edmunds GovTech

Affordable Care Act (ACA) in MCSJ

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ACA Process Basics

- 1. Review the IRS instructions for <u>ACA Reporting</u> and <u>1094/1095-C Forms</u>.
- If you've determined that you must produce 1095-B forms in lieu of 1095-C filing and have not printed these forms previously, you must contact an E&A representative to have a 1095-B form printing option added to your Benefits menu.
- 3. Determine if you've offered self-insured coverage to your employees during the reporting year. If so, enable the Self Insured parameter in Personnel Parameter Maintenance. Instructions are provided in this manual under the heading *Personnel Parameter Maintenance*.
- 4. Determine if you will need to report amounts on Line 15 of Form 1095-C (required if Line 14 contains codes 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q). If so, you will need to specify the lowest cost benefit plan offering minimum essential coverage in your Benefit Maintenance. See the *Benefit Maintenance* heading in this manual for more information.
- 5. Update your employees' 2021 ACA information under the ACA tab of Employee Maintenance. This manual covers various options, features and routines to help you complete this task.
- 6. If self-insured, you will also need to update coverage information for your employees' dependents so that Part III of Form 1095-C can be completed.
- Refer to our ACA FAQ's document for information on printing and filing options. Determine if you will be printing forms from MCSJ and/or using our partner, Nelco Solutions, for E-filing and printing services. MCSJ 1095-C form printing and e-filing instructions are included in this manual.

Personnel Parameter Maintenance

System	Utilities >	Personnel	Parameter	Maintenance

E	Personnel Parameter Maintenance	
Edit Kose		
System or Personnel Module must be	e locked to edit the fields displayed in red.	
General Payroll HR		
Calc Other Comp Salary From Detail	I Records:	
Accrue Holiday Time: 🗸	Display on Payroll Checks and Attendance Calendar:	
OT1 Factor: 1.50	Sick: Hours 💌	
OT2 Factor: 2.00	Vacation: Hours 💌	
OT3 Factor: .00	Admin: Hours 💌	
SP1 Factor: .00	Comp: Hours	
SP2 Factor: .00	Other: Hours 💌	
	Holiday: Hours	
Used Date Range: 01/01/2015	to 12/31/2015	
Self Insured (for ACA Form 1095-C):		

The **Self Insured (for ACA Form 1095-C)** box should be checked for any client who is self-insured or self-funded. This will enable both the 1095-C Excel Dependent Import/Export routines and employee/dependent coverage period fields. The 1095-C Part III is required and covered dependent information will need to be set up.

Benefit Maintenance

Benefits > Benefits Maintenance

© Ber	nefit Maintenance 📒 🗖
🕂 Add 🔄 📩 Save 🛛 💥 Cancel 👔 Delet	te 🛛 🛇 Previous 📔 🕄 Next 🛛 🗄 🗄 Detail 🗌 🕜 Help
Benefit 053 Descriptio	on: HMO - HORIZON NJ Health Bene
Type: Medical - W2 Administra	at
General Eligibility Annual Contribution Proj	jections
Street 1:	Phone: () - Ext:
Street 2:	Fax: () -
City:	Contact:
State: Zip: -	Contact Phone: () - Ext:
Plan No:	Policy No:
Group No:	
Comment:	ACA Minimum Essential Coverage: 🗸
	Effective: 🔲 🔳 to 🦯 / 🔳

Benefit Maintenance contains a set of parameters to identify which benefit plan is subject to line 15 on Form 1095-C Part II. Only one medical and one prescription benefit plan can be selected for a given date range. The 1095-C Monthly Routine will use this information to calculate amounts for the line 15 boxes of Form 1095-C Part II.

Note: When the ACA Minimum Essential Coverage box is checked, a date range is required.

Effective Date for Premium Changes

When editing premium amounts on the Benefit Maintenance, the system will prompt for an effective date. This will allow the system to maintain a history of premium costs if they are needed for ACA box 15 calculations.

B						88					
Add	Save 🛛 🔀 🖸	ancel 🛛 💼 l	Delete 🕜 Prev	ious 💽 🕑 N	ext						
Benefit Id: 2-	Effective Date	Dor	cription: CWA NT	NTRECT 10 #	050	Lobal Edit					
General El	Please enter premium effective date: IMPORTANT: Changes effective after the 1st of the month will not be effective in ACA Monthly Calculation until the following month. OK Cancel										
Singl	e: .00	12000	11234.16	.00	.00						
Famil	y: .00	31,343.40	31343.40	.00	.00						
Husband/Wif	e: .00	22,468.08	22468.08	.00	.00						
Parent/Chil	d: .00	20,109.24	20109.24	.00	.00						
Parent/Childre	n: .00	.00	0.00	.00	.00						

Employee Maintenance

Personnel > Employee > Employee Maintenance > General Data > ACA

e		Employe	ee Maintenance - (General Data				
🕂 Add 🔄 Save 🔀 Cancel 💼 🛛	elete 🕜 Previ	ious 💽 Next		🖂 Letter 🛛 🔞	Help			
Employee Id: AGN06 Previous	Next Go To:	General Data		T				
First Name: ERIN Middle Init	t: Last Name:	AGNEW	S	uffix:				
Main Classification Dates Salary/Rates	Hrs Pension	Emergency De	mographics Hi	re Check ACA	Notes			
2021								
✓ Exclude From 1095-C								
Was this employee covered by a self-ir	nsured plan durir	ng any part of th	e year?					l
All 12 Months	January	February	March	April	May	June	July	August
Offer of Coverage:								
Employee Share of Lowest Cost Monthly Premium: .00	.00	.00	.00	.00	. 00	.00	.00	.00
Section 4980H Safe Harbor:								
Self-Insured Coverage:								
Waived Benefits:								

- Exclude From 1095-C
 - When selected, the employee will <u>NOT</u> receive a 1095-C Form
- Was this employee covered by a self-insured plan during any part of the year? (Only appears when the selfinsured parameter is selected in Personnel Parameter Maintenance.)
 - This box should be checked if the employee was covered by a self-insured plan during any part of the year.

