

# Tips for Previewing your ACA Forms

October 10, 2024







# Agenda

- Legislative Updates
- Reporting Deadlines
- Previewing Forms
- Common Issues
- Approving Forms



# Thank You For Joining!

Thank you for joining our ACA Webinar. All participants have been muted for this webinar. We will review where to direct your questions at the end of the webinar. We will also send this presentation to all registrants.

Please be sure to register for the rest of our webinars this year. You can find these on your client landing page.

In addition, we have a YEAR-END resource for you that you can find on our website.

# Legislative and Court Update on the ACA in 2024:

#### March marked Ten Years of the ACA

All time high enrollment of 21.4 million in the Marketplace; another 18 million enrolled in expanded Medicaid program. Uninsured rate in this 10-year period has dropped from 6.5% to 3.4%

#### Fifth Circuit – conservative court

Ruled that "no-cost" preventive care is unconstitutional – this includes U.S. Task Preventive Services Task Force recommendations such as yearly exams, cancer screenings, etc. Biden administration has appealed and asked Supreme Court to review decision. Whether the Federal government pursues this appeal, could hinge on the election. Only in 5<sup>th</sup> Circuit, Texas, Louisiana, and Mississippi

#### **Nationally**

The Affordable Care Act prohibits discrimination on the basis of race, color, national origin, age, disability, or sex in programs or activities. HHS has clarified that "sex" includes: pregnancy, sexual orientation, gender identity, and sex characteristics. This is subject to legal challenge.

Marketplace premiums are expected to increase by approximately 6% for 2024 but can range between 2 and 10%.

IRS announced no statute of limitations for Employer Shared Responsibility Payment penalties.

IRS made clear that failure to pay penalties can result in property liens/seizures (this includes real property, vehicles, bank accounts, etc.)

Yearly increases in penalties - For 2024:

**4980H(a)** Penalty - \$2,970 (\$247.50/month) per employee for failure to offer minimum essential coverage and one (or more) employees receives a tax subsidy/credit from a Marketplace;

**4980H(b)** penalty - \$4,460 (\$372/month) for failure to offer coverage that meets minimum value or affordability standards per employee who receives a tax credit from the Marketplace.

# **ACA Reporting Deadlines**

#### **IRS DEADLINES**

	Postmarked to employees by March 3, 2025
1094-C or 1094-B Employer Statements	March 31, 2025 (electronic filing)

#### **CTR DEADLINES**

Previewing your ACA Forms	You may begin previewing your ACA Forms Now!
Approving your ACA Forms	Must be approved by <b>January 9, 2025</b> .

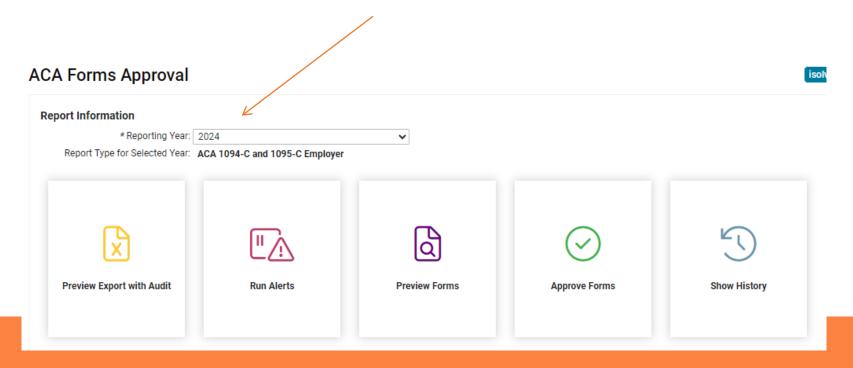
- Individual statements for 2024 must be furnished within 30 days of January 31, 2025. If the deadline falls on a weekend, it is extended to the next business day, which is March 3, 2025.
- Electronic IRS returns for 2024 must be filed by March 31, 2025.
- > ALE members must file Form 1095-C and Form 1094-C with the IRS annually, no later than February 28 (March 31 if filed electronically) of the year immediately following the calendar year to which the return relates.

### View the IRS draft release with instructions and deadlines:

2024 Instructions for Forms 1094-C and 1095-C (irs.gov)

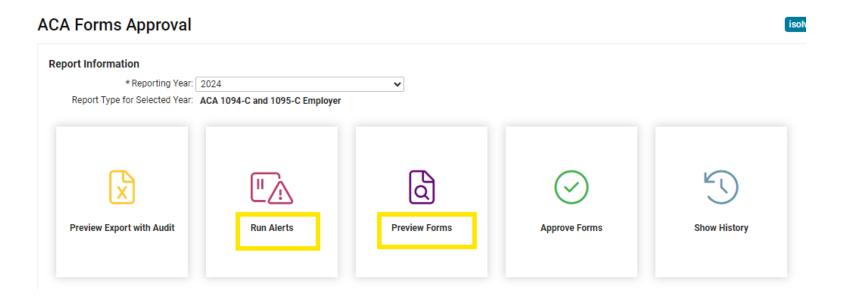
### **ACA Form Preview Screen**

- ✓ Preview Forms under Client Management>ACA Forms Approval
- ✓ Make sure that you are Selecting Year 2024 from the Dropdown Menu
- ✓ If you have multiple FEINs, you will need to do a separate preview for each company



# **ACA Form Preview Reports**

- ✓ The "Run Alerts" option is a condensed version of the 1095-C Forms for fully-insured plans.
- ✓ If you are self-insured, you will not be able to see Part III of the 1095-C Forms. If you are self-insured, you should select "Preview Forms."



