



# ACA Elevate

**Option 1 ~ *Year-end Filing***

**Option 2 ~ *Monthly Tracking & Filing***

Presented By:



- HR Benefits
- HR Management
- HR Services

We're proud to offer a full-circle solution to your HR needs. BASIC offers collaboration, flexibility, stability, security, quality service and an experienced staff to meet your integrated HR, FMLA and Payroll needs.

# Lessons Learned from 2015



## What were some of the major pain points for employers when it came to ACA reporting in 2015?

- Information needed for reporting may reside across multiple tracking or software systems. HRIS and Payroll systems don't have all of the required information.
- There may be coordination problems between multiple departments to get the data and getting the data out of the system may be complicated.
- Organizations may not have been gathering all of the data needed for ACA compliance.
- Administratively intensive and employers have to dedicate resources, time and a lot of energy to complete the forms.
- Might have to track employees and have a tracking system in place to determine whether employees are entitled to benefits at end of the measurement period.

# Lessons Learned from 2015



What were some of the major pain points for employers when it came to ACA reporting in 2015?  
Continued...

- Data accuracy issues: leave data, hourly tracking, dependent information, multiple EINS matching with company name, acquisition and mergers, inaccurate SSNs matching to employee, missing termination and rehire date information, inaccurate tracking of breaks in service
- IRS transmission issues: corrections process continues (SSN/TINs are being rejected 7-10% of the time)
- Resources for compliance and budget for compliance
- Getting senior management support (IT and CFO support)

# What's Different for Year Two of Reporting?

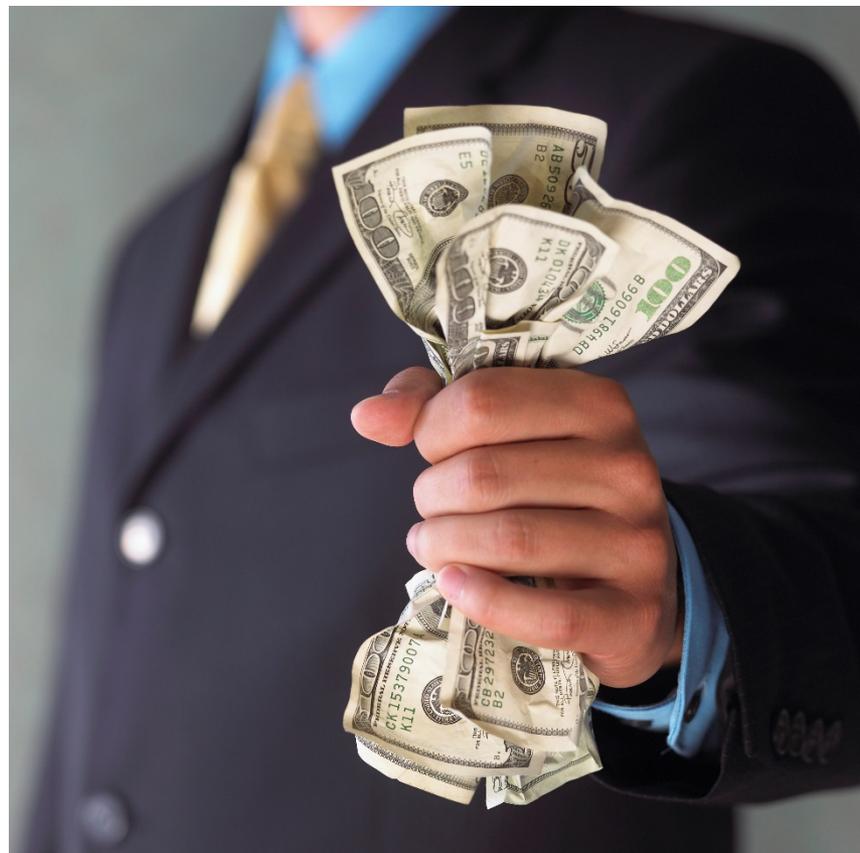


- May have changes for the Employer Mandate, Union employees, Same Sex Marriages, Interns, HRAs.
- Qualifying Offers (QO) offers of MEC plan to 95% of full-time employees/ spouse/dependents, up from 70% last year. If making a QO, employer is eligible for transition relief for non-calendar year plans where the plan was in place December 27, 2012 and had one quarter of the employees enrolled by February 9, 2014; or, had offered the plan to one third of the employees before the February 2014 date.
- Affordability amendments may come to reflect inflationary adjustment of 9.56% for 2015 and 9.66% for 2016.
- Inflationary adjustment language was not in correlating affordability calculations.