• Offer of Coverage

- Choice of IRS defined codes 1A-1K . Please refer to the IRS definitions to determine what codes you should choose. Definitions can also be found in the 1095-C Offer of Coverage Maintenance.
- Employee Share of Lowest Cost Monthly Premium
 - This should be populated with the amount of the employee share of the lowest-cost monthly premium that is offered to the employee. This will be used to populate Line 15 of the 1095-C Part II and will only be enabled when **Offer of Coverage** codes are 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q per the IRS instructions. The 1095-C Monthly Routine can optionally be used to calculate these amounts.
- Section 4980H Safe Harbor
 - Choice of IRS defined codes 2A 2H that will be used in Line 16 of the 1095-C Part II. Please refer to the IRS definitions to determine what codes you should choose. Definitions can also be found in the 1095-C Safe Harbor Code Maintenance.
- Self-Insured Coverage
 - Check if the employee was covered under a self-insured plan during any month(s).
- Waived Benefits Checkbox(es)
 - This is not a required ACA field, but can be used for informational purposes.

Employee Status Code to Include Retirees

If your organization needs to include retirees who receive benefits in your ACA reporting, use the Termination **Status Code** field to select '*Retire/WB*'.

Main	Classification	Dates	Salary/Rates	Hrs	Pension	Emergency	Demographics	Hire Check	ACA	Notes	
	Emp Status	s: Term	inated			St	atus Code: Reti	re/WB		Eligible Fo	or Rehire:
	Status Date	e: 06/3	0/2014			Status R	eturn Date: 🛛 🗸	/ 📄			
	Hire Date	e: 05/1	4/1996 🔳 Y	'rs:	18.14	LOA	Comment:]	

Additional Instructions For Self-Insured Employers Only:

Dependent coverage information for Part III of form 1095-C is entered on the Employee Maintenance *Dependents* screen. After entering or selecting a dependent, click the **View Dependent** button on the toolbar to access ACA monthly coverage information for a dependent and check the appropriate coverage months. Click on the *ACA* tab. If a dependent was not covered for the entire reporting year, change the **Coverage** field to 'None'.

Note: If the dependent's SSN is not known, a birth date must be entered.											
E Employee Maintenance - Dependents											
🕂 Add 📝 Edit	Save 🔀 Cancel	Delete	Previous 💽 Next 📑	View Dependent							
Employee Id: ABATE005 Previous Next Go To: Dependents											
First Name: John	Middle Init:	Last Name: Abate	e Suff	ix:							
Last Name	First Name	Relationship	Birth Date	SS Num	Coverage						
ABATE	Kevin	Child	06/26/2002	156-37-3206	Traditional						
ABATE	SANDY	Spouse	08/01/1972		Traditional						

First Name: Kevin		7		Soc Sec#:	156-37-3206	٦		Student	
Last Name: ABATE				Birth Date:	06/26/2002			Smoker	
Ctreat 1				Cour	Mala			Max Age (Over
Street 2			F	Relationshin	Child			indian rige (
City:				Coverage	Traditional	-			
City.				Coverage.	Traditional				
State: ZI	p:			School:	Non-Traditional				
Phone: ()	-		Grad	uation Date:	COPPA				
Benefits ACA					Medicare				
Coverage Year	A11	Jan	Feb	Mar	Retiree	Jun	Jul	Aug	5
201					None				ſ
201									
< [

Reporting Review

ACA Form 1095-C Employee Preview

The Employee Maintenance **Detail** button contains an ACA Form 1095-C option which displays how the employee will be printed on the 1095-C. It will include dependents if self-insured.

C	Employee Maintenance - General Data
🕂 Add 🛛 😭 Edit 🛛 💥 Close 🖉 🛅 Del	ete 🛛 📀 Previous 🗋 💿 Next 🛛 🗄 Detail 🖉 🗠 Letter 🛛 🕜 Help
Employee Id: ABB01 Previous	Detail Date Range ×
First Name: CHRISTINA Middle Init	ACA Form 1095-C
Main Classification Dates Salary/Rates	Begin Date: / / 🔳 aphics Hire Check ACA Note
Street 1: 77 HARDING AVENUE	End Date: / / 🔳 Sex: Female 💌 Salutation
Street 2:	Year:
City: STRATFORD	
State: NJ Zip: 08084-	

Employee Benefits/Dependents/ACA Listing

Benefits > Employee Benefits/Dependents/ACA Listing

e	Employee Benefits/Dependents/ACA Listing
👍 Print 🔀 Close 👔	Help
Enter the Following:	
Listing Type:	Status:
ACA Form 1095-C 🔹	All Employees v
Select Sort Sequence:	Range of Employee lds (Blank for All):
Employee Id 🔹	to
No -	, Employees:
Print Part III	
Print Social Security #	
✓ Print to Screen	
Print to Excel	

• Listing Type – ACA Form 1095-C

 Will print Part II and Part III (Optional) of the 1095-C. Can be used to review ACA information prior to printing and filing forms.