# Run Alerts Report

- ✓ The report provides errors that may cause file rejections from the IRS
- ✓ The report also highlights in yellow potential social security number errors that could generate TIN errors or other issues (i.e. a Social Security number which is 123-45-6789)

Carloon, Monica	10 i ilialii									Original	ime bate.	12/10/2010	
Emp #: 32	Winston Sa	alem, NC, 27	104							Re	ehire Date:		
111-11-1111		Term Date:											
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	1K	K											
			\$100.00	\$100.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00

Castle, Troy	938 Crepe	Myrtle								Original	Hire Date:	08/10/2016	;
Emp #: 86	WINSTON	STON SALEM, NC, 27104 Rehire Date:											
666815842		Term Date:											
	All 12 Months												Dec
		1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E
_											\$150.00	\$150.00	\$150.00
		2A	2A	2A	2A	2A	2A	2A	2D	2D	2H	2H	2H

# Reviewing Form 1094-C

- Part I- Populates from Legal Demographic Information in isolved
- Line 18- This should match the total number of 1095-C Forms
- Line 21- This will be checked "yes" if you have more than 1 FEIN
- **Line 22** This will populate based on information that is checked under ACA Report Options in isolved. It is currently set for 2023 Designations.

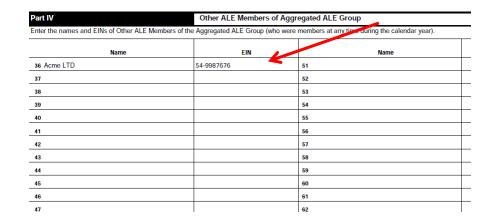
Form 1094-C Department of the Treasury Internal Revenue Service  Part I  1 Name of ALE Member (Employer) Acme Corporation	Transmittal of Employer- Coverage > Information about Form 1094-C and Applicable Large Employer Mer	Information	Returns  tions is at www.irs.gov/form1094c.	OMB No. 1545-2251	
3 Street address (including room or su 1234 Main Street	ite no.)				
4 City or town Fairview Park		5 State or province OH	6 Country and ZIP or foreign postal code US 44126		
7 Name of person to contact Bridget Escobar			8 Contact telephone number		
9 Name of Designated Government En	tity (only if applicable)		10 Employer identification number (EIN)		
11 Street address (including room or s	uite no.)				
12 City or town		13 State or province	14 Country and ZIP or foreign postal code US	For Official Use Only	
15 Name of person to contact			16 Contact telephone number		
17 Reserved					
	mitted with this transmittal			49 · · · · X	
Part II	ALE Member Information	and conditioe. If No, s	ee instructions		
20 Total number of Forms 1095-C file	ed by and/or on behalf of ALE Member		>	49	
21 Is ALE Member a member of an A	aggregated ALE Group?			X Yes No	
22 Certifications of Eligibility (selec	ct all that apply):				
A. Qualifying Offer Method	B. Reserved		C. Section 4980H Transition Relief	D. 98% Offer Method	

# Line 22 Certifications of Eligibility

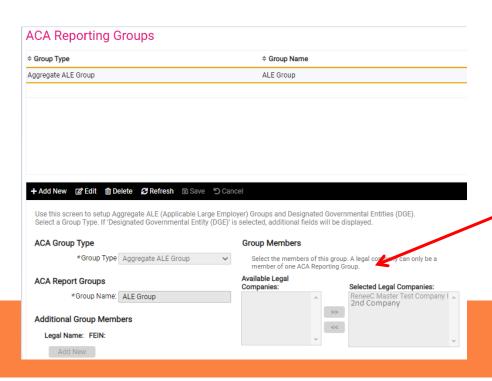
А	Qualifying Offer Method	<ul> <li>To check this box the ER must have made a qualifying offer (Code 1A on 1095-C Line 14) to one or more of its full-time employees for all months during the year in which the employee was a full-time employee.</li> <li>The plan must be offered to spouse and dependents</li> </ul>
RESERVED	Qualifying Offer Transition Relief	This is no longer an option.
RESERVED	Section 4980H Transition Relief	This is no longer an option.
D	98% Offer Method	<ul> <li>ER must offer a Qualifying Health Plan to 98% of its full-time employees and their dependents and;</li> <li>The full-time employee's offer of self-only coverage is affordable according to the ACA</li> <li>If the ER checks this box it does not have to complete the "Full-Time Employee Count" in Part III, column (b), of the 1094-C.</li> </ul>

