

Employer Reporting for 2021

March 16, 2022

Presented by:

Misty Baker, Director of Compliance & Government Affairs

David Mordo, Sr. Compliance Analyst



DISCLAIMER



The information herein should not be construed as legal or tax advice in any way.



This presentation is meant for informational and educational content only. Neither the presenter, or the sponsors, or sources referred to make any warranty of any kind concerning this information.



You should seek the advice of your attorney or tax advisor for specific information pertaining to any business.

Form 1094-C

What is Form 1094-C?

- Form 1094-C is the transmittal of the Employer-Provided Health Insurance Offer and Coverage Information Returns Form that accompanies Form 1095-C when filing with the IRS each year.
- Form 1094-C summarizes the 1095-C information returns.
- Form 1094-C is only sent to the IRS, not to employees.

When is the deadline for IRS Form 1094-C?

- Last year (tax year 2020), IRS released Notice 2020-76 stating that the distribution deadline for employee copies is extended from January 31 to March 2.
- For the 2021 tax year, there is also a deadline extension for furnishing employee copies.
- However, the paper filing and electronic filing deadline remains the same.

Due Dates for Filing Form 1094-C with the IRS

Furnishing Employee Copies	Paper Filing	Electronic Filing
March 2, 2022	February 28, 2022	March 31, 2022

Form 1094-C (cont'd)

Information required to file Form 1094-C

To complete Form 1094-C, you will need the following information:

- Employee information such as name, social security number, contact information, etc.
- Number of the 1095-C Forms transmitted with Form 1094-C
- ALE Member information

What are the penalties for not filing Form 1094-C?

- Employers that do not submit Form 1094-C to the IRS may be subject to a penalty of up to **\$250 per missing form**, with a maximum penalty of \$3 million per calendar year.
- Waivers are available when failure to report is due to a reasonable cause.

No More Good Faith Relief

Form **1094-C**

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

CORRECTED

OMB No. 1545-2251

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form1094C for instructions and the latest information.

2021

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)		2 Employer Identification number (EIN)	
3 Street address (including room or suite no.)			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer Identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	
17 Reserved <input type="checkbox"/>			

For Official Use Only



18 Total number of Forms 1095-C submitted with this transmittal

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group? Yes No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method B. Reserved C. Reserved D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____



1094-C, Line 22

Many employers working to accomplish Affordable Care Act (ACA) reporting are puzzled by Line 22 on Form 1094-C. That line asks the employer whether it has used the “Qualifying Offer Method” or the “98% Offer Method.”

Qualifying Offer Method

The employer should check the “Qualifying Offer Method” box if:

- (i) It made a “qualifying offer” to one or more full-time employees for all months (during the reporting year) in which the employer had an employer mandate obligation with respect to the employee and
- (ii) It used Code 1A on Line 14 of the employee’s Form 1095-C to reflect that offer.

For an offer of coverage to a full-time employee to be a qualifying offer, employee-only coverage must provide minimum value (at least 60 percent actuarial value) and must be offered to the employee at no more than 9.69 percent (for 2017) of the federal mainland poverty level. The offer must include the opportunity to enroll the spouse and children, through the month the children attain age 26, in at least **Minimum Essential Coverage**, or MEC (i.e., employer-based coverage more robust than “excepted benefits” such as typical dental or vision coverage).

The employer’s reward for making a qualifying offer is that the employer may choose to report that fact (it is not required to report it) by using Code 1A on Line 14 of the employee’s Form 1095-C. If the employer chooses to use Code 1A for one or more months, it skips Line 15 (employee premium cost for the least expensive minimum value option offered to the employee) for those months.

A second reward is more contingent and less helpful. If (i) the employer made a qualifying offer for all months for which the employer had an employer mandate obligation regarding the employee and (ii) the employee was not enrolled in self-insured coverage of the employer for even a single day, the employer is permitted to supply the employee, in lieu of the Form 1095-C, an abbreviated statement regarding the employer’s coverage offer. But the employer must still send the actual 1095-C to the IRS and, therefore, cannot entirely dodge completing a Form 1095-C, even though it made a qualifying offer.