e	Employee ACA Form 1095-C Data Listing: Print to Screen												
Prin	t 🔀 <u>C</u> I	ose 🕀 Print 🖪	lange	Search									
December 11:01 AM)ecember 2, 2021 CITY OF ANYWHERE L1:01 AM Employee ACA Form 1095-C Listing by Employee Id												
Range: B * Includ	AKØ1 es all E	to BAK01 mployees excep	t those t	that were te	erminated o	Year: 2021 r deceased b	efore 1/1/	2021.					
Emp Id	Name					Location	Departme	nt Status		Pay	/ Group Cat		
BAK01	BAKER,	CHRISTOPHER					SEW	Active		12	Month Empl	oyee	
	ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
14:		1H	1B	1B	1B	1B	1B	1B	1B	1B	1B	1B	1B
15:			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16:		2A	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17:													

IRS Code Maintenances

Box 14 definitions can be found by going to:

Benefits > 1095-C Offer of Coverage Code Maintenance

Box 16 definitions can be found by going to:

Benefits > 1095-C Safe Harbor Code Maintenance

Import/Export Routines (Optional)

1095-C Excel Export

Benefits > 1095-C Excel Export

The purpose of this export is to allow 1095-C information for all of your employees to be initially edited in one place and then imported back into MCSJ. Once imported, employee information can be maintained from the Employee Maintenance screen. The export routine will export **ALL** employees **EXCEPT** those that were terminated or deceased prior to the start of the reporting year. For purposes of including retirees who receive benefits, it will also include terminated employees with a **Status Code** '*Retire/WB*' regardless of the termination date.

© 1095-C Excel Export 🗧
Next K Close Help
This routine will export ALL employees except those that were terminated or deceased prior to January 1st of the Reporting Year.
IMPORTANT: In order to import the spreadsheet back into MCSJ, the format and sort order must remain the same.
Reporting Year: 2021
Sort Sequence: Employee Id 🔹
Create Separate Tabs for each Department

IMPORTANT: In order to import the spreadsheet back into MCSJ, the format and sort order must remain the same.

Completing the 1095-C Excel Export

Employee Id	Employee Name	Exclude from Form 1095-C	Box #	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
ABATE005	Abate, John		Covered	Х												
ADIEY005	Adieyefeh, Ronald J		14 (codes 1A-1I)	1A												
ADIEY005	Adieyefeh, Ronald J		15	(0.00 0.	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADIEY005	Adieyefeh, Ronald J		16 (codes 2A-2I)													
ADIEY005	Adieyefeh, Ronald J		Covered	Х												
AGUIL005	Aguilera, Rondalyn		14 (codes 1A-1I)	1A												
AGUIL005	Aguilera, Rondalyn		15	(0.00 0.	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AGUIL005	Aguilera, Rondalyn		16 (codes 2A-2I)													
AGUIL005	Aguilera, Rondalyn		Covered	Х												
BAILE010	Bailey, Troy E		14 (codes 1A-1I)	1A												
BAILE010	Bailey, Troy E		15	(0.00 0.	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAILE010	Bailey, Troy E		16 (codes 2A-2I)													
BAILE010	Bailey, Troy E		Covered	Х												
BANFI005	Banfi, Dolores		14 (codes 1A-1I)	1A												
BANFI005	Banfi, Dolores		15	(0.00 0.	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BANFI005	Banfi, Dolores		16 (codes 2A-2I)													
BANFI005	Banfi, Dolores		Covered	Х												

IMPORTANT: Do **NOT** modify the layout of the Excel spreadsheet. The layout must be preserved in order for the file to be imported back into MCSJ.

The following must be completed to successfully import the data back into MCSJ:

• Exclude from Form 1095-C

• All employees will be exported in the Excel file. Anyone that should NOT receive a 1095-C Form must be

set to Y to be excluded.

- If the employee should receive a Form 1095-C, leave this field blank.
- Part II Box #14 (Codes 1A-1K) Employer Offer & Coverage Codes
 - The codes entered within these fields will be used to populate Part II of the 1095-C Form. Enter the applicable IRS code (codes 1A-1K) for each applicable month.
- Part II Box #15
 - This should be populated with the amount of the employee share of the lowest-cost monthly premium that is offered to the employee. This will be used to populate Line 15 of the 1095-C Part II only needs to be filled in when codes are 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q are used per the IRS instructions.
- Part II Box #16 (Codes 2A-2H) Section 4980H Safe Harbor Codes
 - The codes entered within these fields will be used to populate Part II of the 1095-C Form. Enter the applicable IRS code (codes 2A-2H) for each applicable month.

Note: For more information refer to the IRS Instructions at: <u>https://www.irs.gov/pub/irs-pdf/i109495c.pdf</u> Additional Instructions for Self-Insured Employers Only:

For purposes of completing Part III of Form 1095-C, use the 'Covered' row to place an X for each month the employee was covered or in the 'All 12 Months' column if the employee was covered for the entire year.

1095-C Excel Dependent Export (Self-Insured Only)

This routine will export dependent information required to complete IRS Form 1095-C Part III. It is designed to simplify the process of initially preparing dependent data in MCSJ for 1095-C reporting. Imported information should be maintained going forward from the Employee Maintenance *Dependents* screen.

Benefits > 1095-C Excel Dependent Export

© 1095-C Excel Dependent Export 📃
Next Close Pelp
This routine will create an Excel spreadsheet with TWO tabs.
The first tab contains dependents that are already in MCSJ. This tab is for updating EXISTING dependent records.
The second tab will have a blank row for each employee. This tab is to be used for entering NEW dependents that DO NOT exist in MCSJ.
All employees will be exported except those that were terminated or deceased prior to January 1st of the Reporting Year.
IMPORTANT: In order to import the spreadsheet back into MCSJ, the format and sort order must remain the same.
Reporting Year: 2021
Sort Sequence: Employee Id 🔹

- Reporting Year
 - Enter the year in which you are reporting
- Sort Sequence
 - Select the sort sequence for the Excel file Employee Id, Last Name, or Department Id.