# Reviewing Form 1094-C

If you have more than one FEIN that is part of an aggregate group for ACA Reporting, make sure all FEINS are included under Part IV:

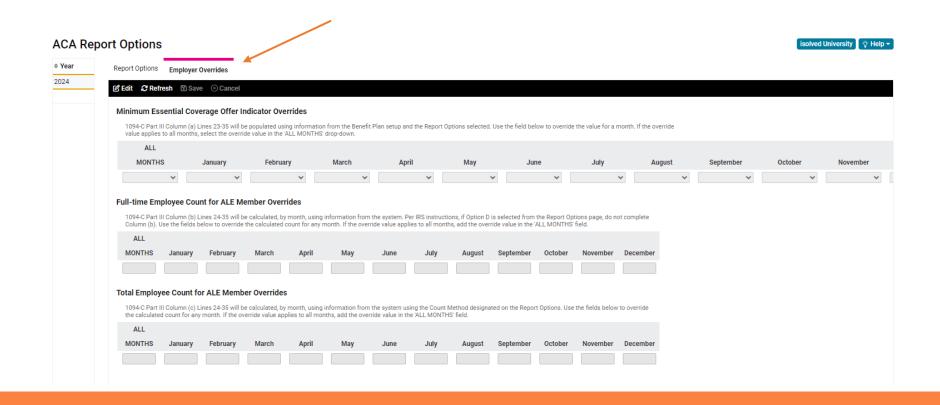


Additional FEINS may be added on the ACA Reporting Groups page.



# Manually Editing Your 1094-C Form

You can manually override your 1094-C Form by navigating to ACA Report Options and then click on the Employer Overrides tab at the top:



# Reviewing Forms 1095-C

- Ensure that you have a form for each employee who was FT for any part of 2024 (Note: If you have a self-insured plan, PT employees who were enrolled in coverage will also receive a 1095-C Form)
- **Line 14:** Did you offer coverage?
- Line 15: Lowest cost EE Only option offered to employee, regardless of what the employee elected.
- Line 16:
  - If Coverage Offered: What did the employee do with the offer? Enroll in coverage or waive?
  - If No Offer of Coverage: What is your reason for not offering coverage for each month? [The employee was not employed, employee was in a waiting period, employee was PT.....]

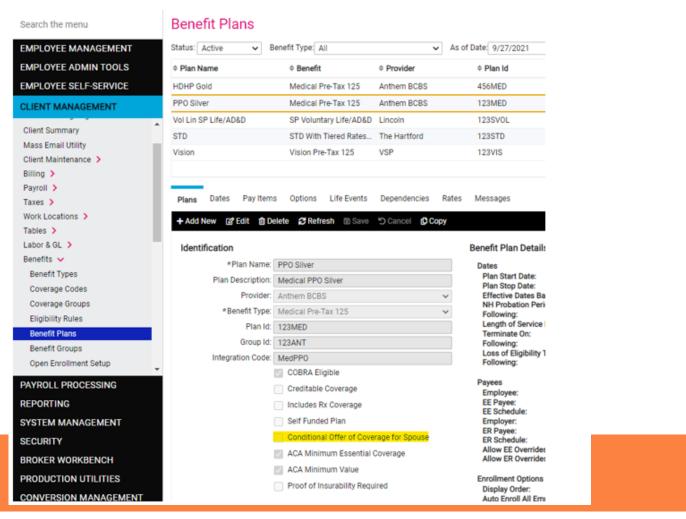
Part II Emp	loyee Offe	r of Covera	age			. 1	Plan Start Month (Enter 2-digit number):							
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)														
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code. if applicable)														

### Common Line 14 Codes

Codes	Description
1A	You offered a "super inexpensive" plan that was under the Federal Poverty Line.
1E	Employee, Dependents, and Spouse Coverage Offered.
1G	The EE was NOT a full-time employee for any month of the calendar year but was enrolled in self-insured employer-sponsored coverage. Offered coverage to non-employee.
1H	No offer of coverage
<b>1</b> J	Offer of coverage to employee and coverage conditionally offered to spouse; no offer to dependents. A conditional offer is an offer of coverage that is subject to one or more reasonable, objective conditions (for example, an offer to cover an employee's spouse only if the spouse is not eligible for coverage under Medicare or a group health plan sponsored by another employer).
1K	Offer of coverage to employee and coverage conditionally offered to spouse; and minimum essential coverage offered to dependent(s).

### Conditional Offers in isolved

If you have offered a plan with a conditional offer of coverage to spouses, please notify us so that we may confirm proper system setup.



