

# **Process 1095 Forms**

## **Table of Contents**

Description of Forms	
Before You Begin	2
ACA Terms and Helpful Links	2
Set up insurance company codes table	3
Add or update staff insurance data	5
Process 1095 Forms	7
Set up ACA code table	7
Verify 1095 data	14
Perform 1095 maintenance as needed	15
Generate the comparison report	15
Verify reporting contact information	16
Finalize the 1095 data and print forms	17
Complete 1094-C (Authoritative Transmission) data	18
Create 1095 (B or C) AIR file	19
Submit AIR file to the IRS	21

# **ASCENDER - Process 1095 Forms**

Created: 12/07/2018 Reviewed: 12/14/2023 Revised: 12/14/2023

The purpose of this document is to guide you through the necessary steps to verify and produce the Affordable Care Act (ACA) Forms 1095-B (Health Coverage) and 1095-C (Employer-Provided Health Insurance Offer and Coverage). After the 1095 data is finalized, provide 1095 forms to employees according to their EmployeePortal 1095 consent option. Also, create the ACA 1095-B or 1095-C electronic file to be submitted to the Internal Revenue Service (IRS).

This document assumes you are familiar with the basic features of the ASCENDER Business system and have reviewed the ASCENDER Business Overview guide.



Some of the images and/or examples provided in this document are for informational purposes only and may not completely represent your LEA's process.

## **Description of Forms**

#### Form 1095-B

Click here to view the current Form 1095-B.

An LEA is only responsible for filing Form 1095-B if the following two requirements are met:

- 1. The LEA offers health coverage to its employees.
- 2. The LEA is "self-insured", meaning the LEA pays its employees' medical bills instead of an insurance company.

LEAs not meeting both of these requirements **do not** have to manage 1094/5-B forms and filings. However, employees may still receive a 1095-B form from their insurance carrier.

Applicable small employers (less than 50 full-time equivalents) must file the 1094-B transmittal form along with the 1095-B submission file with the IRS. This data allows the IRS to determine health insurance enrollment.

Form 1095-B provides information about individuals in a tax family (employee, spouse, and dependents) who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year.

#### Form 1095-C

Click here to view the current Form 1095-C.

Applicable large employers must file the 1094-C transmittal form along with the 1095-C submission file with the IRS. This data (enrollment and offer of coverage) allows the IRS to determine if the ALE is subject to possible penalties outlined by the ACA guidelines.

Form 1095-C provides a list of covered individual and offer of coverage data and is required for ALE's (at least 50 or more full-time equivalents). This form is provided to any employee of an ALE who was a full-time employee for one or more months of the calendar year regardless if they were offered or enrolled in health insurance. Also, this form is provided to all full and part-time employees who were enrolled in health insurance offered by the employer. ALE's are required to report this information for each employee for all twelve months of the calendar year.

## **Before You Begin**

Review the Affordable Care Act for Employers overview at

https://www.irs.gov/affordable-care-act/employers. The ACA employer tax provisions are based on whether your organization is considered a small or large employer. After determining how your organization is classified, proceed with the applicable reporting requirements.

 $\Box$  ASCENDER only allows for the electronic filing of 1095s to the IRS.



Be sure to review the Affordable Care Act Information Returns (AIR) webpage at https://www.irs.gov/e-file-providers/affordable-care-act-information-returns-air for updated information about filing electronic information returns.

□ Refer to the IRS website https://www.irs.gov/affordable-care-act for specific ACA reporting details and deadlines.

## **ACA Terms and Helpful Links**

#### Terms

Term	Description
ALE	Applicable Large Employers are those employers with at least 50 full-time employees including full-time equivalent employees in the prior calendar year.
IRS	Internal Revenue Service

Term	Description
MEC	Minimum Essential Coverage is a qualifying health coverage plan (e.g., marketplace plans; job-based plans; Medicare; and Medicaid/CHIP) that meets the Affordable Care Act (ACA) requirements.
Minimum Value	A health plan's share of total costs must pay at least 60% of the total cost of medical services in order to meet this standard and be considered "affordable". TRS health coverage plans meet the minimum value requirements.
Small employer	Employers with fewer than 50 full-time employees.

#### **IRS ACA Helpful Links**

Affordable Care Act Information Returns (AIR)	https://www.irs.gov/e-file-providers/air/affordable-care-act-information-return-air-program
Form 1095- B	https://www.irs.gov/pub/irs-pdf/f1095b.pdf
Form 1095- B Instructions	https://www.irs.gov/pub/irs-pdf/i109495b.pdf
Form 1095- C	https://www.irs.gov/pub/irs-pdf/f1095c.pdf
Form 1095- C Instructions	https://www.irs.gov/pub/irs-pdf/i109495c.pdf
IRS ACA Homepage	https://www.irs.gov/aca

□ If your LEA plans to use the extract method of creating 1095 records for the calendar year, use the following two steps to maintain employee insurance data in Personnel throughout the calendar year. Creating records via the extract is covered in step 2b of this document.

• Set up insurance company codes table.

## Set up insurance company codes table

Personnel > Tables > Insurance Company Codes

Add codes for health insurance plans.

**Note**: It is not necessary to add separate codes for each health insurance plan since you can see the current detail in their deduction screens.