Completing the 1095-C Excel Dependent Export (Self-Insured Only)

Update Dependents (Tab #1)

Employee Id	Employee Name	Hire Date	Employee Status	Status Date 🔻	Dependent Last Name	Dependent First Name	Relationship	 Birth Date 	Gender	SSN 👻
ABATE005	Abate, John	04/15/98	Active		ABATE	Kevin	Child	06/26/2002	M	156-37-3206
ADIEY005	Adieyefeh, Ronald J	08/06/13	Active		ADIEYEFEH	ANDREW	Child	05/06/2014	M	220-10-0705
ADIEY005	Adieyefeh, Ronald J	08/06/13	Active		ADIEYEFEH	JULIA	Spouse	10/04/1984	F	314-84-6664
BANFI005	Banfi, Dolores	09/22/97	Active		BANFI	NOAH	Spouse	01/21/1938	M	335-43-0424
BARTO010	Barton, Janet A	02/03/06	Active		BARTON	RICHARD	Spouse	07/15/1969	M	770-50-5757
BARTO010	Barton, Janet A	02/03/06	Active		BARTON	KYLE	Child	06/23/2002	M	648-41-9487
BARTO010	Barton, Janet A	02/03/06	Active		BARTON	Paige	Child	10/12/2003	F	416-18-1866
BARTO010	Barton, Janet A	02/03/06	Active		BARTON	Kyle	Child	03/18/2005	M	600-71-3679
BEACH005	Beach, Alexis M	08/22/07	Active		BEACH	JÖSEPH	Spouse	10/22/1970	M	234-30-8297
BEACH005	Beach, Alexis M	08/22/07	Active		BEACH	GRACE	Child	12/16/2006	F	186-69-7335
BELLE005	BELLEBUONO SR., Lucas	09/17/90	Active		BELLEBUONO	Lois	Spouse	10/22/1953	F	455-58-5613
BELLE005	BELLEBUONO SR Lucas	09/17/90	Active		BELLEBUONO JR	SEAN	Child	05/18/1989	M	220-56-5104

Coverage Type	Covered All Months	Covered Jan 🔻	Covered Feb 🔻	Covered Mar	Covered Apr 🔻	Covered May	Covered Jun 🔻	Covered Jul 🔻	Covered Aug	Covered Sep -
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									
Traditional	Х									

- Relationship
 - Select from one of the following: Spouse, Child, Other.
- Birth Date
 - This column is required if no SSN is available for the dependent.
- SSN
 - Enter the dependent's SSN with the dashes.
- Coverage Info
 - If the Coverage Type is something other than 'None', enter an X for each month the employee was covered or enter an X in the 'Covered All Months' column.
- Remove this Dependent from MCSJ
 - Put a 'Yes' in this column **ONLY** if the dependent should be **<u>REMOVED</u>** from MCSJ

New Dependents (Tab #2)

Α	В		С	D		E			F		G	Н	1 I I	J	K
Employee Id 🔻	Employee Name	✓ Hire	e Date 🔻	Employee S	status 🔻	Status E	Date 🔻	Depende	ent Last Nam	e 🔻	Dependent First Nam	e 💌 Relationsh	ip 🔻 Birth Date 🕚	Gender -	SSN -
ABATE005	Abate, John	04/1	15/98	Active											
ADIEY005	Adieyefeh, Ronald J	08/0	06/13	Active											
AGUIL005	Aguilera, Rondalyn	08/0	04/14	Active											
AITKE005	Aitken, Joshua	08/1	15/16	Active											
					-	-						_			
L	M	N		0	P			Q	R		S		U	\ \	
Coverage Typ	covered All Months	Covered Jan	Covere	ed Feb 💌 (Covered	Mar 💌	Covere	ed Apr	Covered	May	Covered Jun	Covered Jul	Covered Aug	Covered	Sep 🔻
1															

IMPORTANT: Do **NOT** modify the layout of the Excel spreadsheet. The layout must be preserved in order for the file to be imported back into MCSJ.

- New dependent records will be created for rows that have the Dependent Last Name filled in.
- If the employee has more than one new dependent, insert a new row for that employee. Make sure that the Employee Id and Name are on the new row.

Note: Employees that exist in MCSJ should NOT be entered on this tab if they were added to MCSJ after the spreadsheet was created.

1095-C Excel Import

Benefits > 1095-C Excel Import

© 1095-C Excel Import 🤤
Next Close Verify Pelp
There should be a current backup of the data before proceeding. THERE IS NO REVERSE ROUTINE!
This routine will update the fields on the Employee's ACA tab with the information contained in the spreadsheet.
The verify step must be completed in order to validate that the spreadsheet contains all the required information.
SELF INSURED
Reporting Year:
2021
Sort Sequence:
Employee Id 🔹

- Prior to importing, you should have a current backup of your data as there is **NO** reversal routine for the import.
- The verification step must be completed in order to validate that the spread sheet contains all the required information and contains no errors.
 - Examples:
 - Invalid Employee Id
 - Invalid SSN
 - Missing Coverage Type
 - Missing Birth Date
- Once verified, click on the Next button. The routine will update fields on the employees ACA tab in Employee Maintenance.

1095-C Excel Dependent Import (Self-Insured Only)

Benefits > 1095-C Excel Dependent Import

© 1095-C Excel Dependent Import 📃 🗖
Next Close Verify Pelp
There should be a current backup of the data before proceeding. THERE IS NO REVERSE ROUTINE!
This routine will update/insert/delete Dependents with the information contained in the spreadsheet.
Reporting Year:
2021
Sort Sequence:
Employee Id 🔹
Prior to importing, you should have a current backup of your data as there is <u>NO</u> reversal routine for the important the verification step must be completed in order to validate that the spread sheet contains all the required information and contains no errors.

