 15) For Codes 1B,1C,1D,1E,1J,1K,1L,1M,1N,1O,1P or 1Q: Employee share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

Callouts:

- 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

Additional Notes:

- 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
- 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								
Boxes 7-13	Name, Tax ID#, Address of the Employer (City/Town)	<p>Payroll/HR data comes from the Entity Table found under:</p> <p style="text-align: center;">Human Resources ▶ Tables ▶ W2 Entity Table</p> <p>Applicable Large Employer Member (Employer)</p> <table border="1"> <tr> <td>7 Name of employer TOWN OF ADMINS</td> <td>8 Employer identification number (EIN) 041234567</td> </tr> <tr> <td>9 Street address (including room or suite no.) 219 LEWIS WHARF</td> <td>10 Contact telephone number (617) 494-5100 ext 2116</td> </tr> <tr> <td>11 City or town BOSTON</td> <td>12 State or province MA</td> </tr> <tr> <td></td> <td>13 Country and ZIP or foreign postal code 02110</td> </tr> </table>	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
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									
Boxes on Line 14 	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 IRS Instructions 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 "All 12 Months" box on Line 14 of the entity table or bargaining unit. If it varies over the course of the calendar year, make an entry for each of the twelve months.</p>								



Form	Data/Fields	Source
Boxes on Line 15	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 IRS Instructions for the current guidance on Line 15.
Boxes on Line 16	Sections 4980H Safe Harbor and other relief.	Codes range from "2A" through "2I". See IRS Instructions 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.
Boxes on Line 17	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 IRS.gov .

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

Human Resources ► Maintenance ► Employee Maintenance ► [1 Contact]

[AUC] 6439-Employee Maintenance

Employee Maintenance

Employee Number: 071620 MARIE E PAIVA
No Active Positions

Employee Attachments (4)
Employee Position Attachments

Employee Notes: No text available

Current Positions: 000 -00
0 All Positions: 000 -00

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

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

Residential Address

House# 129 Street WALLACE AVE Unit

Address 129 WALLACE AVE

City CAMBRIDGE State MA Zip 02138-0000

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 or foreign postal code 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]