Tables > Insurance Company Codes	✓ Personnel		
Save			
INSURANCE COMPANY CODES			
Search Insurance Company Code/Name: AETNA : AETNA	Retrieve	Add Delete	Print
Insurance Company Codes			
Company Code AETNA Company Name AETNA			
Street Nbr: Street Name			
City: State	✓ Zip Code: +4:		
Phone Number: [ ] - Extension: C	iontact		
Insurance Plans			
Delete <u>Plan Number</u>	Plan Description	Group Nbr	Self-Insured
028	ACTIVECARE 1-HD	866345-030	
			C Add

Add	Click to add insurance company data. A blank insurance company code record is displayed.	OR	Retrieve an existing record.	Click i to search for and select an insurance company code. Or, begin typing the insurance company code or name. As you type the data, a drop-down list of corresponding data is displayed. Select an insurance company code or name and click <b>Retrieve</b> .
-----	--	----	------------------------------------	---

#### □ Under Insurance Company Codes:

Field	Description
Company Code	Type the code associated with the insurance company. The field can be a maximum of five digits.
Company Name	Type the name of the insurance company. The field can be a maximum of 30 characters.
Street Nbr	Type the street number of the insurance company. The field can be a maximum of six digits.
Street Name	Type the street name of the insurance company. The field can be a maximum of 20 characters.
City	Type the name of the city in which the insurance company is located. The field can be a maximum of 25 characters.
State	Click $\checkmark$ to select the two-character abbreviation of the state in which the insurance company is located.
Zip Code	Type the five-digit zip code that indicates the location of the insurance company.
+4	Type the four-digit additional zip code indicating the location of the insurance company.
Phone Number	Type the three-digit area code and seven-digit phone number of the insurance company.
Extension	Type the phone number extension, if applicable.
Contact	Type the contact name associated with the insurance company. The field can be a maximum of 30 characters.

□ Under **Insurance Plans**, click **+Add** to add a plan number, description, and group number. The system populates the **Code** and **Company Name** fields with data from the selected

company.

Plan Number	Type the insurance plan number. The field can be a maximum of 20 digits.
Plan Description	Type the description of the type of insurance plan. The field can be a maximum of 20 characters.
Group Nbr	Type the group number for the district. The field can be a maximum of 20 digits.
Self-Insured	Select to identify the health insurance plan as being a plan in which the employer assumes the financial responsibility for providing health care benefits to its employees.
	This field should be selected for PPO plans (e.g., TRS ActiveCare 1-HD, 2, and Select plans).

Click **Save**.

#### • Add/update staff insurance data.

### Add or update staff insurance data

#### Personnel > Maintenance > Staff Demo > Insurance

This tab contains insurance information for the employee. The data includes the insurance company, the plan type, coverage information, the individuals covered by the plan, and the demographics of the covered dependents.

Since ACA is reported over a calendar year, some employees may have multiple rows if they changed insurance companies during the last enrollment period and you added insurance codes for each plan.

If this data is maintained throughout the calendar year for all applicable employees, you can use the Personnel > Utilities > Extract Insurance Data to 1095 Data page to extract insurance data from this tab to the Personnel > Maintenance > ACA 1095 YTD Data maintenance page(s). Most data will populate accurately; however, there are some records that may require manual edits.

↑ Maintenance > Staff Demo		✓ Personi	nel 📲
Save			
Employee: 000006 : ADAMS, ADAM E. Directory Documents			
Delete         Details         Company Code         Company Name         Plan Number         Plan Description         Plan Type         Employee Insurance ID           III         O         AETNA         028         ACTIVECARE 1-HD         C Employee Insurance ID			
Rows: 1 (> Add			
Individuals Covered by: 028 - ACTIVELARE 1-HD	2012		
Delete <u>SSN</u> <u>DOB</u> <u>Relation</u> First Name <u>Middle Name</u> Last Name	Gen	Coverage Begin	Coverage End
123-45-6789         07-06-1978         E - Employee self ♥         Adam         E         Adams	] 💌	01-01-2019	00-00-0000
□ 555-55-5555 [10-24-2009] C - Child V Caden Adams	] 🔽	01-01-2019	00-00-0000
Rows: 2 of 2			⊕ <u>Add</u>

Retrieve an	Begin typing the employee name or number. As you type the data, a drop-
existing record	down list of corresponding data is displayed. Select an employee and click
_	<b>Retrieve</b> . Or, click <b>Directory</b> to perform a search in the <b>Employees</b>
	Directory.
	<b>Note</b> : The employee autosuggest field includes employees whose records
	were created in Personnel but do not have a Pay Info or Job Info record.
	If the employee number does not exist in the system, a message is
	displayed prompting you to create a new employee. Click <b>Yes</b> .

 $\Box$  Click **+Add** to add a row.

Field	Description
Company	Click 🎽 to select an insurance company.
Plan Number	Type or click <sup>‡</sup> to select a plan number for the selected insurance company. Or, press the SPACEBAR to view a list of available plan numbers.
Plan Type	Click $\checkmark$ to select a plan type to include the appropriate family members.
Employee Insurance ID	Type the insurance ID for the employee. The field can be a maximum of 20 digits. This field is optional.

#### Under Individuals Covered By:

□ Click **+Add** to add a row for each individual (including the employee) covered by the selected plan in the top grid.

SSN	Type the nine-digit social security number of the family member covered by the employee's insurance policy.
DOB	Type the family member's date of birth in the MMDDYYYY format.
Relation	Click $\checkmark$ to select the relationship of the dependent to the employee.
First Name	Type the first name of the dependent. The field can be a maximum of 17 characters.
Middle Name	Type the middle name of the dependent. The field can be a maximum of 14 characters.
Last Name	Type the last name of the dependent. The field can be a maximum of 25 characters.
Gen	Click $\checkmark$ to select a generation code for the covered individual.
Coverage Begin	Type the date that the insurance coverage begins in the MMDDYYYY format.
Coverage End	Type the date that the insurance coverage was terminated in the MMDDYYYY format.