### Common Line 16 Codes

Code	Description
2A	Employee not employed during any day of the calendar
	month.
2B	Employee not a full-time employee or;
	Employee terminated employment that month (Will see with a
	1H in Line 14)
2C	Employee enrolled in coverage offered.
2D	<ul> <li>Employee is in probationary period</li> </ul>
	<ul> <li>Employee is in initial measurement period. Note this code</li> </ul>
	should be used instead of 2B (employee is not full-time)
2F	Unaccepted Offer with W-2 Safe Harbor
2H	Unaccepted Offer with Rate of Pay Safe Harbor

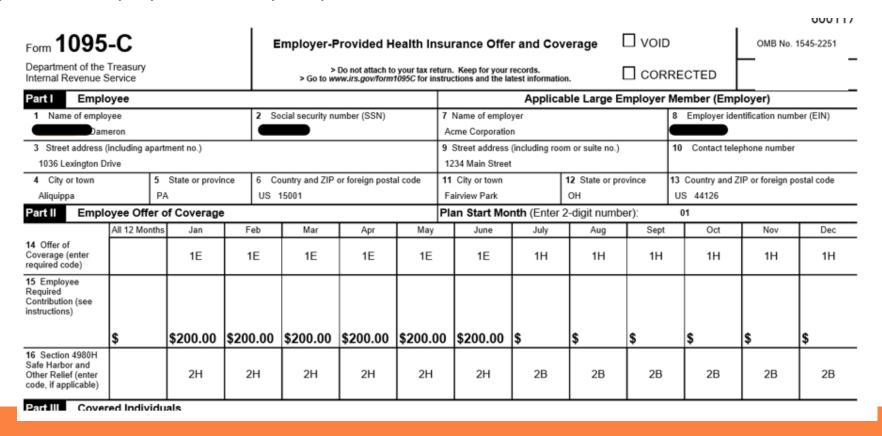
### Employees in a Look Back or Initial Measurement Period

**Example 1:** Acme Corp uses a 12-month initial measurement period for all variable hour employees. Employee was still in his initial measurement period for the first 6 months of 2024 and then qualified and was offered coverage on June 1, 2024. Employee waived, but coverage was affordable under the Rate of Pay Safe Harbor. Codes should read as follows:

Department of the Internal Revenue S							turn. Keep for your structions and the la		<sub>n.</sub> [	☐ corr	ECTED	•	_
Part I Emplo	oyee							Applica	ble Large E	mployer M	lember (Emp	loyer)	_
1 Name of emplo	yee		2	Social security no	umber (SSN)		7 Name of emplo	yer		8	Employer ide	ntification numb	er (EIN)
Nathan							Acme Corporatio	n					
3 Street address (	including apa	artment no.)					9 Street address	(including roo	m or suite no.)	1	0 Contact tele	phone number	
138 Main Street							1234 Main Street	t					
4 City or town		5 State or prov	ince 6	Country and ZIP	or foreign post	al code	11 City or town		12 State or pro	vince 1	3 Country and Z	IP or foreign po	ostal code
Fairview Park								Fairview Park OH US 44126					
Part II Emplo	oyee Offer	r of Coverag	е				Plan Start Mo	nth (Enter:	2-digit numbe	er):	01		
	All 12 Mont	hs Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)													
	\$	\$	\$	\$	\$	\$	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2D	2D	2H	2H	2H	2H	2H	2H	2H
	red Individ		d coverage	, check the box	and enter the	informatio	on for each individ	dual enrolled	in coverage, i	ncluding the	e employee.		$\neg$

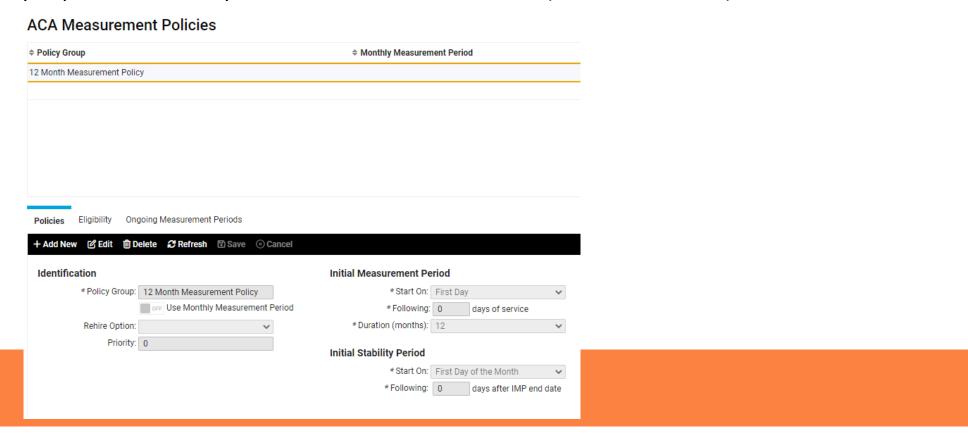
### Employees in a Look Back or Initial Measurement Period