1094-C, Line 22 (cont'd)

98% Offer Method

- An employer may check the “**98% Offer Method**” box if, for all months, it offered minimum value and affordable coverage to at least 98 percent of its employees (not just its ACA full-time employees) with respect to whom it is filing a Form 1095-C, and it offered at least **Minimum Essential Coverage** to the employees’ children through the month in which they attain age 26.
- The employer may disregard employees in a “**limited non-assessment period**,” such as an initial measurement or administrative period or the first three full calendar months of a new full-time employee’s employment, as long as (in the case of a new full-time employee) the employee receives a coverage offer by the first day of the fourth full calendar month.
- The **98% Offer Method** buys relief from only one requirement: the obligation to report the number of full-time employees, by month, in column (b) of Part III of Form 1094-C.

Important: An employer can satisfy the employer mandate without making a qualifying offer. And as noted above, if the employer makes a qualifying offer, it is not required to report that fact. The employer might choose instead to use Code 1E (minimum value offer to the employee, and at least **Minimum Essential Coverage** to the spouse and children). While using Code 1E requires the employer to complete Line 15 of the employee’s Form 1095-C, Line 15 is an easy line to complete.

Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

1094-C, Line 23

Column (a)—Minimum Essential Coverage Offer Indicator

- If the ALE Member offered **Minimum Essential Coverage**, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents for the entire calendar year, enter “X” in the “Yes” checkbox on line 23 for “All 12 Months” or for each of the 12 calendar months.
- If the ALE Member offered **Minimum Essential Coverage**, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents only for certain calendar months, enter “X” in the “Yes” checkbox for each applicable month.
- For the months, if any, for which the ALE Member did not offer **Minimum Essential Coverage**, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents, enter “X” in the “No” checkbox for each applicable month.
- If the ALE Member did not offer **Minimum Essential Coverage**, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents for any of the 12 months, enter “X” in the “No” checkbox for “All 12 Months” or for each of the 12 calendar months.

Note: For purposes of column (a), an employee in a **Limited Non-Assessment Period** is not counted in determining whether **Minimum Essential Coverage** was offered to at least 95% of an ALE Member’s full-time employees and their dependents. For a description of the differences between the definition of the term “**Limited Non-Assessment Period**” used with respect to section 4980H(a) and the definition used with respect to section 4980H(b), relating to whether the ALE Member offers minimum value coverage at the end of the **Limited Non-Assessment Period**.

1094-C, Line 23 (cont'd)

TIP: An employee who is treated as having been offered health coverage, including an individual coverage HRA, for purposes of section 4980H (even though not actually offered) is treated as offered **Minimum Essential Coverage** for this purpose.

For example, for the months for which the ALE Member is eligible for multiemployer arrangement interim guidance (if the ALE Member is contributing on behalf of an employee whether or not the employee is eligible for coverage under the multiemployer plan) with respect to an employee, that employee should be treated as having been offered **Minimum Essential Coverage** for purposes of column (a). For different rules for purposes of reporting offers of coverage on Form 1095-C, see the specific instructions for Form 1095-C, Part II, line 14.

For purposes of column (a), if the ALE Member is offered **Minimum Essential Coverage** to all but five of its full-time employees and their dependents, and five is greater than 5% of the number of full-time employees of the ALE Member, the ALE Member may report in column (a) as if it offered health coverage to at least 95% of its full-time employees and their dependents (even if it offered health coverage to less than 95% of its full-time employees and their dependents, for example, to 75 of its 80 full-time employees and their dependents).