Click **Save**.

□ If your LEA plans to copy 1095 records from the prior year, manually enter records, or import a text file to create 1095 records, continue to step 1 of this document.



Keep in mind, regardless of what method is used to create 1095 records, in most cases, some manual changes will be required to ensure accurate reporting.

## **Process 1095 Forms**

1. Set up the ACA code table.

## Set up ACA code table

Add or edit Offer of Coverage and Safe Harbor tabs as needed.

If your LEA is classified as a small employer and plans to file 1095-B forms, complete the Personnel > Tables > ACA 1095 Codes > 1095-B Coverage Type tab:

Tables >	ACA 109	5 Codes  Personnel	Ð
Save			
Calendar Year:	2023	Retrieve	
1095-B COV	ERAGE TY	PE 1095-C OFFER OF COVERAGE 1095-C SAFE HARBOR	
F	Print		
Delete	Code	Description	
1	A	Small business health options program (SHOP)	ו
0	В	Employer-sponsored coverage	ו
1	C	Government-sponsored program	)
		Individual market insurance	)
	E	Multiemployer plan	j
	F	Miscellaneous minimum essential coverage	)
	G	Individual coverage health reimbursement arrangement (HRA)	)
	$\square$		1
			៍
(First)	114		(+) Add
(rinst)	100		

If your LEA is classified as an ALE and plans to file 1095-C forms, complete the following tabs:

Personnel > Tables > ACA 1095 Codes > 1095-C Offer of Coverage

Tables > A	ACA 1095	Codes 🗸 Personnel 🖬
Save		
dar Year: (	2023	Retrieve
5-B COVE	RAGE TYP	E 1095-C OFFER OF COVERAGE 1095-C SAFE HARBOR
Pr	int	
Delete	Code	Description
8	1A	Qualifying Offer
	18	Offer to employee only
	1C	Offer to employee and dependents
	1D	Offer to employee and spouse
8	1E	Offer to employee, spouse, and dependents
	1F	Offer of coverage not providing minimum value
	1G	Employee not full-time and enrolled in self-insured coverage
	1H	No offers
8	11	Offer to employee, spouse conditional, not to dependents
	1K	Offer to employee and dependents, spouse conditional
	11	Individual coverage HRA offered to employee only
	1M	Individual coverage HRA offered to employee and dependents
	1N	Individual coverage HRA offered to employee, spouse, and dependents
	10	Individual coverage HRA offered to employees using affordability safe harbor
	1P	Individual coverage HRA offered to employee and dependents using affordability s

For a complete list of codes, refer to pages 11 and 12 of the 2023 Instructions for Forms 1094-C and 1095-C

#### Personnel > Tables > ACA 1095 Codes > 1095-C Safe Harbor

↑ Tables >	ACA 1095	Codes  Personnel	€
Save			
Calendar Year:	2023	Retrieve	
1095-B COV	ERAGE TYP	E 1095-C OFFER OF COVERAGE 1095-C SAFE HARBOR	
F	Print	]	
Delete	Code	Description	
1	2A	Employee not employed on any day of the month	
	2B	Employee not a full-time employee for the month and did not enroll in coverage	
<b></b>	2C	Employee enrolled in coverage offered	
	2D	Employee was in a Limited Non-Assessment Period	)
1	2E	Multiemployer interim rule relief	<u> </u>
1	2F	W-2 safe harbor	ñ l
1	2G	Federal poverty line safe harbor	ī l
	2H	Rate of pay safe harbor	ñ l
	$\square$		ñ l
		<u></u>	
First	< 1 v)	/1 D Last	① Add

#### 2. Create 1095 records.

The following methods are available to create the 1095 records. Depending on your LEAs procedures, you can select the method that best meets your needs.

Remember, if your LEA initially planned to maintain employee insurance data in Personnel throughout the calendar year, you can use the extract method (b.) to create 1095 records. If not, then you can manually create records, import records, or copy records from the prior year.

#### a. Manually create records.

#### Manually create records

Use one of the following maintenance tabs to create 1095-B or 1095-C records:

#### Personnel > Maintenance > ACA 1095 YTD Data > 1095-B

A Maintenance > ACA 1095 YTD Data					~	Perso	onnel	8		
Save										
Calendar Year: 20XX Employee: 000036 : ARANDA, ALEXIS		Retrieve		Delete		Directory				
1095-8 1095-C 1095-B HIST 1095-C HIST										
Coverage Type: B - Employer-sponsored coverage Covered Individuals	~									
Delete First Name Middle Name Last Name	Generation	<u>SSN</u> 555-55-5555	DOB 10-04-2005		Feb Mar	Are Max			122 91 C	
First 4 V/0 > Last										⊕ <u>Add</u>

#### Personnel > Maintenance > ACA 1095 YTD Data > 1095-C

Maintenance > ACA 1095 YTD Data	✓ Personnel ■
Save	
Calendar Year: 20XX Employee: 0000003 : ACOSTA, ABELINDA LEROY	Retrieve Delete Directory
1095-B 1095-C 1095-B HIST 1095-C HIST	
All         Jan         Feb         Mar           Offer of Coverage         IA - ( ♥)         ♥         ♥         ♥           Employee Share         0.00         0.00         0.00         0.00           Safe Harbor         ZA - E ♥         ♥         ♥         ♥	Apr         May         Jun         Jul         Aug         Sep         Oct         Nov         Dec           V         V         V         V         V         V         V         V           0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00           V         V         V         V         V         V         V         V
Covered Individuals If Employer provided self-insured coverage, check the box and enter the informat	on for each covered individual. Self-Insured: 🔲 Plan Start Month:
Delete Employee First Name Middle Name Last Name	Generation         SSN         DOB         All         Jan         Feb         Mar         Apr         Max         Jun         Jul         Aug         See         Oct         Nov         F           Image: Constraint of the second of the
First () () Last	<ul> <li>▲dd</li> </ul>

#### b. Extract records.

### Extract records

Use the Personnel > Utilities > Extract Insurance Data to 1095 Data page to extract insurance data from the Personnel > Maintenance > Staff Demo > Insurance tab to the Personnel > Maintenance > ACA 1095 YTD Data maintenance page(s). Most data will populate accurately; however, there are some records that may require manual edits.