• Examples:

•

- Invalid Employee Id
- Invalid SSN
- Missing Coverage Type
- Missing Birth Date
- Once verified, click on the Next button. The routine will update fields on the dependent screens in Employee Maintenance.

Calculating Box 15 (if applicable) and Rolling Boxes 14 and 16

1095-C Monthly Routine

Benefits > 1095-C Monthly Routine

e			1095-C N	Monthly Routine
Next	🔀 <u>C</u> lose	✓ Verify	1 Help	

This routine updates boxes 14, 15, & 16 on employees that are not set to be excluded from the 1095-C. Boxes 14 & 16 are rollved over from the previous month (if an offer code has not already been entered for the month). If running for January, it moves the boxes 14 & 16 (if the offer code is 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q) from the 'All 12 Months' into January and clears the 'All 12 Months'. An amount is calculated for the month if the offer code is 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q.

Reporting Year:

2021		
Month:		
Jan 👻		
Lowest Cost Benefit (Medical/Prescription)	Ar	nnual Premium
053 HMO - HORIZON		175.32
		.00
		175.32
Range of Employee Ids (Blank for All):		
to		
Sort Sequence:		
Employee Id 🔻		
Print ACA Codes Descriptions at End of Report	ort	

- This routine is used to calculate Box 15 for a given month and also rolls boxes 14 and 16 from the previous month.
- Box 15 is only required to show an amount if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q is entered on line 14.
- For NJ, this routine will use the Chapter 78 calculation using 'Single' as the coverage. It will use the premium amount from the Single Employer Contribution on the lowest cost benefit.
- For all others, it will divide the Single Employee Contribution on the lowest cost benefit and divide by 12.

E-File 1095-C (including Print/Mail services via Nelco)

Benefits > E-File 1095-C

e		-File 1095-C	
Send File X Close	iew 🧹 🖌 Verify 🛛 🖳 Check File	Status 🛛 🔞 <u>H</u> elp	P Help
Parts I & II Part III & IV (1094-C)			
Reporting Year: 2021 Plan Start M	onth:		
Part I - Applicable Large Employer N	ember (ALE Member) - Form 1094-	С	
1. Name of ALE Member (Employer)	CITY OF ANYWHERE	Payer Pho	one/Ext: (555)555-0720
2. Employer EIN:	22-1234567		
3. Address:	1234 MAIN ST		
4. City, State (5), Zip (6):	Somewhere NJ 012	34-	
7. Contact Name:			
8. Contact Phone/Ext:	(555)555-0720		
18. Total of Forms 1095-C with this	ransmittal: 62		
19. Is this the Authoritative Transmi	tal? 🗸		
Part II - ALE Member Information			
20. Total of Forms 1095-C filed by A	LE Member: 62 Number of pre	viously transmitted	forms:
21. Is ALE Member a member of an	Aggregated ALE Group? 📃		
22. Certifications of Eligibilty (select	all that apply)		
A. Qualifying Offer Method	C. Reserved		
B. Reserved	D. 98% Offer Method		

- E-Filing is
 - **Required** for all employers who fall into the category of having over 250 1095-C forms to file.
 - **Optional** for all other employers.

• Employer Information

 Most will default from System Parameter Maintenance, however, if the information is inaccurate or missing you can fill it out on this screen.

Plan Start Month

o Optional

• Authoritative Transmittal (Box 19)

- An Authoritative Transmittal Form 1094-C "rolls-up" other 1094-C form and employer may have into one summary form.
- Is ALE Member of an Aggregated ALE Group (Box 21)
 - o If this is selected, Part III (d) of the 1094-C must be completed along with Part IV of the 1094-C
- Certifications of Eligibility (Box 22)
 - All choices that apply to your Form 1094-C must be checked off. Please refer to the IRS instructions.

e		E-File	1095-C								
Send File	Close 🛛 🔍 Preview 🛛 🎺	Verify 🛛 🖳 Check File State	us 🕜 <u>H</u> elp 🕜	Help							
Parts I & II Part II	I & IV (1094-C)										
Part III - ALE Men	nber Information - Monthly										
	(a) Minimum Essential	(b) Full-Time Employee	(c) Total Employee	(d) Aggregated	(e) Reserved						
	Coverage Offer	Count	Count	Group							
23. All 12 Month	IS										
24. Jan		0	0								
25. Feb		0	0								
26. Mar		0	0								
27. Apr		0	0								
28. May		0	1								
29. Jun		1	1								
30. Jul		0	0								
31. Aug		1	1								
32. Sep		1	2								
33. Oct		0	0								
34. Nov		1	1								
35. Dec		1	4								
Part IV - Other AL	E Members of Aggregated AL	E Group									
36.		-	41.			-					
37.		-	42.			-					
38.			43.			-					
39.			44.			-					
40.			45.			-					

After entering the appropriate information, click **Verify**.

The Verification Listing will look for errors and warnings. Below is a list of some of the errors and warnings it will check for:

- Errors:
 - Missing First Name, Last Name, or Address
 - Invalid Social Security Number
 - If the offer of coverage code is <u>NOT</u> codes 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q and the lowest cost share is greater than zero
 - If Self-Insured:
 - Missing Dependent First Name or Dependent Last Name
 - Invalid Social Security Number
 - No Social Security Number or Birth Date
- Warnings:
 - If the offer of coverage code is codes 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q and the lowest cost share is zero
 - o Dependent SSN listed on another employee

Click the **Preview** button and review the forms.