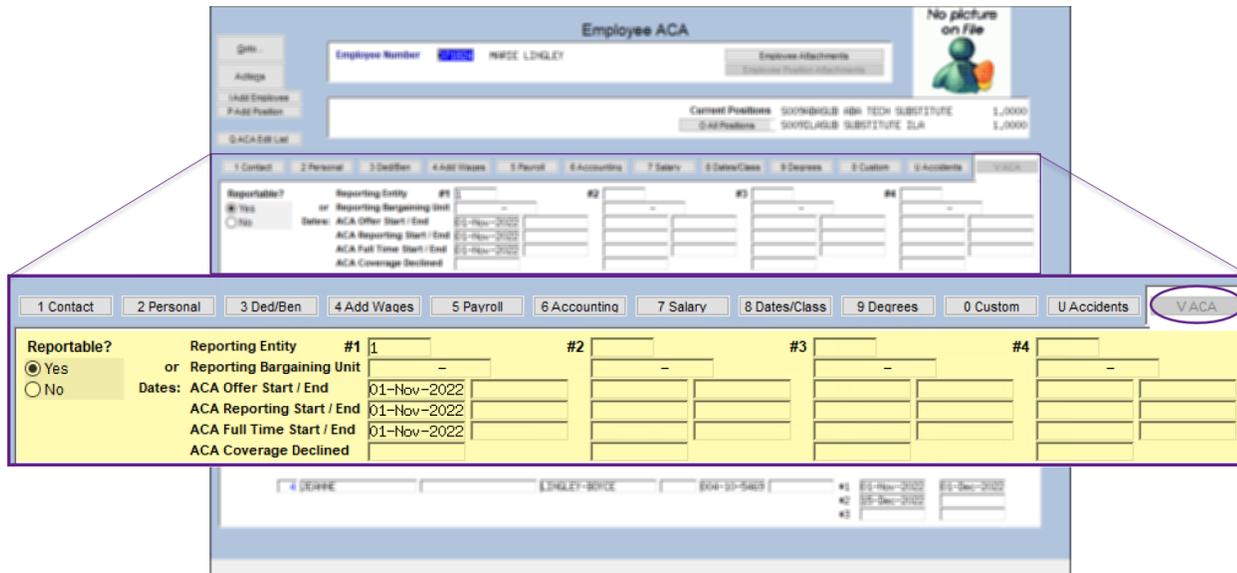


Figure 8 The ACA Dates on the [V ACA] tab on the employee master file

Table 5 ACA Dates Explained

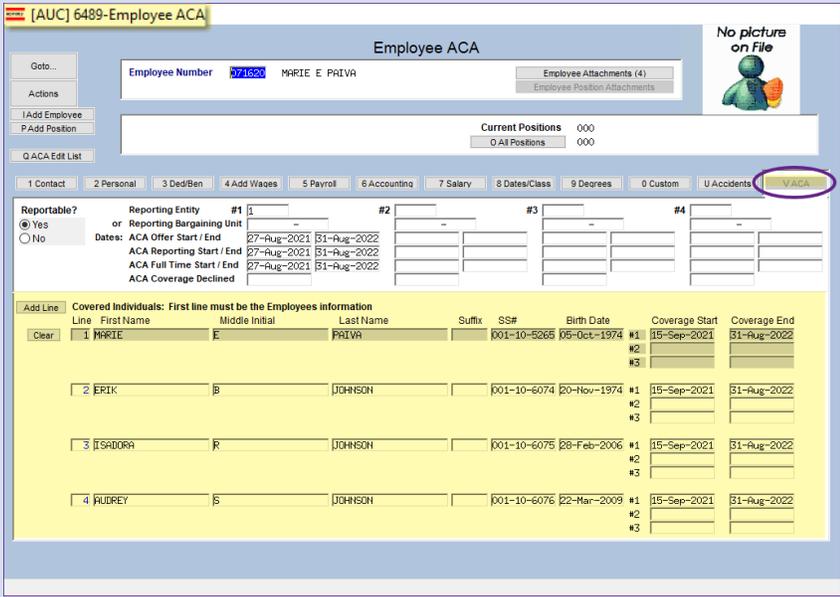
Date	Start Date	End Date
ACA Offer Date	For ACA purposes, this is the date that coverage was offered to this employee	This is the date that coverage ended, either because the employee is no longer employed, or because they elected to stop coverage (e.g., if they picked up coverage from a spouse).
ACA Reporting Date	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.
ACA Full Time Date	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.)
ACA Coverage Declined	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.



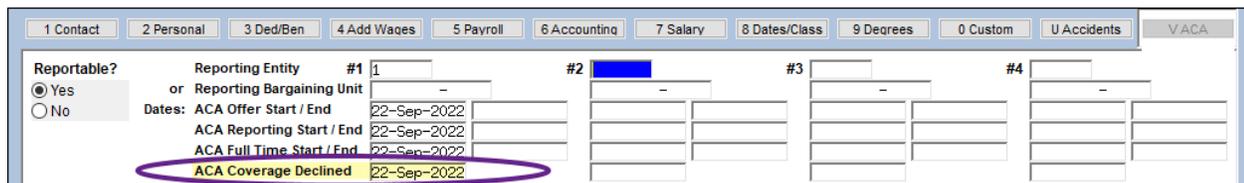
4.4.1 Part III: Covered Individuals (the [V ACA] tab on Employee Maintenance)

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

Form	Data/Fields	Where It Comes From
Lines 18-30	The data for covered individuals comes from the [V ACA] 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 [V ACA] tab of the Employee Maintenance Screen 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.



The screenshot shows the 'VACA' tab selected in the top navigation bar. Below it, the 'Reportable?' section has 'Yes' selected. The 'ACA Coverage Declined' field is circled in purple and contains the date '22-Sep-2022'. Other date fields for 'ACA Offer Start / End', 'ACA Reporting Start / End', and 'ACA Full Time Start / End' also show '22-Sep-2022'.