**Example 2:** Acme Corp. uses a 12-month ongoing measurement period for all variable hour employees. The Company's plan year begins on July 1, 2024. For the prior plan year, the employee qualified as FT and was offered coverage. For the next plan year, the employee did not qualify as FT. Codes should be as follows:



### Employees in a Look Back or Initial Measurement Period

In order for isolved to correctly populate the 1095-C Form for Variable Hour employees in their initial measurement periods, you will need to have ACA Measurement Policies in isolved. If no measurement policies are set up, then you will need to manually override the forms with code 2D for employees who were in their initial measurement period and met the hours for ACA FT. Employees who did not meet the hours will not need to be adjusted as they will not receive an ACA form. It is very important to audit your ACA Measurement Policies. (See ACA Checklist)



### Manually Editing ACA Forms

ZIP Code

ALL

- You can manually override any employee's ACA Form in isolved with the appropriate codes
- Simply select the line and month you want to override and pick the correct code in the drop down

Line 17: ZIP code used for identifying the lowest cost silver plan used to calculate the Employee Required Contribution for

• You would need to do this, for example, if you offer a jointly sponsored union plan

#### **ACA Report Overrides** + Add New 🕜 Edit 🛍 Delete 😅 Refresh 🔁 Save 🕟 Cancel **ACA Reporting Year** \* ACA Reporting Year: 2024 Plan Start Month: 🗸 Code Series 1: Offer of Coverage Line 14: Code used to specify the type of coverage, if any, offered to an employee, the employee's spouse, and the employee's dependents ALL OCT DEC MONTHS AUG NOV **Employee Required Contribution** Line 15: Amount of the employee required contribution, which is, generally, the employee share of the monthly cost of the le self-only minimum essential coverage providing minimum 1D MAR MAY JUN JUL OCT DEC 1E Code Series 2: Section 4980H Safe Harbor and Other Relief Line 16: Code used to specify why the employer should not be subject to a penalty for the employee, when applicable. 1K JUL OCT DEC 1M 1N 10

ployers who offered the employee an individual coverage

# If you offer the "super inexpensive" plan...

- You will see a Code 1A in Line 14 of the Forms
- A Code 1A for any month means that you offered coverage for the month
- You will qualify for Code 1A if the employee contribution for self-only coverage is equal to or less than the IRS rules based on a
  percentage of an employee's household income.
- Per IRS Rules, isolved uses the level in effect 6 months prior to the start of your plan year.

To qualify for the FPL safe harbor: The top premium for an employer's lower-cost, self-only 2024 is \$101.94 per month, based on a FPL of \$14,580 in annual income (2024 ACA threshold released | Eastern Panhandle SHRM)

Part II Emplo	yee Offer a	and Covera	ge				Plan Star	t Month (Er	nter 2-digit nur	mber): 04			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1A												
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)					2C	2C	2C	2C	2C	2C	2C	2C	2C

- If you have code 1A, Line 15 will be blank. Monetary values are not reported.
- If you have code 1A, Line 16 will be blank if the employee waives coverage.

# If you have Code 1E in Line 14.....

Code 1E Means that you offered coverage to the employee and their dependents

• If you have a 1E (or any other offer of coverage other than 1A) in Line 14 for any month you want to make sure that you do not have blanks in Line 16. Blanks indicate that the employee waived coverage, but the coverage did not qualify for one of the affordability safe harbors

Part II Emplo	yee Offer a	nd Covera	ge				Plan Star	t Month (Er	nter 2-digit nur	mber): 08				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	1E													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$148.94	\$148.94	\$148.94	\$148.94	\$148.94	\$148.94	\$148.94	\$140.62	\$140.62	\$140.62	\$140.62	\$140.62	
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	K					

• If the employee waived coverage <u>and</u> the offer of coverage was affordable, you will have a safe harbor code (either a 2F or 2H) in Line 16.

Part II Emplo	oyee Offer a	ınd Covera	ge			Plan Star	t Month (Er						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$111.14	\$111.14	\$111.14	\$111.14	\$111.14	\$127.08	\$127.08
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)	*	2A	2A	2A	2D	2D	2H	2H	2H	2H	2H	,	,