Note: The 'Send File' button will not enable until you preview the forms.

Once the verification is complete and the forms have been previewed, use the Send File button to send the form data

electronically to the Web Reporting Center through a secure web browser. When the below screen appears, login in if you have created an account. If you do not have an account, use the <u>Create Account</u> link to create one.

Note: Every time you click Send File, any previously submitted file which has not yet been filed with the IRS will be overwritten. Once a file has been sent to the IRS, corrections must be made in the Web Reporting Center.



Filing Home How It Works Help Manage Account

TEST ENVIRONMENT. NOT FOR LIVE FILES.

EDMUNDS WEB REPORTING CENTER ACCOUNT LOG IN

Enter your Log In information to access your Edmunds Web Reporting Center account and begin filing.

Either you are logged out, or your session has expired. Please login to Edmunds Web Reporting Center in order to continue to fill out tax forms.

Email:	
Password:	LOGIN
	Forgot Password

Create Account

Once logged in, the *Forms In Progress* screen will appear with all of your 1095-C records. From there, you may select what services (Federal E-filing only or E-filing with Recipient Mail/Online Retrieval) you want to use. Costs will vary depending on the service(s) you select. A subtotal will appear on the screen.

Note: You have the option to choose the Recipient Mail & Online Retrieval option now and come back to E-file later. Options for printing, emailing and e-filing will vary on the below web screens depending on the services selected.

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TEST ENVIRONMENT. NOT FOR LIVE FILES.							
Choose one of the following filing bundles FORMS IN PROGRESS Delete All Forms Choose services (left) and affected Recipient (below) to add to cart. NEXT Mathematical Services (left)							
BUNDLES	CITY OF A	NYWHERE				•	
Federal & State E-filing & Recipient Mail & Online	1095-C (66 records)		Federal Filing	State Filing	Recipient Copy		
 Federal E-filing, Recipient Mail, 	AURIG, DILL	.ON J III	~	√ NJ	~		
& Online Retrieval	BAROUSSE,	, NICHOLAS	~	√ NJ	~		
OR any service option(s)	BERRY, PAT	RICIA	~	√ NJ	~		
A LA CARTE SERVICES	BONAMASS	A, BRETT JR	~	✓NJ	~		
State Filing	BRIGHT, JAM	VES E	~	√ NJ	~		
Recipient Mail & Online Retrieval	BURDALSKI	, DASHON	~	√ NJ	~		
SUBTOTAL: \$343.20	CINTRON, D	ARRELL	~	√ NJ	~		
Price List	COLLINS, FF	RANCIS C	~	✓NJ	~		
	DALONZO, H	HUNTER	~	√ NJ	~		
LEGEND:	DAVIS, DAN	IEL A	~	✓NJ	~		
Previously Filed	DAY, KEITH	J	~	√ NJ	~		
Selected for Reprint	DEETS, DEM	IA.	~	√ NJ	~		

You may deselect an employee record to prevent it from being included in the e-filing or printing, but is recommended that you <u>re-send a file from MCSJ</u> if something needs correction rather than trying to adjust the filing on the *Forms In Progress* page.

Note: You may also click the <u>Delete All Forms</u> link if you want to remove all forms.

Click **Next**. E-filers will jump to the *1094-C Data Entry* page shown below.

Once again, you may edit information on this screen, but it is recommended you send a new file from MCSJ if there are mistakes.