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:

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.

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 a software interface for ACA reporting. The 'Covered Individuals' section is expanded, showing a table with columns for Line, First Name, Middle Initial, Last Name, Suffix, SS#, Birth Date, Coverage Start, and Coverage End. The first row is highlighted in yellow, showing Line 1, First Name LYNN, Middle Initial M, Last Name DEWITT, SS# 001-10-1030, Birth Date 29-Mar-1967, Coverage Start 01-Jun-2014, and Coverage End 31-Mar-2022.

Figure 12 Specifying a Coverage End date for the individual

The form is Form 1095-C (2022) Employer-Provided Health Insurance Offer and Coverage. It includes the following information:

- Part I Employee:** Name LYNN M DEWITT, Social Security Number 001-10-1030, Employer TOWN OF ADMINS, Address 274 EAST STREET, CAMBRIDGE, MA 02110.
- Part II Employee Offer of Coverage:** Employee's Age on January 1: 53, Plan Start Month: 07 (July).

The 'Covered Individuals' section of the form shows a table with columns for (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 months, and (e) Months of Coverage (Jan-Dec). The first row shows LYNN M DEWITT with SSN XXX-XX-9930, and the 'Covered all 12 months' box is checked. The 'Months of Coverage' section has 'X' marks in the boxes for all 12 months (Jan through Dec).

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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	07
14 Offer of Coverage		1H	1E	1E	1E	1E	1E							
15 Employee Share									195,25	195,25	195,25	195,25	195,25	
16 Applicable Section		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									X	X	X	X	X	X
19 LIAM P. SWEENEY	00X-XX-6119									X	X	X	X	X	X
20 DANICA J. SWEENEY	00X-XX-6120									X	X	X	X	X	X

The Edit 1095C Work File screen

The 1095C Printed Form

1095C Form 1095-C (2022) 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.

(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	XXX-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	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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]

The screenshot shows the 'Employee ACA' interface. A table titled 'Covered Individuals: First line must be the Employees information' is displayed. The table has the following columns: Line, First Name, Middle Initial, Last Name, Suffix, SS#, Birth Date, Coverage Start, and Coverage End. There are three rows of data:

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

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.