# Pay or Play Reporting



- IRS requires insurers and large employers to file reporting forms in order to enforce the pay or play penalties



# Pay or Play Penalties



- The \$2,000 and \$3,000 pay or play penalties are adjusted for inflation
- For calendar year 2015, the \$2,000 penalty is \$2,080 and the \$3,000 penalty is \$3,120
- For calendar year 2016, the \$2,000 penalty is \$2,160 and the \$3,000 penalty is \$3,240

# Reporting Penalties



- IRS can assess \$250 penalty per return for late, incomplete or incorrect forms
- In addition to filing reports with the IRS, the ACA requires employers to provide certain forms to employees, similar to the existing WS-2 reporting requirements. It is important for employers to be aware that the penalties apply separately to both requirements. For example, a failure to file a Form 1095-C with the IRS and a failure to furnish the same Form 1095-C to the employee will result in two penalties of \$250 each, or \$500 per affected employee.
- IRS will grant relief for incomplete or incorrect returns for first year if good faith effort... **but not for the 2016 Reporting Year and after!**

# Quicker Deadlines



## No Indication of an Extension for 2016 Reporting Deadlines!!!

- For 2016 and later years 1095-Cs must be distributed to employees by the first business day on or after January 31
- The 1094-C and 1095-Cs must be filed with the IRS
  - Filing by Mail: By the first business day on or after February 28 if filing by mail
  - Filing Electronically: By the first business day on or after March 31 if filing electronically

# Why ACA Elevate?



## Why should employers choose BASIC's Stand-alone Solution: ACA Elevate over their payroll provider or doing it in-house?