✿ Utilities > Extract Insurance Data to 1095 Data	sonnel 🚦
Execute	
Extract Option	
<ul> <li>Insert new records from Staff Demo Insurance Records.</li> <li>Delete all existing records and insert all records from Staff Demo Insurance Records.</li> </ul>	
Plans Options	
Non Self-Insured Plans	
Present Ture	
ACA 1095-B	
Q ACA 1995 C	
ACA 1095-C	
Calendar Yoar IVVVVI-20XX	
Plan Start Month: 09	
Offer of Coverage: (1E - Offer to employee, spouse, and dependents	<b>&gt;</b>
Safe Harbor: 2C - Employee enrolled in coverage offered	_ <b>▼</b>
Employees with Calendar YTD Data Who Do Not Have Staff Demo Insurance Records	
Pay Type 1-3 Employees	
O Pay Type 1-4 Employees	
Forders Characteristic Allerthe Devices	
Employee Share of Lowest Cost Monthly Premium All Jan Feb Mar Apr May	Jun Jul Aug Sep Oct Nov Dec
Pay Type 1: 161.00 161.00 161.00 161.00 161.00 161.00	161.00 161.00 192.00 192.00 192.00 192.00
Pay Type 2: 161.00 161.00 161.00 161.00 161.00 161.00	161.00 161.00 192.00 192.00 192.00 192.00
Pay Type 3: 161.00 161.00 161.00 161.00 161.00 161.00	161.00 161.00 161.00 192.00 192.00 192.00 192.00
Pay Type 4: 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00

□ Under **Extract Option**, select one of the following options:

- Insert new records from Staff Demo Insurance Records. This option only inserts new information entered on the Staff Demo page since the last time 1095 data was extracted.
- Delete all existing records and insert all records from Staff Demo Insurance Records. - This option clears previously extracted 1095 data for the calendar year indicated and replaces it with the current data available in the Staff Demo insurance records.

#### Under Plan Options, select Self-Insured Plans.

□ Under **Record Type**, select **ACA 1095-C**.

□ In the **Calendar Year (YYYY)** field, type the calendar year for which you want to extract data.

□ In the **Plan Start Month**, type the month for which you want to extract data. In this example, we will use *09*.

 $\Box$  In the **Offer of Coverage** field, indicate the offer of coverage for which you want to extract. In this example, we will use *1E* (offer to Employee, Spouse and Dependents).

 $\Box$  In the **Safe Harbor** field, indicate the safe harbor code for for which you want to extract. In this example, we will use 2C (Employee enrolled in coverage offered).

□ Under Employees with Calendar YTD Data Who Do Not Have Staff Demo Insurance Records, select one of the following options:

- Pay Type 1-3 Employees (excludes subs)
- Pay Type 1-4 Employees

□ Under **Employee Share of Lowest Cost Monthly Premium**, in the **All** field, type the set share of the lowest-cost monthly premium amount for employees in each pay type (1-4). This is the lowest premium the employee could have paid to obtain coverage.

**For example**, if your LEA pays \$225 toward insurance for all employees and TRS ActiveCare Primary had the lowest premium for employee only coverage, the amount will be \$161 for Jan – Aug and \$192 for Sept – Dec. (\$386-\$225=\$161 and \$417-\$225-\$192.)

#### Notes:

- This allows all employee forms to indicate that they were offered coverage all year and chose to enroll in that coverage all year. Although, this may not be the exact scenario, it will most likely be the case for the majority of employees.
- Be sure to manually correct the data for those employees who had a different situation. For example, employees who did not work all year at the LEA, employees who opted out of the insurance, substitutes for whom the LEA did not pay the \$225, etc.
- You can make the manual corrections on the Personnel > Maintenance > ACA 1095 YTD Data. Be sure to retrieve data for the appropriate calendar year, update the necessary fields, and save the changes.

The below example provides a possible scenario of changes for this employee:

Maintenance > ACA 1095 YTD Data	✓ Personnel
Save	
Calendar Year: 20XX Employee: 000070 : BARBOUR, ANG	EL.M Retrieve Delete Directory
1095-B 1095-C 1095-B HIST 1095-C HIST	
All         Jan         Feb           Offer of Coverage         V         1H - N V         1H - N V           Employee Share         0.00         0.00         0.00           Safe Harbor         V         2A - E V         2A - E V	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Covered Individuals If Employer provided self-insured coverage, check the box and e	nter the information for each covered individual. Self-Insured: 🕢 Plan Start Month: 09
elete Employee First Name Middle Name L	ast Name         Generation         SSN         DOB         All Jan         Feb         Mar         Agr.         May         Jul         Aug         See         Oct.         Nov         Des           Barbour          09-15-1985          0          0          0 <td< td=""></td<>
First () V /0 () Last	

Offer of Coverage:

- $\circ~$  1H (No offer) for January through August assuming that the employee started at the LEA in late August.
- 1E (Offer to Employee, Spouse and Children) for September December. This was extracted so no changes were made.