1094-C Data Entry					NEXT
(Lines 1-19) * is a re	e Employer Member (Empl quired field	oyer)			•
EIN	22-1234567				
Name 1	CITY OF ANYWHERE				
Name 2					
Address 1	1234 MAIN ST				
Address 2		Country* US			
City	Collingswood St	ate* NJ Zip Code + Extension*	01234		
1094 Contact Name*	ME	MYSELF Su	ffix		
1094 Contact Telephone	(555) 555-0720 Ex	tension			
Check if you are a designate 18. Total Number of Forms 1 19. Is this the authoritative tr	d government entity filing on behalf o 095-C submitted with this transmittal ansmittal for this ALE Member? If Ye	of the employer 🔄 🕢 I: 127 es', check the box and continue. If 'No', see in:	structions.* 🖂 Yes 🗌 No	Ø	
(Lines 20-22) 20. Total number of 21. Is ALE Member	f Forms 1095-C filed by and/or on be a member of an Aggregated ALE Gr	half of ALE Member 127 🕜			•
22. Certifications of A. Qualifying (D. 98% Offer	f Eligibility (select all that apply): Offer Method Method	0			
22. Certifications of A. Qualifying (D. 98% Offer ALE Member Ir (Lines 23-35)	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member	Aggregated Group Indicator (check if yes)	°
22. Certifications of A. Qualifying (D. 98% Offer ALE Member Ir (Lines 23-35)	f Eligibility (select all that apply): Offer Method Method nformation - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member	Aggregated Group Indicator (check if yes)	0
22. Certifications of A. Qualifying (D. 98% Offer ALE Member Ir (Lines 23-35) All 12 Months	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member	Aggregated Group Indicator (check if yes)	0
22. Certifications of A. Qualifying (D. 98% Offer ALE Member Ir (Lines 23-35) All 12 Months Jan	f Eligibility (select all that apply): Offer Method Method Normation - Monthly Minimum Essential Coverage Offer Indicator (check if yes) © □ □	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member	Aggregated Group Indicator (check if yes)	C
22. Certifications of A. Qualifying (D. 98% Offer (Lines 23-35) All 12 Months Jan Feb	f Eligibility (select all that apply): Offer Method Method Iformation - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member	Aggregated Group Indicator (check if yes)	O
22. Certifications of A. Qualifying (D. 98% Offer I (<i>Lines 23-35</i>) All 12 Months Jan Feb Mar	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member	Aggregated Group Indicator (check if yes)	C
22. Certifications of A. Qualifying (D. 98% Offer (Lines 23-35) All 12 Months Jan Feb Mar Apr	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member	Aggregated Group Indicator (check if yes)	e
22. Certifications of A. Qualifying (D. 98% Offer I (Lines 23-35) All 12 Months Jan Feb Mar Apr May	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member 0 0 0 0 0 0	Total Employee Count for ALE Member 0 0 0 0 0 1	Aggregated Group Indicator (check if yes)	C
22. Certifications of A. Qualifying (D. 98% Offer I (Lines 23-35) All 12 Months Jan Feb Mar Apr May Jun	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member 0 0 0 0 0 0 1 1	Aggregated Group Indicator (check if yes)	e
22. Certifications of A. Qualifying (D. 98% Offer I (Lines 23-35) All 12 Months Jan Feb Mar Apr May Jun Jul	f Eligibility (select all that apply): Offer Method Method formation - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member 0 0 0 0 0 0 1 1 0	Total Employee Count for ALE Member 0 0 0 0 1 1 1 0	Aggregated Group Indicator (check if yes)	Đ
22. Certifications of A. Qualifying (D. 98% Offer I (Lines 23-35) All 12 Months Jan Feb Mar Apr May Jun Jul Jul Aug	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member 0 0 0 0 0 1 1 1 0 1 1	Aggregated Group Indicator (check if yes)	O
22. Certifications of A. Qualifying (D. 98% Offer I (Lines 23-35) ALE Member Ir (Lines 23-35) All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep	f Eligibility (select all that apply): Offer Method Method Iformation - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member 0 0 0 0 1 1 1 0 1 1 2	Aggregated Group Indicator (check if yes)	Đ
22. Certifications of A. Qualifying (D. 98% Offer I (Lines 23-35) All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct	f Eligibility (select all that apply): Offer Method Method Information - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member 0 0 0 0 0 1 1 1 1 0 1 1 2 0	Aggregated Group Indicator (check if yes)	C
22. Certifications of A. Qualifying (D. 98% Offer I (Lines 23-35) ALE Member Ir (Lines 23-35) All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov	f Eligibility (select all that apply): Offer Method Method Iformation - Monthly Minimum Essential Coverage Offer Indicator (check if yes)	Section 4980H Full-Time Employee Count for ALE Member	Total Employee Count for ALE Member 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 2 0 0 1	Aggregated Group Indicator (check if yes)	e

After reviewing the information, click **Next** to continue to the *Submit Forms* page.

© edmunds	Filing Home	How It Works	Help Manag	e Account Log Ou
TEST ENVIRONMENT. NOT F	OR LIVE FILES.			
SUBMITFORMS				
				NEXT •
Review Cart Payment Details Complete				
PREVIEW FORMS Q SUMMARY REPORT DETAIL REPORT			REMOV	E ALL PAYERS 🕜
CITY OF ANYWHERE (66 Recipients)				•
1095-C / 1094-C	Federal Filing	State Filing	Recipient Copy	Subtotal \$343.20
AURIG, DILLON J III	~	✓ NJ	~	\$5.20
BAROUSSE, NICHOLAS	~	🗸 NJ	~	\$5.20
BERRY, PATRICIA	~	✓ NJ	~	\$5.20
BONAMASSA, BRETT JR	~	🗸 NJ	~	\$5.20
BRIGHT, JAMES E	~	🗸 NJ	~	\$5.20
Federal 1094-C: Edit Transmittal				\$343.20
		REMOVE PAYER	ADD/E	EDIT EMAILS 🔤
			SUBTO	TAL:\$343.20
		Promo Cod	e:	
			TO:	APPLY CODES
			10	
LEGEND 🗸 Selected for Service 👼 Selected for Reprint 🚡 Previously filed				NEXT >

The **Preview Forms** button can be used to view PDF copies of your 1095-C forms.

The **Detail Report** button will export 1095-C information for your employees to Excel.

When utilizing Printing/Online Retrieval services, only employees with a populated email address will receive a copy of their forms via email. If applicable, use the **Add/Edit Emails** button to edit the email addresses of your employees.

From the *Submit Forms* page, click **Next** and you'll be prompted to enter your payment information.



Important: Once you submit your forms, we cannot stop the filing or printing. It's like dropping your forms in a mailbox.

Select Credit Card	
Add a Card	
Prepaid Filing Code: APPLY CODE	Total: \$1,302.05
REVIEW C	ART PAY & SUBMIT >

Users with a Prepaid Filing Code should enter it and click **Apply Code**. Otherwise, credit card information may be entered. Click **Pay & Submit**.

Upon successful transmittal, the following screen should appear.

EDMUNDS & ASSOCIATES Simple. Effective. Solutions.		I	Filing Home	How It Works	Help	Manage Account	Log
Review Cart Payment Details	Complete						
CO You h	NGRATU ave successfully	JLATI filed your r	ONS eturns.	5!			
Payer Name	Form Type	Confirmation #	Federal E-	file	R	Recipient Copy	
CITY OF ANYWHERE	1095/1094	130220	\checkmark			\checkmark	
Submitted: 1/9/2017 9:49:59 AM							
What We Do For You:		What You Are	Responsit	le For:			
FEDERAL: E-file 1095 forms to IRS - More	Info	 Track st 1095 fo 	tatus of your r rms: IRS upd	eturns from Your ates status within	Filing H	ome rs of	
RECIPIENT COPIES: Mail 1095/1094 form:	s to Recipient - More Info	submiss	sion.				
RECIPIENT COPIES: Post 1095/1094 form Info	s to Online Retrieval - <u>More</u>	•	Retain Payer	Copies for 3 year	S		
PAYER COPIES: 1095 forms on PDF - Mor	re Info						
PRINT PAGE PRINT FORMS PRIN	T RECEIPT				RETUR	N TO YOUR FILING H	DME.