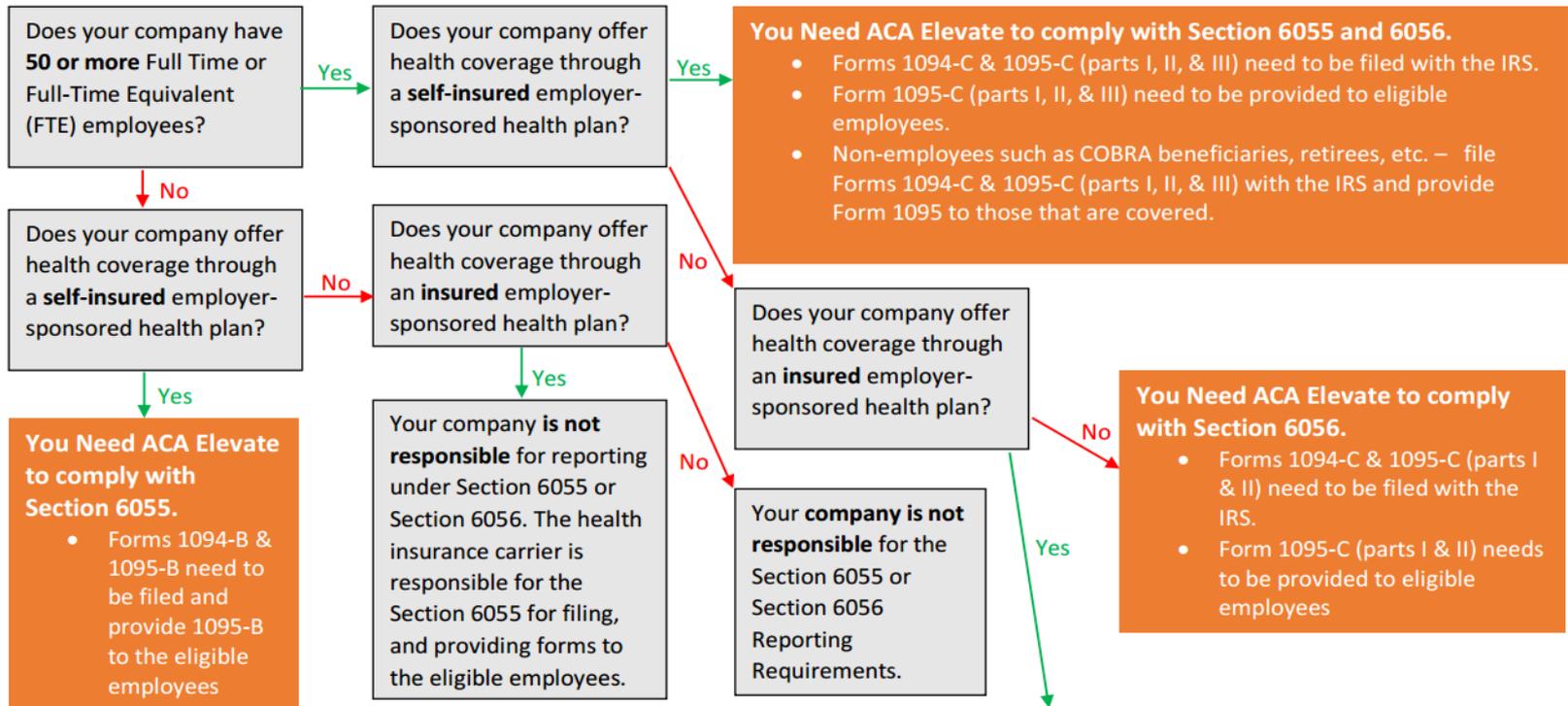
- Accurate forms
- Timely transmissions
- Correct coding for lines 14, 15, 16
- Excellent customer support
- Takes away the stress and complexity of tracking and calculating employee hours with ACA hours tracking and monitoring service
- Assuming the liability for accuracy of the transmittal to the IRS, timing of the employee forms and accuracy of the information — of course we can't be held responsible for the data that you or your carrier provide but if we make the error, then we will make it right.
- BASIC's experienced compliance team is answering your questions and guiding you through the whole process with minimal work involved on Employer's part

# Does Your Company Need to Comply?



6055 & 6056 Reporting

## ACA Elevate: Decision Tree *by BASIC*

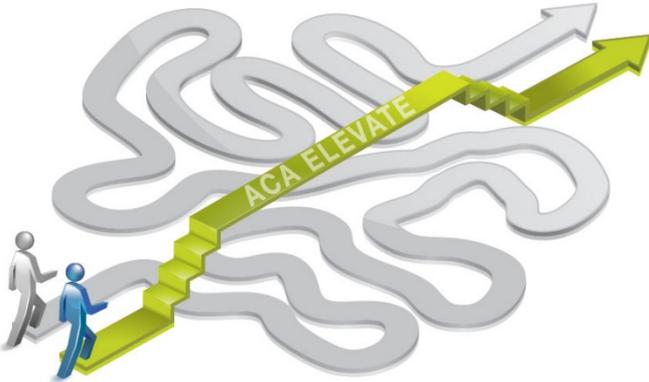


BASIC's ACA Elevate is a stand-alone solution that generates 1094-C & 1095-C Forms and electronic filing with simple uploads of a MS Excel workbook. ACA Elevate offers 2 different solutions to ensure every employer remains compliant with the 6055 and 6056 reporting requirements.