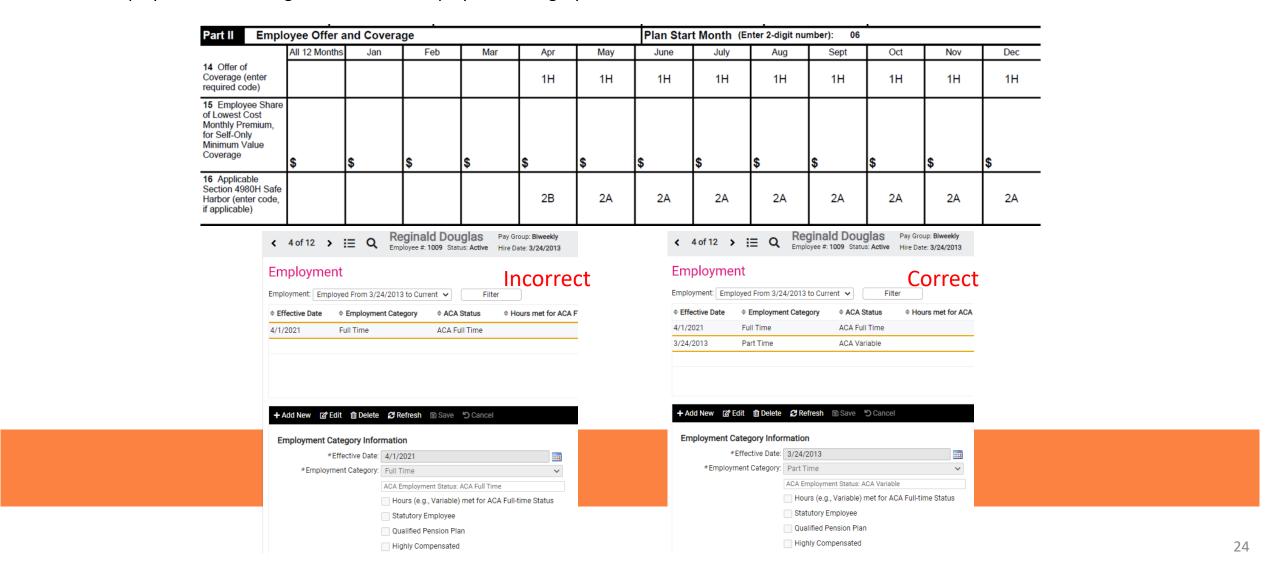
# Common Issues- No offer of coverage

- A 1H Means No Offer of Coverage for the Month
- Any time you have a 1H for a month you need to make sure there is a code in line 16 indicating to the IRS why you did
  not offer coverage.
- If you do not have a code in Line 16, that will leave your company exposed to a potential penalty
- Common Codes you will find in line 16 would be 2A- Not Employed; or 2B- Employee Not FT; or 2D- Employee is in a
  waiting period
- These can easily be resolved by correcting the employee's employment history in isolved

Part II Emplo	Employee Offer and Coverage							Plan Start Month (Enter 2-digit number):									
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
14 Offer of Coverage (enter equired code)	1H									/							
15 Employee Share of Lowest Cost Vlonthly Premium, or Self-Only Vlinimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$				
6 Applicable Section 4980H Safe Harbor (enter code, f applicable)		2A	2A	2A	2D	2D	2D	V	2A	2A	2A	2A	2A				

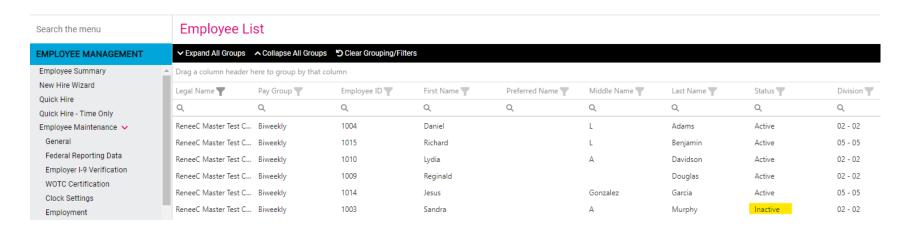
# Common Issues- Missing Employment Categories

- This employee form had blanks for the months of January through March because the employee did not have an employment category
  assigned from January through March in isolved
- All employees must be assigned the correct Employment Category with an effective date = to their Hire Date



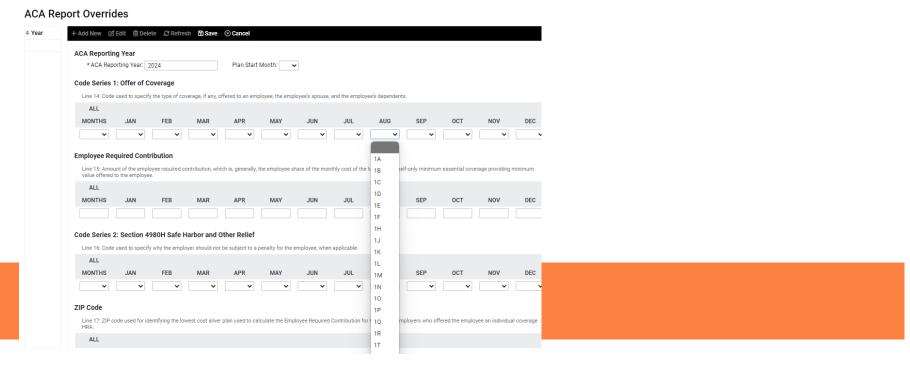
# Common Issues- Employees marked as Inactive

- Employees were marked as "Inactive" and not terminated in isolved
- The isolved ACA Forms do not know what to do with "Inactive" employees. isolved does not know whether these employees are on leave and still eligible for coverage.
- isolved will assume these employees were eligible and offered coverage during the months they were inactive
- If you want the forms to record Code 2A (not employed for the month) for the months the employee is inactive you need to "terminate" them in isolved under the General Screen.