1094-C, Line 23 (cont'd)

Column (b)—Section 4980H Full-Time Employee Count for ALE Member

- Enter the number of full-time employees for each month, but do not count any employee in a **Limited Non-Assessment Period**.
- If the number of full-time employees (excluding employees in a **Limited Non-Assessment Period**) for a month is zero, enter -0-.
- An employee should be counted as a full-time employee for a month if the employee satisfied the definition of “full-time employee” under the monthly measurement method or the look-back measurement method (as applicable) on any day of the month.
- See Full-time employee and **Limited Non-Assessment Period** in the Definitions section. Be sure to use the section 4980H definition and not any other definition of the term “full-time employee” that you may use for other purposes.

Example: Employer uses the look-back measurement method to determine the full-time status of its employees.

- Employee, who is not in a **Limited Non-Assessment Period**, averaged over 130 hours of service per month during the measurement period that corresponds with the stability period starting January 1, 2021, and ending December 31, 2021.
- Employee terminates employment with Employer on February 15, 2021. Employer must include Employee in the number of full-time employees reported in column (b) for January and February.
- See the description of code 2B in the instructions for line 16 of Form 1095-C, later, for rules for reporting an offer of coverage in an employee’s final month of employment. **Note:** If the ALE Member certified that it was eligible for the 98% Offer Method by selecting box D, on line 22, it is not required to complete column (b).

1094-C, Line 23 (cont'd)

Column (c)—Total Employee Count for ALE Member

- Enter the total number of all of the ALE Member's employees, including full-time employees and non-full-time employees, and employees in a **Limited Non-Assessment Period**, for each calendar month.
- An ALE Member must choose to use one of the following days of the month to determine the number of employees per month and must use that day for all months of the year:
 1. The first day of each month
 2. The last day of each month
 3. The 12th day of each month
 4. The first day of the first payroll period that starts during each month, or
 5. The last day of the first payroll period that starts during each month (provided that for each month that last day falls within the calendar month in which the payroll period starts).
- If the total number of employees was the same for every month of the entire calendar year, enter that number in line 23, column (c), "All 12 Months," or in the boxes for each month of the calendar year.
- If the number of employees for any month is zero, enter -0-.

1094-C, Line 23 (cont'd)

Column (d)—Aggregated Group Indicator

- An ALE Member must complete this column if it checked “Yes” on line 21, indicating that, during any month of the calendar year, it was a member of an Aggregated ALE Group.
- If the ALE Member was a member of an Aggregated ALE Group during each month of the calendar year, enter “X” in the “All 12 Months” box or in the boxes for each of the 12 calendar months.
- If the ALE Member was not a member of an Aggregated ALE Group for all 12 months but was a member of an Aggregated ALE Group for one or more month(s), enter “X” in each month for which it was a member of an Aggregated ALE Group.
- If an ALE Member enters “X” in one or more months in this column, it must also complete Part IV.

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	



1095-C

Information Required for 2021 ACA Reporting

To complete the ACA Forms under Sections 6055 and 6056, you'll need the following Information:

- The covered individual or employee's details (name, address, and SSN/TIN)
- The plan provider's details (name, address, EIN, and contact info)
- For self-insured group health plans, the details of the plan sponsors (name, address, EIN, and contact info)
- The offer of coverage code for each recipient/employee, broken down by month
- The recipient/employee premium share of coverage, by month
- Any safe harbor relief codes that are applicable
- The covered individual's spouse and dependent(s) information, if applicable (name, SSN or DOB, and months covered)
- For 2021, requires ICHRA Coverage, if offered

1095-C, Line 14 – Offer of Coverage

- Line 14 of Form 1095-C is used to report information about the coverage offered throughout the year.
- Line 14 Codes are used to represent the following information:
 - Whether the employees' received an offer of coverage or not and
 - What type of health coverage was offered.
 - Which months that health coverage was offered

Line 14 Codes of Form 1095-C

- The IRS has designed sets of codes from 1A to 1K to describe the offer of coverage.
- Take a look at the table below to learn more about Code Series 1 to be reported on line 14 of Form 1095-C:

Part II Employee Offer of Coverage	Employee's Age on January 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)													
17 ZIP Code													

Codes	Description
1A	It represents the qualifying offer offered to full-time employees. The Minimum Essential Coverage (MEC) providing Minimum Value (MV) offered to the full-time employees with employee's contribution was equal to or less than 9.5% mainland single federal poverty line. Also, it represents the contribution of at least Minimum Essential Coverage offered to spouse and dependent(s).
1B	It represents the Minimum Essential Coverage providing minimum value offered only to employees. But the coverage was not included for spouse or dependent(s).
1C	It indicates Minimum Essential Coverage providing minimum value offered to the employees. It also represents the offering at least Minimum Essential Coverage to dependent(s), but not the spouse.
1D	It indicates Minimum Essential Coverage providing minimum value offered to the employees. It also represents the offering at least Minimum Essential Coverage to Spouse but not the dependent(s). Use code 1J if the coverage for the spouse was offered conditionally.
1E	Use Code 1E, if Minimum Essential Coverage provides minimum value offered to employees and at least Minimum Essential Coverage offered to dependent(s) and spouse. Use code 1K if the coverage for the spouse was offered conditionally.
1F	Use "Code 1F" Minimum Essential Coverage NOT providing minimum value offered to employees, employee and spouse or dependent(s), or employee, spouse, and dependents.
1G	Use code "1G", if you offer the coverage for at least one month to an individual who was not an employee for any month of the calendar year and the employees who enrolled for one or more months of the year in self-insured coverage.
1H	No health coverage or not offered Minimum Essential Coverage to the employees, which may incorporate one or more months in which the individual was not an employee.
1I	Reserved.
1J	Use Code "1J" if Minimum Essential Coverage provides minimum value offered to employees and at least Minimum Essential Coverage conditionally offered to a spouse, but not offered to dependent(s).
1K	Use Code "1K" Minimum Essential Coverage providing minimum value offered to employees; at least minimum essential coverage offered to dependent(s), and conditionally offered to spouse.

Reporting of ICHRA in Line 14 Codes of Form 1095-C

Codes	Description
1L	Individual coverage health reimbursement arrangement (HRA) offered to the employee-only with affordability was determined using the employee's primary residence location ZIP Code.
1M	Individual coverage HRA offered to the employee and dependent(s) (not spouse) with affordability was determined using the employee's primary residence location ZIP Code.
1N	Individual coverage HRA offered to the employee, spouse, and dependent(s) with affordability was determined using the employee's primary residence location ZIP Code.
1O	Individual coverage HRA offered to the employee-only using the employee's primary work location ZIP Code affordability safe harbor.
1P	Individual coverage HRA offered to the employee and dependent(s) (not spouse) using the employee's primary work location ZIP Code affordability safe harbor.
1Q	Individual coverage HRA offered to the employee, spouse, and dependent(s) using the employee's primary work location ZIP Code affordability safe harbor.
1R	Individual coverage HRA that is NOT affordable offered to the employee; employee and spouse or dependent(s); or employee, spouse, and dependents.
1S	Individual coverage HRA offered to an employee who was not a full-time worker.
1T	The Individual coverage HRA offered to the employee and spouse (no dependents) and affordability was determined using the employee's primary residence location ZIP code.
1U	The Individual coverage HRA offered to the employee and spouse (no dependents) and affordability was determined using the employee's primary employment site ZIP code affordability safe harbor.

ACA Form 1095-C Line 16 Codes, Section 4980H Safe Harbor and Other Relief

- Line 16 of Form 1095-C is used to report information about the coverage that an employee enrolled in, and how the ALEs meet the employer shared responsibility “Safe Harbor” provisions under Section 4980H.
- Employers meeting the following conditions must complete line 16 through the Code Series 2:
 - Employee not employed during the month.
 - Employee not a full-time employee.
 - Employee enrolled in the **Minimum Essential Coverage** offered.
 - Employee in a section 4980H(b) **Limited Non-Assessment Period**.
 - The ALE Member met one of the section 4980H affordability safe harbors with respect to the employee.
 - Multiemployer interim rule relief for this employee.