#### Employee Share:

- The Employee Share would be 0.00 for January August since no coverage was offered as the employee started late August.
- \$161.00 extracted for September December, assuming the LEA's contribution was
   \$225.00 and should not require a change.

#### Safe Harbor:

- 2A (Employee was not employed on any day of the month) for January July
- 2B (Employee was not a full-time employee and not enrolled in coverage) for August with the assumption that the employee started late in August and did not enroll in coverage until September.
- 2C (Employee enrolled in coverage offered) for September December

#### Covered Individuals:

- Selected **Self-Insured** as the LEA provided coverage.
- In the **Plan Start Month**, type 09 as the coverage started in September.
- Selected the **Employee** check box.
- Selected the September December check boxes as those are the only months of coverage.

#### c. Import 1095 data.

#### Import records

Use the Personnel > Utilities > Import ACA 1095-B/1095-C Data page to import 1095 records.

Review the 1095-C Offers of Coverage File Layout.

d. Copy prior year records.

### Copy prior year records

If you choose, you can copy records from the prior year to the new year. After you have copied the data, you can manually edit the records or add new records.

On the Personnel > Tables > ACA 1095 Codes tabs, review the ACA tables to ensure that the relevant data exists. Add or edit the Offer of Coverage and Safe Harbor tabs as needed.

1095-C Offer of Coverage tab: Be sure to verify that you are using valid codes for the applicable calendar year.

1095-C Safe Harbor tab: Be sure to verify that you are using valid codes for the applicable calendar year as some Safe Harbor codes have expired.

Use the Personnel > Utilities > Copy 1095 Data page to copy 1095 records.

□ Under Extract Option, select Delete all existing records and copy all records.

□ Under **Record Type**, select **ACA 1095-C.** 

□ In the **From Calendar Year** field, type the calendar year from which you want to copy records.

□ In the **To Calendar Year**, type the calendar to which you want to copy records.

□ In the **Plan Start Month** field, type 09.

□ In the **Employee Share of Lowest Cost Monthly Premium**, enter the amount equal to the lowest premium for employee only coverage – your LEA & state contribution. For example, if the LEA/state contributes \$225.00 and TRS ActiveCare Primary had the lowest premium for employee only coverage, the amount will be \$192.00. ASCENDER will automatically use the 'old' rate of \$161.00 in Jan – Aug, then switch to the 'new' rate of \$192.00 beginning with the Plan Start Month of Sept.

□ Click **Execute**. If there are any errors, make corrections as needed.

Once the 1095 records are created or copied over from the prior year, you can make manual changes as needed using the Personnel > Maintenance > ACA 1095 YTD Data tabs.

The following are a few examples of possible edits that may be required after creating the 1095 records:

- Adding or deleting coverage for employees or dependents
- Deleting employees who left during the calendar year or who were not paid during the reporting year
- Adding new employees to your LEA

When making changes, be sure to retrieve the appropriate employee for the current calendar year, make the necessary changes, and then click **Save**.

3. Verify 1095 data.

## Verify 1095 data

Generate the Personnel > Reports > Payroll Information Reports > HRS6720 - ACA 1095 YTD Report to verify 1095 data for each employee.

#### 1095-B:

Reports > Payroll Information Rep	orts > ACA 1095 YT	TD Report														✓ Pe	ers
Preview PDF	CSV	Cle	ar Optio	ns													
Payroll Information Reports	HRS	6720 - ACA 109	5 YTD	Report													
HRS1250 - Employee Data Listing HRS1450 - Employee Mailing Labels		5		Para	meter [	Description						v	alue				
HRS1050 - Employee Salary Information HRS5250 - 1095-B Forms HRS5255 - 1095-C Forms		1095-B (B) or 10	095-C (0	C)							B						
HRS6300 - Employee Permit Data	(	Calendar Year (Y	YYY)								20XX				) <b>)</b>		
HRS6400 - Salary Verification Report		Print SSN (S), or	Masked	ISSN (M	1)						M				$\mathcal{V}$		
HRS6500 - Campus Information		Select Employee	(s), or b	lank for	ALL										] :		
HRS6500 - Employee Extra Duty Report HRS6600 - Campus Improvement Plan Em	p FTE Report	1095-C - EMP C	ffer and	Covera	ge (E), (	Covered Inc	dividual (	(C), or b	lank fo	r ALL					)		
HRS6700 - Health Insurance Status Report HRS6720 - ACA 1095 YTD Report	1														J		
Date Run:			A	CAYTD	1095-B	Report				1	Program	: HRS	6720				
City Disc					ISU						rage: I	or	2				
Year: 20		· · ·															
Employee Name	Emp Nbr	Coverage Ty	<b>.</b>														
Employee Name ALEXIS ARANDA	Emp Nbr 000036	Employer-spo	nsored o	overage													
Employee Name ALEXIS ARANDA Covered Individuals	Emp Nbr 000036	Employer-spo	nsored o	overage		1000 - 1000				171							
Tear: 24 Employee Name ALEXIS ARANDA Covered Individuals Name	Emp Nbr 000036 SSN	Coverage Ty Employer-spo DOB	nsored o	overage	Feb	Mar Ap	r <u>M</u> ay	Jun	Jul	Aug	Sep	Oct	Nov	Dec			