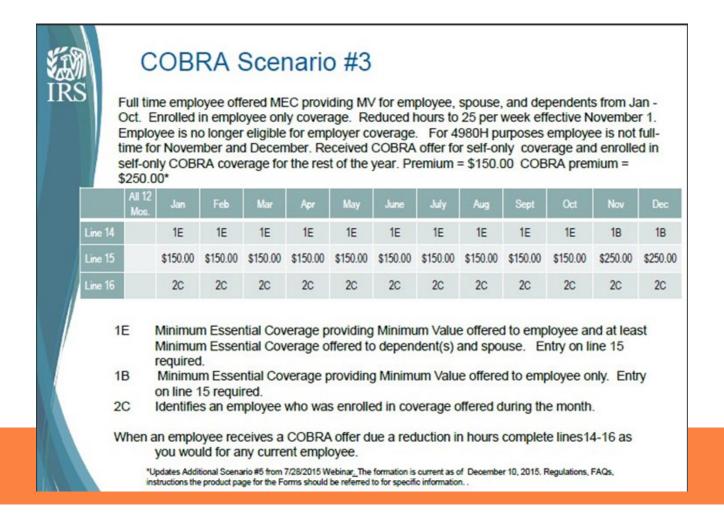
# COBRA Offers of Coverage: Fully Insured Plans

- You generally do not have to record COBRA Offers of Coverage if your plans are fully insured
- **EXCEPTION**: Report employees who have a reduction of hours and are offered coverage
- To report COBRA offers for reduction of hours, you will need to make adjustments to the employees' ACA Form by using the ACA Report Override Screen in isolved:
- This is under Employee Management>Employee Benefits>ACA Report Overrides.
- Click "Add New" and enter the ACA Reporting Year for the employee you are overriding.
- For the months the employee was either offered or enrolled in COBRA coverage due to <u>a reduction in hours</u>, enter the appropriate codes. (1A, 1E, or 1B if you offered; 2C if they enrolled; 2B if they were PT and waived).
- You only need to override the codes you are changing. Then click "Save."



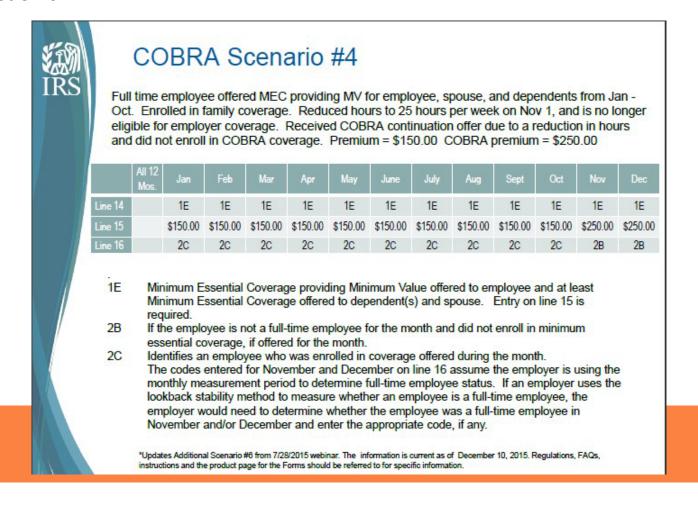
# COBRA Offers of Coverage: Fully Insured Plans

**IRS Example 1:** Employee was offered COBRA coverage following a reduction of hours in November and enrolled. Enter a Code 1E for family COBRA coverage offer (or Code 1B for self-only COBRA offer in this example, and a 2C to denote they enrolled.



# COBRA Offers of Coverage: Fully Insured Plans

**IRS Example 2:** Employee was offered COBRA coverage following a reduction of hours in November and did not enroll. Enter a Code 1E for family COBRA coverage offer as in this example (or Code 1B for self-only COBRA offer), and a 2B denoting they were Part Time and did not enroll.



# **COBRA Offers of Coverage: Self-Insured Plans**

### **For Self-Insured Plans:**

#### **PART II**

- Reduction of Hours- Follow the same reporting procedures in Part II as a fully insured health plan with one
  exception: Part III of the form (which must only be completed by employers with self-insured plans), the
  employer should check the coverage overrides boxes for all months the employee and dependents were covered
  by the self-insured health plan, including through COBRA.
- Terminated Employees- For the months the employee was terminated (even if the employee enrolled in COBRA coverage) you will report 1H in Line 14 and 2A in Line 16. (This will automatically populate in isolved). Be sure to check the coverage overrides boxes for <u>all</u> months the employee and dependents were <u>covered</u> by the self-insured health plan, including through COBRA.