If applicable, use the **Print Forms** button to download and print PDF 1095-C copies.

You may always go back to the site to check on your filing status, re-print forms, file corrected forms, or email the forms. From the E-File 1095-C menu option in MCSJ, click on the **Check File Status** button and you will be automatically linked back to the *Filing Form History* screen after entering your e-mail address and website password. If the services have been purchased, you may re-print or email your 1095-C forms from this screen by clicking on the appropriate icons next to the confirmation information. Forms may be corrected and re-printed and/or re-filed by clicking on the pencil and paper icon.

E	E-File 1095-C	
Send File 🔀 Close 🔗 Verify	Check File Status 🕜 Help	
Parts I & II Part III & IV (1094-C)	E Log In	
Reporting Year: 2015 Plan Start Mor	Email Address: Password: Ie): QUAN	
Part I - Applicable Large Employer Men		
1. Name of ALE Member (Employer):	OK Cancel	

Print 1095-C Forms in MCSJ

Benefits > Print 1095-C Forms

C	Print 1095-C Forms
Print X Close Review	✓ Verify
Parts I & II Part III & IV (1094-C)	
Recipient: Form: Employee Copy Form 1095-C	Select Sort Sequence: Range of Employee Ids (Blank for All):
Employee Copy IRS Copy Plan Start Model	onth:
Part I - Applicable Large Employer M	ember (ALE Member) - Form 1094-C
1. Name of ALE Member (Employer):	CITY OF ANYWHERE Payer Phone/Ext: (555)555-0720
2. Employer EIN:	22-1234567
3. Address:	1234 MAIN ST
4. City, State (5), Zip (6):	Somewhere NJ 01234-
7. Contact Name:	
8. Contact Phone/Ext:	(555)555-0720
18. Total of Forms 1095-C with this t	ransmittal: 66 Number of Employees with IRS continuation page:
19. Is this the Authoritative Transmit	tal?
Part II - ALE Member Information	
20. Total of Forms 1095-C filed by A	LE Member: 66 Number of previously transmitted forms:
21. Is ALE Member a member of an a	Aggregated ALE Group?
22. Certifications of Eligibilty (select	all that apply)
A. Qualifying Offer Method	C. Reserved
B. Reserved	D. 98% Offer Method
Alignment X Offset: Y C	Offset: Corrected

- Recipient
 - Choose from Employee Copy or IRS Copy
 - Employers doing electronic filing will not use the IRS Copy
- Form (for IRS Copy)
 - Choose from 1095-C, 1095-C Cont Page (if applicable), or 1094-C
 - 1095-C Continuation Page is only need if the employer is completing Part III of the 1095-C
- Sort Sequence
 - Choose from Employee Id or Department Id (available only for Employee Copy).
- Plan Start Month
 - o Optional
- Employer Information
 - Some information will default from System Parameter Maintenance. Complete the remaining fields.
- Alignment (IRS Copy)
 - Will print an alignment page for whichever IRS Form is selected.

Note: IRS Copies - If your organization has a mix of self-insured and not self-insured plans, the employees requiring Part III of the 1095-C will print together at the start of the print job so these forms can be easily matched up with their Part III continuation pages.

Print 1095-C Forms						
🔄 Print 🛛 🔀 Close	🔍 Preview 🛛 🔗 Veri	fy 🕜 <u>H</u> elp				
arts I & II Part III & I	IV (1094-C)					
Part III - ALE Membe	r Information - Monthly					
	(a) Minimum Essential	(b) Full-Time Employee	(c) Total Employee	(d) Aggregated	(e) Reserved	
	Coverage Offer	Count	Count	Group		
23. All 12 Months						
24. Jan		119	205			
25. Feb		119	205			
26. Mar		121	208			
27. Apr		120	203			
28. May		120	206			
29. Jun		120	211			
30. Jul		119	210			
31. Aug		0	0			
32. Sep		0	0			
33. Oct		0	0			
34. Nov		0	0			
35. Dec		0	0			
Part IV - Other ALE M	embers of Aggregated ALE	Group				
36.		-	41.			-
37.		-	42.			-
38.		-	43.			-
39.		-	44.			- -
40.			45.			- -

Create New Year ACA Records - 2022

The 2022 ACA employee records are created by running this routine. You should delay running the routine until you have completed your 2021 ACA filing so that the appropriate information will carry over into January of 2022.

Benefits > Create New Year ACA Records

e	Create New Year ACA Records	
Next X Close Pelp		

This routine will create ACA records for the new year based on the prior year ACA records. If 'Offer Code All' was filled out in the prior year, it will be rolled into 'All' for the new year. If 'Offer Code December' was filled out, it will be rolled into 'January' for the new year.

If the employee had 'Self-Insured Coverage' for all months or in December of the prior year, the employee will be marked as having 'Self-Insured Coverage' for all months in the new year.

If the employee had 'Waived Benefits' for all months or in December of the prior year, the employee will be marked as having 'Waived Benefits' for all months in the new year.

If the employee was marked as 'Exclude from 1095-C' in the prior year, the employee will be marked as 'Exclude from 1095-C' in the new year.

New ACA Year: 2022 Prior ACA Year: 2021