#### 1095-C:

Reports > Payroll Information Reports > ACA 109	5 YTD Report	*	Perso
Preview PDF CS	EV Clear Options		
Payroll Information Reports HRS1250 - Employee Data Listing	HRS6720 - ACA 1095 YTD Report		
HRS1450 - Employee Mailing Labels HRS1650 - Employee Salary Information	Parameter Description Value		
HRS5250 - 1095-B Forms HRS5255 - 1095-C Forms	1095-B (B) or 1095-C (C)		
HRS6300 - Employee Permit Data	Calendar Year (YYYY)		
HRS6400 - Salary Verification Report	Print SSN (S), or Masked SSN (M)		
HRS6450 - Health Insurance Coverage HRS6500 - Campus Information	Select Employee(s), or blank for ALL		
HRS6550 - Employee Extra Duty Report HRS6600 - Campus Improvement Plan Emp FTE Report	1095-C - EMP Offer and Coverage (E), Covered Individual (C), or blank for ALL		
HRS6700 - Health Insurance Status Report HRS6720 - ACA 1095 YTD Report			

Year: 20						ACA YID 1	ISD	ort			Progran Page: 1	m:HRS672 lof 2	0
Employee Name		Emp	Nbr										
ABELINDA LEROY ACOS	STA	000	003										
	All	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Offer Of Coverage	1A												
Employee Share	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.0

4. Perform 1095 maintenance as needed.

#### Perform 1095 maintenance as needed

Use the following tabs to perform maintenance:

Personnel > Maintenance > ACA 1095 YTD Data > 1095-B

Personnel > Maintenance > ACA 1095 YTD Data > 1095-C

The 1095-C maintenance page consists of two grids:

□ Complete the top grid for:

- Full-time and part-time employees who are enrolled in coverage including HMO enrollees and COBRA participants
- Full-time employees who declined coverage

□ Complete the bottom grid for:

- Full-time and part-time employees along with their dependents who are enrolled in a Self-Insured plan (e.g., TRS ActiveCare plans)
- 5. Generate the comparison report.

#### Generate the comparison report

Personnel > Reports > Payroll Information Reports > HRS5250 - 1095-B Forms or HRS5255 - 1095-C Forms

Generate the W2/1095 comparison report to verify that each employee with a W-2 for the specified reporting tax year has a 1095 form.

Reports > Payro	ll Information Rep	orts > 1095-B Forms			✓ Perso
Preview	PDF	CSV	Clear Options		
Payroll Information Repor	ts	HRS5250 - 10	095-B Forms		
HRS1250 - Employee D HRS1450 - Employee M HRS1650 - Employee S	Data Listing Mailing Labels Galary Information		Parameter Description	Value	
HRS5250 - 1095-B For HRS5255 - 1095-C For	<u>ms</u> ms	Compariso	on Report (C), 1095-B Forms (1), IRS AIR File (2)	C	
HRS6300 - Employee P	Permit Data	Final Run	- Create Historical Record ? (Y/N)	N	)
HRS6350 - Employee R HRS6400 - Salary Verifi	ication Report	Tax Year (	####)	[20XX	
HRS6450 - Health Insu HRS6500 - Campus Infe	rance Coverage	Print SSN	(S) or Masked SSN (M)	M	
HRS6550 - Employee E	xtra Duty Report	Sort by Al	Inter (A) SCN (S) or Pay Compute (C)		
HRS6600 - Campus Imp HRS6700 - Health Insu	provement Plan Em rance Status Repor	t Sort by Al	una (A), 554 (5), 6 Pay campus (c)		
HRS6720 - ACA 1095	YTD Report	Print on B	oth Sides of Paper ? (Y/N)		1222
		Select Pay	γ Campus(es), or blank for ALL		1
		Select Em	ployee(s), or blank for ALL		1
		Original (0	0), or Test(T) File		
		Prior Year	Data ? (Y/N)		
Date Run: Cnty Dist:			W-2 1095-B Companison Report SD		Program: HRS5250 Page: 8 of 9
Alphabetic Sequer	1CP		Tax Year:		
EncoMbr	CCN	Employee Nores			
010193	***-0321	Employee Name		Yes	1095-B
010194	6178	-		Yes	No
010195				Yes	No
010196	***-6865			Yes	No
010197				Yes	Yes
010198	6737	the second second		Yes	No
010200				Yes	No
010199		THE REAL PROPERTY AND		Yes	No
	2255	and the second s		Ves	No

LEAs with less than 50 full-time equivalents are required to provide form 1095-B for ALL covered employees and ONLY covered employees, not necessarily everyone who received a W-2. If the employee was not enrolled in the LEA's health insurance, **do not** complete form 1095-B for the employee.

LEAs with 50 or more full-time equivalents are required to provide form 1095-C for ALL covered employees and for any employee that was full-time for any month of the calendar year, not necessarily everyone who received a W-2. The LEA is not required to provide a 1095 C to part-time employees who are not enrolled in the LEA's insurance plan.

#### 6. Update reporting contact information.

## Verify reporting contact information

#### District Administration > Tables > District Information > Reporting Contact

Before creating the ACA electronic file, verify the LEA's reporting contact information (**Contact Name**, **Phone**, and **TCC** fields) and update as needed. The **SHOP** fields can be left blank as it should only be used if reporting a Form 1095-A for employees who obtained coverage in the marketplace. Note: The TCC is no longer validated during the creation of ACA files

Tables > District Information	<ul> <li>District Administr</li> </ul>
Save	
DISTRICT NAME / ADDRESS CAMPUS NAME / ADDRESS PAYROLL FREQUENCIES REPO	RTING CONTACT
Retrieve Print	
1095B/C Contact Info:	
Contact Name: Pamela	Smith V
First Middle	Last Generation
Phone: (830) 965-1912 TCC: BBLS2	
1095B SHOP Info (Coverage Type A Only):	
SHOP Name:	SHOP EIN:
SHOP Address	
SHOP City: SHOP State	

7. Finalize the 1095 data and print forms.

## Finalize the 1095 data and print forms

After all of the 1095 data is accurate, generate the Personnel > Reports > Payroll Information Reports > HRS5250 - 1095-B Forms or HRS5255 - 1095-C Forms report to finalize and print 1095 forms.