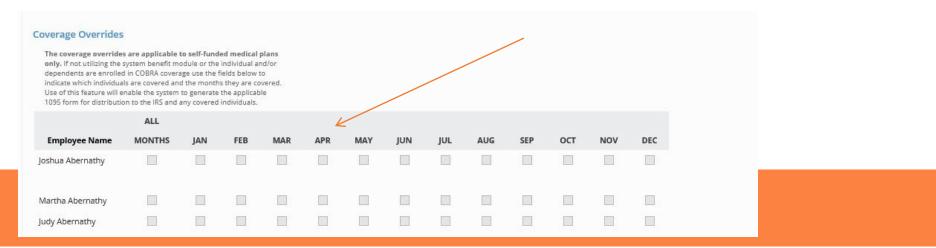
# COBRA Offers of Coverage: Self-Insured Plans

### For Self-Insured Plans:

#### **PART III**

COBRA coverage for terminated employees and reduction of hours must both be reported by employers who have a self-insured health plan. The employer <u>must use the ACA Override screen</u> to add coverage in Part III for the months that the employee and/or dependents were covered by COBRA. To do so, check the boxes under the "Coverage Overrides" section for the months the employee and dependents were covered by COBRA.

 Check the box for ALL months the employee/their dependents were covered by the self-insured health, plan including through COBRA.



# COBRA Offers of Coverage: Self-Insured Plans

- Jacob Able was terminated in September and enrolled in COBRA through the end of the year- See Part II Below (1H=not employed, 2A= enrolled in COBRA)
- Part III- Check the box for all of the months Jacob was enrolled in coverage, including COBRA coverage

Part I Employee								Applicable Large Employer Member (Employer)											
1 Name of employ	2 Social security number (SSN)			7 Name of employer							8 Employer identification number (EIN)								
Jacob Able 295640001							Acme Corporation							76-7612345					
3 Street address (including apartment no.)								9 Street address (including room or suite no.)						10 Contact telephone number					
131 WEXFORD BAYNE ROAD								1234 Main Street											
4 City or town	5	State or prov	ince 6	6 Country and ZIP or foreign postal code				11 City or town 12 State of			tate or	or province 13 Country and Z			ind ZIP	d ZIP or foreign postal cod			
wexford PA			ι	US 15090			Fairview F	Park		ОН	US 44126								
Partill Emplo	yee Offer a	and Covera	ige				Plan Sta	rt Month	(Ente	r 2-digi	t num	ber):	01						
	All 12 Months Jan F			Mar	Apr	May	June	July		Aug		Sep	ot	0	ct	N	ov	De	ec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A		1A		1H	1	11	Н	1	Н	1	Н
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$		\$		\$		\$	
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C 2C		2C	2C	2C 2C			2C 2		2 <i>A</i>	2A 2A		A	2	Α	2	A
	red Individu ployer provi		ured cove	erage, check th	ne box and	l enter the info	rmation for	each cov	ered	individ	ual.	X							
	(a) Name of covered individual(s)				(b) SSN (c) DO		(d) Covere all 12 mon		(e) Months of Coverage										
(a)	Name of cover	eu iliulviuual(:	·			,	1												
(a)	Name of cover	ed Individual(s				,		Jan	Feb	Mar	Арг	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
(a) 17 Able, Ja		eu murviuai(:		29564000	1	,	X	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

# **COBRA Offers of Coverage: All Plans**

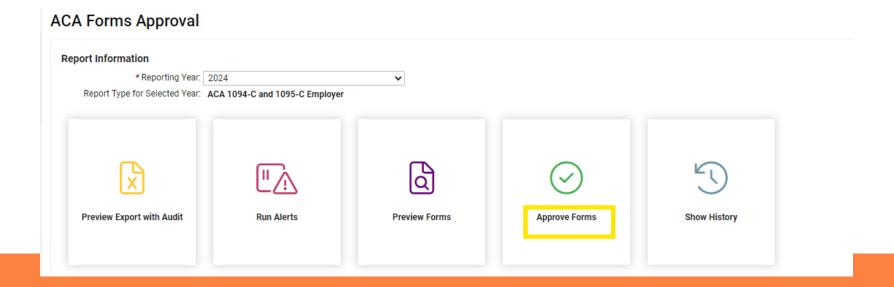
If you need further guidance on how to report COBRA coverage, please refer to the following link at the IRS website which provides further scenarios and examples on proper reporting of COBRA coverage:

Questions and Answers about Information Reporting by Employers on Form 1094-C and Form 1095-C | Internal Revenue Service (irs.gov)

https://www.irs.gov/affordable-care-act/employers/questions-and-answers-about-information-reporting-by-employers-on-form-1094-c-and-form-1095-c

# Don't Forget to Approve Your Forms!

- Forms must be approved prior to January 9, 2025, in order for the ACA forms to be filed by the deadline
- Approve forms on the ACA Forms Approval Screen in isolved
- Remember! Review your forms now to avoid errors later. Refer to our year-end guides.
- Employees who have opted out of receiving a paper W2 this year via electronic consent will also receive an electronic ACA Form through their employee portal.



# Questions?

aca@ctrhcm.com