Emp#	Name	Position#	Position	CostCode	Description	W2Box	Desc	PayGrp	ETE	Status	Description	Type	Hired	Terminated
00040	H F	T421DPWDIR-0	DPW DIRECTOR	ER PGFTV	EMPLOYER HPHC FAMILY	2	DD	DPW	1.00	A	Active	F	2/7/1991	
071693	IN	S009SCHLPN-0	LICENSED PRACTICAL NURSE DISTRICT	ER BC S	EMPLOYER HMO SINGLE	2	DD	26	1.00	A	Active	F	11/15/2021	
000152	J KEITH C	T123TWNADMN-0	TOWN ADMINISTRATOR	ER BC S	EMPLOYER HMO SINGLE	2	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	2	DD	ADMTEST1	1.00	A	Active	F	1/1/2021	
000288	KEITH	T210POLOFF-0	POLICE PATROL OFFICER	ER PGSTV	EMPLOYER HPHC SINGLE	2	DD	POLICE	1.00	A	Active	F	4/26/2021	
071677	MICHAEL L	T422DPWDR0P-0	Driver/Operator/Pipefitter UNL	ER PGFTV	EMPLOYER HPHC FAMILY	2	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	2	DD	WE	1.00	A	Active	F	10/18/2021	
000311	WRENCE L	T210POLSGT-0	POLICE SERGEANT	ER BC S	EMPLOYER HMO SINGLE	2	DD	POLICE	1.00	A	Active	F	7/2/2022	
001148	REN L	T154M3M3S-0	MIS	ER BC F	EMPLOYER HMO FAMILY	2	DD	TW	1.00	A	Active	F	9/7/1993	
001239	ER, MARIE M	T610LIBTECH-0	LIBRARY TECHNICIAN	ER BC F	EMPLOYER HMO FAMILY	2	DD	TW	1.00	A	Active	F	7/1/1997	
001248	AY, LAWRENCE	T253INSPLMB-0	PLUMBING & GAS INSPECTOR	ER PGFTV	EMPLOYER HPHC FAMILY	2	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	2	DD	TW	1.00	A	Active	F	9/15/2010	
001260	ER, LYNN	T210POLPRC-0	PRINCIPAL CLERK - POLICE	ER BC F	EMPLOYER HMO FAMILY	2	DD	POLICE	1.00	A	Active	F	5/31/2016	
001264	YNN A	T137ASRADMN-0	ADMINISTRATIVE ASSESSOR	ER BC S	EMPLOYER HMO SINGLE	2	DD	TW	1.00	A	Active	F	8/16/1993	
001267	LYNN	T610LIBTECH-0	LIBRARY TECHNICIAN	ER PGSTV	EMPLOYER HPHC SINGLE	2	DD	TW	1.00	A	Active	F	10/22/1992	
001272	MARIE	T171CONCOMM-0	CONSERVATION ADMINISTRATOR/CLERK	ER BC S	EMPLOYER HMO SINGLE	2	DD	TW	1.00	A	Active	F	9/17/2015	
001375	CHAEEL F	S012TEASST5-0	BMMS TEACHER	ER MH+ F	EMPLOYER MASTER HEALTH FAM	2	DD	26	1.00	A	Active	FF	9/1/1972	
001596	LAWRENCE T	T210POLOFF-0	POLICE PATROL OFFICER	ER PGFTV	EMPLOYER HPHC FAMILY	2	DD	POLICE	1.00	A	Active	F	7/1/2021	
071660	MI M	S010ABATCH-0	BECP ABA TEACHER BTA	ER PGSTV	EMPLOYER HPHC SINGLE	2	DD	26	1.00	A	Active	FF	8/30/2021	
002190	HAEL L JR	T210POLCHF-0	POLICE CHIEF	ER PGFTV	EMPLOYER HPHC FAMILY	2	DD	POLICE	1.00	A	Active	F	8/24/2000	

Figure 19 Report #7552 Run as Excel®

7 Processing

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.

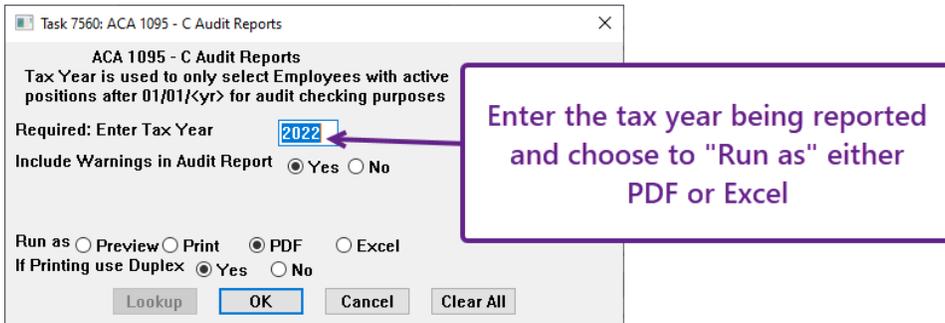


7.1 Reports

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.



There are four reports produced from this step:

7.1.1.1 Entity Table (Payroll W2 ACA)

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

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



7.1.1.2 Bargaining Unit Table ACA Tab

```

7560-HRREP:HRACAAUDITRPT.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:HRACAAUDITRPT.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:HRACAAUDITRPT.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

*** Total # Employees with Errors  34

```

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.

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:HRACAAUDITRPT.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]

Figure 25 The 1095 Register with optional filters

If the fields are left blank, all bargaining units will be printed.