#### **1095-B**:

Reports > Payroll Information Reports > 1095-B Fe	orms		<ul> <li>Perso</li> </ul>
Preview PDF CS	/ Clear Options		
Payroll Information Reports H HRS1250 - Employee Data Listing HRS1450 - Employee Mailing Labels	HRS5250 - 1095-B Forms	Value	
HRS1650 - Employee Salary Information HRS5250 - 1095-B Forms HRS5255 - 1095-C Forms HRS6300 - Employee Permit Data	Comparison Report (C), 1095-B Forms (1), IRS AIR File (2)		
HRS6350 - Employee Responsibility Data HRS6450 - Salary Verification Report HRS6450 - Health Insurance Coverage	Final Run - Create Historical Record ? (Y/N) Tax Year (####)	Y 20XX	
HRS6500 - Campus Information HRS6550 - Employee Extra Duty Report HRS6600 - Campus Improvement Plan Emp FTE Report	Print SSN (S), or Masked SSN (M) Sort by Alpha (A), SSN (S), or Pay Campus (C)	[M] [A]	
HRS6720 - ACA 1095 YTD Report	Print on Both Sides of Paper ? (Y/N) Select Pay Campus(es), or blank for ALL		
	Select Employee(s), or blank for ALL Original (O), or Test(T) File		
	Prior Year Data ? (Y/N)		



Reports > Payroll Information Reports > 1095-C Fo	orms		~	Perso
Preview PDF CSV	/ Clear Options			
Payroll Information Reports H HRS1250 - Employee Data Listing	HRS5255 - 1095-C Forms			
HRS1450 - Employee Mailing Labels HRS1650 - Employee Salary Information	Parameter Description	Value		
HRS5250 - 1095-B Forms HRS5255 - 1095-C Forms	Comparison Report (C), 1095-C Forms (1) or IRS AIR File (2)	1		
HRS6300 - Employee Permit Data	Final Run - Create Historical Record ? (Y/N)	Y		
HRS6400 - Salary Verification Report	Tax Year (####)	20XX		
HRS6500 - Campus Information	Print SSN (S), or Masked SSN (M)	M		
HRS6500 - Employee Extra Duty Report HRS6600 - Campus Improvement Plan Emp FTE Report	Sort by Alpha (A), SSN (S), or Pay Campus (C)	A		
HRS6700 - Health Insurance Status Report HRS6720 - ACA 1095 YTD Report	Plan Start Month (00-12)			
	Print on Both Sides of Paper ? (Y/N)			
	Select Pay Campus(es), or blank for ALL	[] I		
	Select Employee(s), or blank for ALL	I		
	Original (O), or Test(T) File			
	Prior Year Data ? (Y/N)			

Keep in mind that the **Plan Start Month (01-12)** parameter is now required.

8. Complete the 1094-C (Authoritative Transmission) data.

## **Complete 1094-C (Authoritative Transmission) data**

Personnel > Maintenance > ACA 1094 YTD Data > 1094-C Complete and save data on the ALE Member Information and ALE Member Information - Monthly tabs.

**Note**: Only one authoritative transmittal should be filed for each employer.

Use the Personnel > Reports > Payroll Information Reports > HRS6720 - ACA 1095 YTD Report to verify the **Total number of Forms 1095-C filed by and/or on behalf of ALE Member** records.

Maintenance > ACA 1094 YTD Data	~	Perso
Save		
Calendar Year: 20XX Retrieve		
1094-C 1094-C HIST		
Delete		
ALE MEMBER INFORMATION ALE MEMBER INFORMATION - MONTHLY OTHER ALE MEMBERS OF AGGREGATED ALE GROUP		
Is this the authoritative transmittal for this ALE Member?		
ALE Member Information		
Total number of Forms 1095-C filed by and/or on behalf of ALE Member		
Member of an Aggregated ALE Group		
Certifications of Eligibility(select all that apply)           Image: A. Qualifying Offer Method         B. Reserved         C. Reserved         D. 98% Offer Method		

A Maintenance > ACA 1094 YTD Data					✓ Perso
Save					
Calendar Year: 20XX Retrieve					
1094-C 1094-C HIST					
Delete					
ALE MEMBER INFORMATION ALE MEMBE	FR INFORMATION - MON		E MEMBERS OF AGGREGATE	D ALE GROUP	
	Minimum Essential Co Yes	verage Offer Indicato No	or Full-Time Employee Count 1 for ALE Member	Total Employee Count Ag for ALE Member	gregated Group Reserved Indicator
All 12 Months	<b>v</b>		0	0	
Jan			0	0	
Feb			0	0	
Mar			0	0	
Apr			0	0	
May			0	0	
Jun			0	. 0	
Jul			0	0	
Aug			0	0	
Sep			0	0	
Oct			0	0	
Nov			0	0	
Dec			0	0	

#### 9. Create the 1095 (B or C) AIR files.

## Create 1095 (B or C) AIR file

Depending on the form type (1095-B or 1095-C), use the Personnel > Reports > Payroll Information Reports > HRS5250 - 1095-B Forms or HRS5255 - 1095-C Forms reports to create the Affordable Care Act Information Returns (AIR) files.