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

2021

Part I Employee						Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)		
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number		
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code	

14 Offer of Coverage (enter required code)	15 Employee's Age on January 1												16 Plan Start Month (enter 2-digit number):														
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																											
17 ZIP Code																											

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

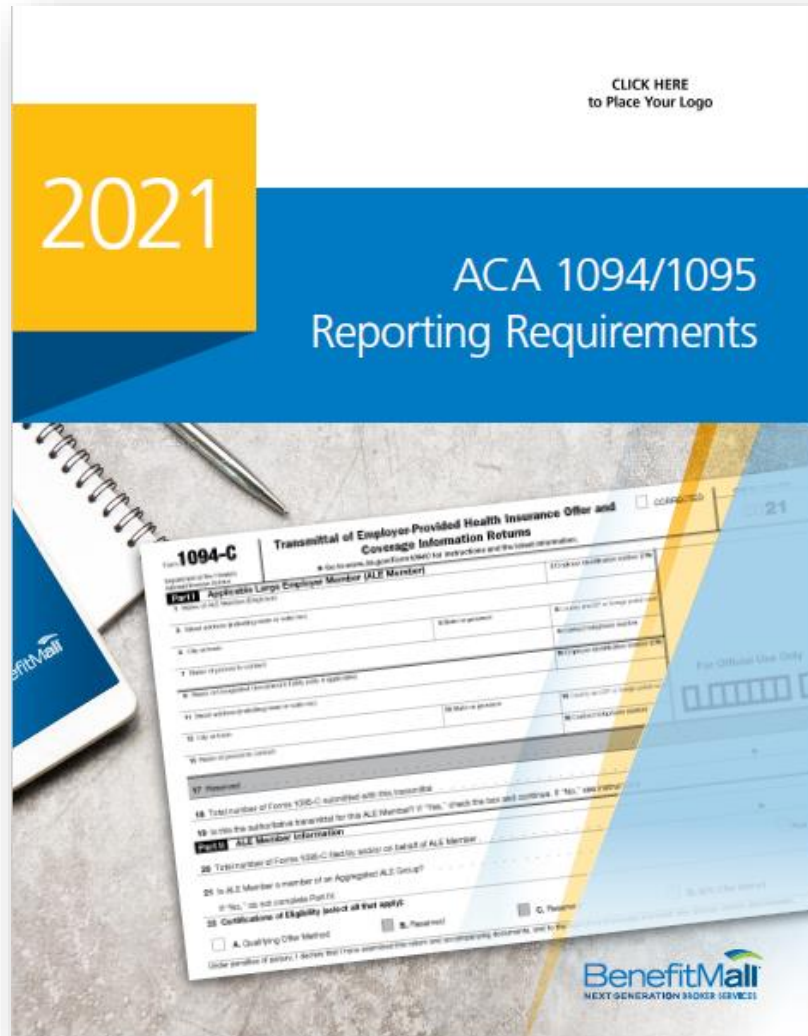
Form **1095-C** (2021)

Codes	Description
2A	Use Code 2A, if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if an employee of the ALE worked for any day of the calendar month and an employee terminates employment with the ALE Member.
2B	Use code 2B if the employee is not a full-time employee and did not enroll in Minimum Essential Coverage , if offered for the month. Also If the employee terminated their employment before the end of the month but did enroll in coverage use code 2B.
2C	<p>Use code 2C if an ALE Member offered health coverage to the employee for each day of the month.</p> <p>Do not use this code for the following scenarios:</p> <ul style="list-style-type: none"> • For any month in which the multiemployer interim rule relief applies, instead use Code 2E • If code 1G is entered in line 14 • If a terminated employee is enrolled in COBRA continuation coverage or other post-employment coverage, instead use code 2A • An employee enrolled in coverage that was not Minimum Essential Coverage
2D	Use code 2D, if an employee is in a section 4980H(b) Limited Non-Assessment Period for any month.
2E	In which the multiemployer arrangement interim guidance applies for that employee for any month, despite whether any other code in Code Series 2 might also apply.
2F	Use Code 2F if an ALE Member applies the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year.
2G	Use code 2G if the ALE Member uses section 4980H federal poverty line safe harbor to find affordability for purposes of section 4980H(b) for any month.
2H	Use code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for any month.
2I	Reserved.