TedRE - 1095C_Register_7580
7580-HR1095REG.REP Printed 26-Jan-2022 at 09:21:49 by THERESA Page 1

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																		
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	B	DOUGLAS		xxxxx1056	104 PINE HILL RD.	CAMBRIDGE	MA	02138-0000										
Line 14	All 12 Months																		
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: NGMT 1H

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 Name	View	Report	Last Run Date	Run Time
6038-Employee List - Highest Pay (Pay Code)	Sample	Run		
6038-Employee List - Cost of Leave	Sample	Run		
6036-Employee List - Cost of Leave - Default Fund	Sample	Run		
6046-Employee List - Cost of Leave as of a Date - Def. Fund	Sample	Run	28-Jan-2022	10:24:01.33
7565-ACA Dependent List	Sample	Run	27-Jul-2021	15:02:05.65

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!



Employee#	Employee-Name	Reportable?	Line	Dependent-Last	First	Middle	Sufx	DOB	AGE	Entity	Bargaining-Unit	Timesheet-Group	Employee-Status	Employee-Type	SS#
000023	OSTEGREN, KAREN M	Yes	2	POWERS	RONALD	O		1/24/1960	62	1	AFLABA10-MOEL	SCHOOL-ASA	Retired	Full-Time	001-10-5002
000031	BUSSEY, KEITH S	Yes	2	WHITTEN	PAULA			1/9/1955	67	1	NON -NO	TOWN -POL	Police Detail	Temporary	001-10-5003
000040	MOORE, KEITH F	Yes	2	DIMARTINO	CHRISTINE			5/10/1957	64	1	MGMT -TH	TOWN -DPW	Active	Full-Time	001-10-5004
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
000152	GAREPY, KEITH C	Yes	2	FRAINE	JOYCE	A		6/17/1961	60	1	MGMT -TH	TOWN -TOWN	Active	Full-Time	001-10-5006
000152	GAREPY, KEITH C	Yes	3	FRAINE	ANDREW	M		2/25/1988	33	1	MGMT -TH	TOWN -TOWN	Active	Full-Time	001-10-5010
000205	DOUGLAS, MICHAEL R	Yes	2	BAKER	LINDA			7/5/1962	59	1	NON -NO	SCHOOL-BHS	coach	Part-Time	001-10-5011
000226	MELANSON, KAREN E	Yes	2	BOYAJI	WILLIAM	J		2/13/1953	69	1	AFL -AF	SCHOOL-CLERK	Retired	Full-Time	001-10-5012
000286	MINCHILLO, MICHAEL JR	Yes	2	MELANSON	HEIDI			5/5/1972	49	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5013
000286	MINCHILLO, MICHAEL JR	Yes	3	MELANSON	EMMA			3/14/2002	19	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5014
000286	MINCHILLO, MICHAEL JR	Yes	4	MELANSON	ZANE			5/23/2007	14	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5015
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
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
000295	VATER, MICHAEL J	Yes	4	CORRIVEAU	ALLISON	M				1	NON -NO	TOWN -POL	Police Detail	Part-Time	001-10-5018
000299	WHIDDEN, LAWRENCE	Yes	2	VATER	JEANINE			12/22/1951	70	1	TOCL -01	TOWN -TOWN	Retired	Full-Time	001-10-5019
000299	WHIDDEN, LAWRENCE	Yes	3	SMITHSON VATER	ERIC			11/27/1991	30	1	TOCL -01	TOWN -TOWN	Retired	Full-Time	001-10-5020
000307	SAVOIE, KEITH JR	Yes	2	ROLLS	KAREN	M		2/23/1962	59	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5021
000311	PERRY, LAWRENCE L	Yes	2	AYOTTE	COLBY	D		11/19/2001	20	1	POLU -PO	TOWN -POL	Active	Full-Time	001-10-5022
000311	MORTES, KEITH A	Yes	2	PERRY	DEBRA			7/15/1956	56	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.