	Below is an exam	ple of creating an	AIR file using the	1095-C Forms report.
--	------------------	--------------------	--------------------	----------------------

**Note**: The TCC is no longer validated during the creation of ACA files

Reports > Payroll Information Reports > 1095-C Fo	orms		✓ Perso
Preview PDF CSV	/ Clear Options		
Payroll Information Reports H HRS1250 - Employee Data Listing	HRS5255 - 1095-C Forms		
HRS1450 - Employee Mailing Labels HRS1650 - Employee Salary Information	Parameter Description	Value	
HRS5250 - 1095-B Forms HRS5255 - 1095-C Forms	Comparison Report (C), 1095-C Forms (1) or IRS AIR File (2)	2	
HRS6300 - Employee Permit Data	Final Run - Create Historical Record ? (Y/N)	Y	
HRS6400 - Salary Verification Report	Tax Year (####)	20XX	
HRS6450 - Health Insurance Coverage HRS6500 - Campus Information	Print SSN (S), or Masked SSN (M)		
HRS6550 - Employee Extra Duty Report HRS6600 - Campus Improvement Plan Emp FTE Report	Sort by Alpha (A), SSN (S), or Pay Campus (C)		
HRS6700 - Health Insurance Status Report HRS6720 - ACA 1095 YTD Report	Plan Start Month (00-12)		
	Print on Both Sides of Paper ? (Y/N)		
	Select Pay Campus(es), or blank for ALL		
	Select Employee(s), or blank for ALL		
	Original (O), or Test(T) File	•	
	Prior Year Data ? (Y/N)		

The ACA AIR Error Report is displayed along with a File Download Success message and two dialog boxes allowing you to download and save the two separate XML files.

File Download Success		×
IRS AIR File (1094C_Request_BE and Manifest File (1094C_Request_BBLCT_20210) were created successfully.	8LCT_20210208T1 208T113812007Z	13812007Z.xml) _Manifest.xml)
		OK

Form file:

Opening 1094C_Rec	juest_TZSFP_20210204T145516901Z.xml	×
You have chosen t	o open:	
(🔮 1094C_Requ	lest_TZSFP_20210204T145516901Z.xml	)
which is: Ext	ensible Markup Language (XML) (373 KB) <sub>St</sub>	art a capture
from:		
What should Firef	ox do with this file?	
○ Op <u>e</u> n with F	irefox	
Open with	Office XML Handler (default)	$\sim$
○ <u>S</u> ave File		
Do this <u>a</u> uto	matically for files like this from now on.	
	ОК	Cancel

#### Manifest file:

Opening 1094C_Rec	quest_TZSFP_20210204T145516901Z_Manifest.xml	$\times$
You have chosen t	o open:	
📄 1094C_Requ	lest_TZSFP_20210204T145516901Z_Manifest.xml	
which is: Ext	ensible Markup Language (XML) (2.5 KB)	
from:		
What should Firef	fox do with this file?	
Op <u>e</u> n with F	irefox	
Open with	Office XML Handler (default) $\sim$	
○ <u>S</u> ave File		
🗌 Do this <u>a</u> uto	matically for files like this from now on.	
	OK Cancel	

#### 10. Submit the AIR files to the IRS.

#### Submit AIR file to the IRS

After you create the AIR files and populate the Personnel > Maintenance > ACA 1095 YTD Data > 1094-C tab (if submitting at least one 1095-C form), you must electronically submit the AIR files to the IRS using the Affordable Care Act Information Return (AIR) Program. The file must be submitted in XML format.





Be sure to review the Affordable Care Act Information Returns (AIR) webpage at https://www.irs.gov/e-file-providers/affordable-care-act-information-returns-air for updated information about filing electronic information returns.

### 11. Verify EmployeePortal options.

#### Payroll > Tables > District EP Options > EmployeePortal Options

For EmployeePortal users, verify that the **1095 Information** and **1095 Electronic Consent** options are set up accordingly. Keep in mind that if you want to allow your employees to print the actual 1095 form from EmployeePortal, the **1095 Electronic Consent** option must be selected. If not selected, the employees can only view the form.



**TIP**: If your LEA wants to print copies of all 1095 forms, it is recommended to leave the **1095 Electronic Consent** option unselected, and then select the option once you are ready to allow employees to consent to obtain and print their 1095 forms electronically.

Tables > District EP Options	
Save	
EMPLOYEEPORTAL OPTIONS LEAVE CAM	PUSES
Retrieve Print	
Use: () Employee Number () Social Sec	urity Number
	Messages
Enable	O EmployeePortal System
Calendar Year to Date	Calendar Year To Date
Current Pay Information	O Current Pay Information
Deductions	
Earnings     Lorup Palancer	O Leave Balances
✓ Leave Batances	O W-2 Information
Self-Service Demographic	O Self-Service Demographic
Self-Service Payroll	O Self-Service Payroll
V W-2 Electronic Consent	O W-2 Electronic Consent
↓ 1095 Electronic Consent	O 1095 Information
✓ Leave Request	O 1095 Electronic Consent
Travel Reimbursement Request	Leave Request     Travel Reinhursement Request
Vvonciournal	O Worklournal
Show Processed Leave Transactions	
Show Unprocessed Leave Transactions	ninger Ares Viewuchile 2
W-2 Print - Latest Year 200Y	
EmployeePortal LIRI	
Set Prenote Indicator	
Number of Direct Deposit Accounts Are Alla	owed 2
Use PMIS for Supervisor Levels	
Force Entry of Leave Hours Requested	
Meal Break for Leave Calculation 0.00	