



**PERFORMANCE HCM**

**ISOLVED ACA REPORTING ELECTION FORM**

In accordance with section 6056 in the IRS Code, the Affordable Care Act (ACA) regulations provide for each Applicable Large Employer (ALE) to file Form 1094-B/C (a transmittal) and Form 1095-B/C (an employee statement). The Form 1095-B/C will be used by an ALE to satisfy the section 6055 and 6056 reporting requirements. An ALE that sponsors a self-insured plan will report on Form 1095-C, completing both sections to report the information required under both sections 6055 and 6056.

These regulations provide that section 6056 returns must be filed with the IRS annually. In addition, the regulations provide that the section 6056 employee statements be furnished annually to ACA full-time employees on or before January 31 of the year immediately following the calendar year to which the employee statements relate. This means that the first section 6056 employee statements (meaning the statements for 2019) must be furnished no later than January 31, 2020.

Per this Election Form, PERFORMANCE HCM has informed you of your responsibility for ACA tax reporting and requirements for providing all Full Time Employees with a 1095-C form and the requirement to file a 1094-C form. PERFORMANCE HCM has offered to provide these services at an additional cost of \$250.00 Annual Administrative Fee, \$30.00 base and \$5.00 per 1095-C.

PERFORMANCE HCM is capable of tracking, reporting and producing 1095-C and 1094-C forms and filings and will require the election below to be completed and emailed to [iSolvedACA@performancehcm.com](mailto:iSolvedACA@performancehcm.com) no later than September 30<sup>th</sup>. Election Forms submitted after September 30<sup>th</sup> will be subject to the Annual Administrative Fee Attached Exhibit A. The Annual Administrative Fee will be debited from your account within 30 days of your election.

*It will be each employer's responsibility to ensure all employees required to receive a 1095 form receive their forms and all data on the forms is accurate and correct.*

I Elect \_\_\_\_\_ I Do Not Elect \_\_\_\_\_ to have Performance Payroll complete the ACA reporting requirements.

Is your company Self-Insured? Yes or No \_\_\_\_\_ (All self-Insured Employers are required to file)

Is your plan a Qualified Health Plan? Yes or No \_\_\_\_\_

ACA Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Client ID \_\_\_\_\_ Client Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERFORMANCE PAYROLL LLC Authorized Signature: \_\_\_\_\_

***This form should be completed even if not electing the ACA Service.***

*Please email the completed election form to [iSolvedACA@performancehcm.com](mailto:iSolvedACA@performancehcm.com)*



## **Exhibit A - Fee Schedule**

<b>September 28<sup>th</sup>:</b>	<b>\$250.00</b>
<b>October 1<sup>st</sup>–October 15<sup>th</sup>:</b>	<b>\$500.00</b>
<b>October 16<sup>th</sup> – November 15<sup>th</sup></b>	<b>\$1,000.00</b>
<b>November 16<sup>th</sup> – December 15<sup>th</sup></b>	<b>\$1,500.00</b>
<b>December 15<sup>th</sup> OR LATER</b>	<b>\$2,500.00</b>

*Please email the completed election form to [iSolvedACA@performancehcm.com](mailto:iSolvedACA@performancehcm.com)*