6488-HREMPACAEDT.REP Printed 19-Dec-2022 at 15:11:55 by THERESA Page 1
Town of Admins
Employee ACA Edit List

Employee#	Employee Name	Position	Reportable					
000012	FURTADO, MARIE R	No Active Positions	Yes					
Reporting Entity #1								
Reporting Bargaing 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 Bargaing 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

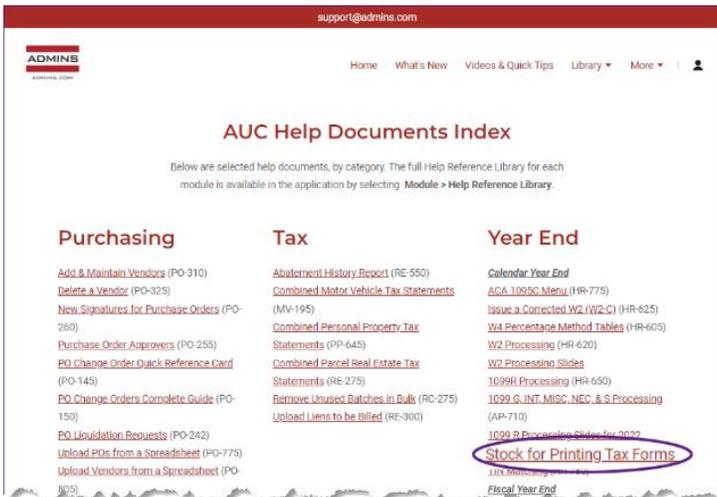


Figure 29 Paper Stock for Printing Forms (page down to get to the "Year End" links)

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 \(admins.com\)](https://admins.com/help-documents-index) 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 for instructions and the latest information.

600120
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

7 Name of employer
TOWN OF ADMINS

8 Employer identification number (EIN)
041234567

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

4 City or town
CAMBRIDGE

5 State or province
MA

9 Room or suite no.
[ARF]

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

11 City or town
CAMBRIDGE

12 State or province
MA

13 Country and ZIP or foreign postal code
02110

Figure 30 SSN is masked on the printed / emailed form

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

2022 Edit 1095 Work File

Employee# 071620

1 Name of Employee MARIE E PAIVA

2 SS# XXX-XX-5265

Reporting Entity 1

3 Street Address 129 WALLACE AVE

4 City or Town CAMBRIDGE

5 State or Province MA

6 Country and 02138-0000

7 Name of Employer TOWN OF ADMINS

8 Employer ID (EIN) 041234567

9 Street Address 219 LENTIS 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
14 Offer of Coverage	12 Mths	Jan 1E	Feb 1E	Mar 1E	Apr 1E	May 1E	Jun 1E	Jul 1E	Aug 1E	Sep 1H	Oct 1H	Nov 1H	Dec 1H	07
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*), **ADMINS** 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.

Reporting Entity	#1	#2	#3
or Reporting Bargaining Unit RIACA -1			



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]

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# 100092
1 Name of Employee LYNN M DEWITT
2 SS# XXX-XX-1030
3 Street Address 274 EAST STREET
4 City or Town CAMBRIDGE
5 State or Province MA
6 Country and Zipcode or foreign Post Code 02138-0000
7 Name of Employer TOWN OF ADMINS
8 Employer ID (EIN) 041234567
9 Street Address 219 LEWIS WHARF
10 Contact Phone (617) 494-5100 x 2116
11 City or Town BOSTON
12 State MA
13 Zipcode 02110-0000

Reporting Entity 1
Report Bargaining Unit
ACA Offer Start 28-Dec-2021
ACA Reporting Start/End 29-Dec-2021
ACA Full Time Start/End 29-Dec-2021 31-Mar-2022
ACA Declined

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									
16 Applicable Section		2C	2C	2C	2A								
17 Zip Code													

COVERED INDIVIDUALS If Employer provided self-insured coverage, check the box (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 LYNN M DEWITT	XXX-XX-1030			X	X	X									

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

Form 1095-C Department of the Treasury Internal Revenue Service
Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED
OMB No. 1545-2251
2022

Part I Employee Applicable Large Employer Member (Employer)