2021 Penalties

- The instructions reiterate that all ALEs and other employers that sponsor self-funded group health plans that fail to comply with the information reporting requirements may be subject to the general reporting penalty provisions for failure to file correct information returns and failure to furnish correct payee statements. **Good faith relief is no longer available.** However, penalties may be waived if the failure is due to reasonable cause and not willful neglect.
- **For 2021, the following penalties may apply:**
 - Failure to file a correct return is **\$280/statement** (total calendar year penalty not to exceed \$3,426,000).
 - Failure to furnish a correct statement is **\$280/statement** (total calendar year penalty not to exceed \$3,426,000).
- A penalty of \$2,750 (for 2022) per full-time employee minus the first 30 will be incurred if the employer fails to offer **Minimum Essential Coverage** to 95 percent of its full-time employees and their dependents, and any full-time employee obtains coverage on the exchange.
- An employer will be subject to a penalty if the employer-sponsored coverage is unaffordable or does not provide minimum value, and if one or more full-time employees receive subsidized coverage through an exchange. An employee may qualify for subsidized coverage through an exchange if his or her household income is less than 400 percent of the federal poverty level and the employer's plan is unaffordable or does not provide minimum value. The monthly penalty is equal to \$4,120 (for 2022) divided by 12 for each full-time employee receiving subsidized coverage through an exchange for the month. However, the penalty will not be greater than the monthly penalty that would apply if the employer offered no coverage at all (\$2,750 divided by 12, multiplied by the number of full-time employees employed during the applicable month, not counting the first 30 full-time employees). Only full-time employees, not full-time equivalents, are counted for purposes of calculating the penalty.

Now Available



- White Label document so you can add your agency logo and provide to your clients
- Available on benefitmall.com within the Compliance Center

Podcasts

Available on Spotify, Apple Podcasts and Amazon Music



- Welcome to **BenefitMall's Compliance Café**, where we serve up a hot cup of regulatory and legislative happenings to brokers and their clients.
- Sit back with your favorite cup of joe and listen to BenefitMall's compliance team discuss federal and state legislation and how it affects brokers and their clients.

BenefitMall's Compliance & Legislative Team



The graphic is a rectangular box with a white background and a blue and yellow header. The header is split: the left side is yellow with the text 'ACA Hotline' in white, and the right side is blue with the 'BenefitMall' logo in white. Below the header, there are four rows of contact information, each with a blue icon on the left and text on the right. The icons are a telephone, an envelope, a laptop, and a Twitter bird. At the bottom of the graphic, there is a small asterisked note in blue text.

ACA Hotline **BenefitMall**

Call **1.844.5.ACA.411***

Email **ACA411@benefitmall.com**

Visit **www.healthcareexchange.com**

Tweet **@HCExchange**

*To access the ACA hotline, please visit www.benefitmall.com/ACA411 to accept the hotline terms and conditions. By accepting the terms and conditions, you will receive access to the toll free ACA hotline.

The information herein should not be construed as legal or tax advice in any way. Regulations, guidance, and legal opinions continue to change. The preparer has gathered public information and has attempted to present it in an easily readable and understandable format. Situations vary; technical corrections and future guidance may vary from what is discussed in the presentation. This is meant for informational content only. The presenter makes no warranty of any kind concerning this information. You should seek the advice of your attorney or tax consultant for additional or specific information. This presentation is not to be duplicated or distributed.

Questions?