1 Name of employee (last, first, middle initial, last name) LYNN M DEWITT
2 Social security number (SSN) ***-**-1030
3 Name of employer TOWN OF ADMINS
4 Employer identification number (EIN) 041234567
5 Street address (including apartment, suite, or room number) 274 EAST STREET
6 City or town CAMBRIDGE
7 State or province MA
8 Country and ZIP or foreign postal code US 02138
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: Plan Start Month (Enter 2-digit number): 07

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)		\$189.75	\$189.75	\$189.75									
16 Sections 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2A	2A	2A	2A	2A	2A	2A	2A	2A
17 Zip Code	02110												

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2022)

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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
18 LYNN M DEWITT	xxx-xx-1030		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

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_XYZZ_20221219T160037181Z.xml	1094C_Request_XYZZ_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.

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](#).



9 Index of Tables and Figures

Table 1 Filing Deadlines	3
Table 2 Definition of Terms (in alphabetical order)	4
Table 3 Part II Employer Information – Source of the Data on the Forms	10
Table 4 Part I Employee Information – Source of the Data on the Forms	12
Table 5 ACA Dates Explained	14
Table 6 Part III Coverage Lines 18-30 – Source of the Data on the Forms	15
Table 7 Description of the #7565 ACA Dependents Report Columns	26
Figure 1 Sample email sent to the user running the steps notifies them of the file location and file names	6
Figure 2 The Self-Insured Plan radio button on the Payroll W2 1095-C screen	6
Figure 3 Sample page one and three (the “fronts” of the form)	7
Figure 4 Sample pages two and four (the “backers” of the form)	8
Figure 5 A sample entity table with descriptions for how to use the table	9
Figure 6 Bargaining Unit Table	11
Figure 7 Specifying the use of either the Reporting Entity or Reporting Bargaining Unit on the [V ACA] tab	12
Figure 8 The ACA Dates on the [V ACA] tab on the employee master file	14
Figure 9 ACA Coverage Declined date set on the [V ACA] tab of the employee maintenance screen	15
Figure 10 The ACA tab for an employee terminating mid-year and electing COBRA	16
Figure 11 This example shows the individual is covered all 12 months; Jan – Jun as an employee, and Jul – Dec via COBRA	16
Figure 12 Specifying a Coverage End date for the individual	17
Figure 13 How coverage end dates affect the printed 1095-C form	17
Figure 14 The individual on line 3 is stopping coverage effective December 1, 2022	18
Figure 15 The form shows coverage in December for all the individuals, coverage end date is within December	18
Figure 16 The same individual on line 3, this time with a November 30 coverage end date instead of December 1	19
Figure 17 Error message if Covered Start Date in row #2 is not in the same calendar year as the row #1 End Date	19
Figure 18 Covered Individual section of the screen	20
Figure 19 Report #7552 Run as Excel®	21
Figure 20 Audit Report #1 will identify errors on the Entity Table	22
Figure 21 Audit Report #2 will identify errors on the Bargaining Unit Tables	23
Figure 22 Audit Report #3 – Identifies Employee ACA Tab errors run <i>without including warnings</i>	23
Figure 23 Audit Report #3 – Identifies Employee ACA Tab errors run <i>including warnings</i>	23
Figure 24 Audit Report #4 shows new hires and terminations within the tax year	24
Figure 25 The 1095 Register with optional filters	24
Figure 26 Generating the 1095C – ACA Register from the Edit Workfile Screen	25
Figure 27 the Default for including the SS# is “☐ No”; select “☐ Yes” to include the full SS# in column P	25
Figure 28 Column “P” is an <i>option</i> on the ACA Dependents report	26
Figure 29 Paper Stock for Printing Forms (page down to get to the “Year End” links)	27
Figure 30 SSN is masked on the printed / emailed form	28
Figure 31 SSN is masked on the Edit Work File screen	28
Figure 32 Establish a Bargaining Unit for employees residing in a state that has adopted an individual mandate	29
Figure 33 The [7 Print Single Form] button on the Edit 1095 Work File screen	30
Figure 34 Printing a single form from the Edit 1095 Work File screen	30
Figure 35 Sample email with Manifest and Form file names and locations	31