**You Need ACA Elevate to comply with Section 6056. The health insurance carrier will fill and provide Section 6055 forms on your behalf.**

- Forms 1094-C & 1095-C (parts I & II) need to be filed with the IRS.
- Form 1095-C or a similar statement needs to be provided to eligible employees
- Non-employees such as COBRA beneficiaries, retirees, etc. either:
  - a. If **not** your employee for all 12months- The health insurance carrier will file with the IRS & provide section 6055 forms on your behalf ; OR
  - b. If your employee for 1 or more months- File Forms 1094-C & 1095-C with the IRS and provide Form 1095-C to reporting those months while employed

# ACA Elevate: 6055 and 6056 Reporting for any employer!



**Varying Levels of Complexity**  
 Self-Insured, Fully-Insured,  
 Controlled Groups, Union &  
 Non-Unions – BASIC can  
 handle them all!

Form **1094-C** **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns**  CORRECTED 120116  
OMB No. 1545-2251

Department of the Treasury  
Internal Revenue Service **2015**

► Information about Form 1094-C and its separate instructions is at [www.irs.gov/form1094c](http://www.irs.gov/form1094c)

**Part I Applicable Large Employer Member (ALE Member)**

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

**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.** Qualifying Offer Method Transition Relief  **C.** Section 4980H Transition Relief  **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 \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A **Form 1094-C** (2015)

# ACA Elevate: 6055 and 6056 Reporting for any employer!



**Multiple Service Levels to Meet Your Companies Needs:** ACA Through Payroll, Self-Admin ACA, Full-Service ACA Filing, Full-Service ACA Tracking and Filing... BASIC has a solution for your company

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**  
► Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

OMB No. 1545-2251  
**2015**

**Part I Employee**      **Applicable Large Employer Member (Employer)**

<b>1</b> Name of employee		<b>2</b> Social security number (SSN)		<b>7</b> Name of employer			<b>8</b> Employer identification number (EIN)			
<b>3</b> Street address (including apartment no.)				<b>9</b> Street address (including room or suite no.)			<b>10</b> Contact telephone number			
<b>4</b> City or town		<b>5</b> State or province		<b>6</b> Country and ZIP or foreign postal code		<b>11</b> City or town		<b>12</b> State or province		<b>13</b> Country and ZIP or foreign postal code

**Part II Employee Offer and Coverage**      **Plan Start Month** (Enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>14</b> Offer of Coverage (enter required code)													
<b>15</b> Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Applicable Section 4980H Safe Harbor (enter code, if applicable)													

**Part III Covered Individuals**  
If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60705M

Form **1095-C** (2015)

# A Simple Solution to a Complex Problem



- 1. ELEVATE: Option 1 - No need for regular feed of data**– BASIC's file works off of a two MS Excel workbook uploads with employee and coverage data at year-end. Focus on key deliverables for employers with simpler reporting needs. Perfect stand-alone solution for companies with 0 – 10 variable hour employees!
- 2. Real Time Access** – Access your workbook and workbook training videos online anytime
- 3. Flexible**– Choose from a variety of outputs and reporting formats as well as mail and eFiling solutions.
- 4. Unsurpassed Support** – BASIC provides both technical support as well as access to our Compliance Experts for complex ACA questions



## Automation

- Completes Employer form 1094 C
- Batch completes Employee form 1095 C
- Generates Summary Report In Excel
- Optional Print/mail of 1095 C forms to employees' homes
- eFiling with IRS automatically included

## Built-In Logic and Security

- Determines Correct Indicator Codes
- Assigns Correct Plan Effective Dates
- Calculates 70 and 95% Offer Thresholds
- Interprets Safe Harbor and Transition Relief Designations

# A Simple Solution to a Complex Problem



- 1. ELEVATE: Option 2 - Monthly Data Feed to track variable work hour employees.** BASIC's file works off of a monthly MS Excel workbook upload with employee and coverage data totaled and reported year-end. Ideal for employers with complex variable employee measurements. Gives the ability to manage employees monthly including eligibility, affordability and status tracking through your own dashboard.
- 2. Real Time Tracking & Reporting** – Access your data and reporting over the Web 24/7
- 3. Record Keeping-** Online history archive of all records
- 4. Flexible**– Choose from a variety of outputs and reporting formats as well as mail and eFiling solutions
- 5. Unsurpassed Support** – BASIC provides both technical support as well as access to our Compliance Experts for complex ACA questions



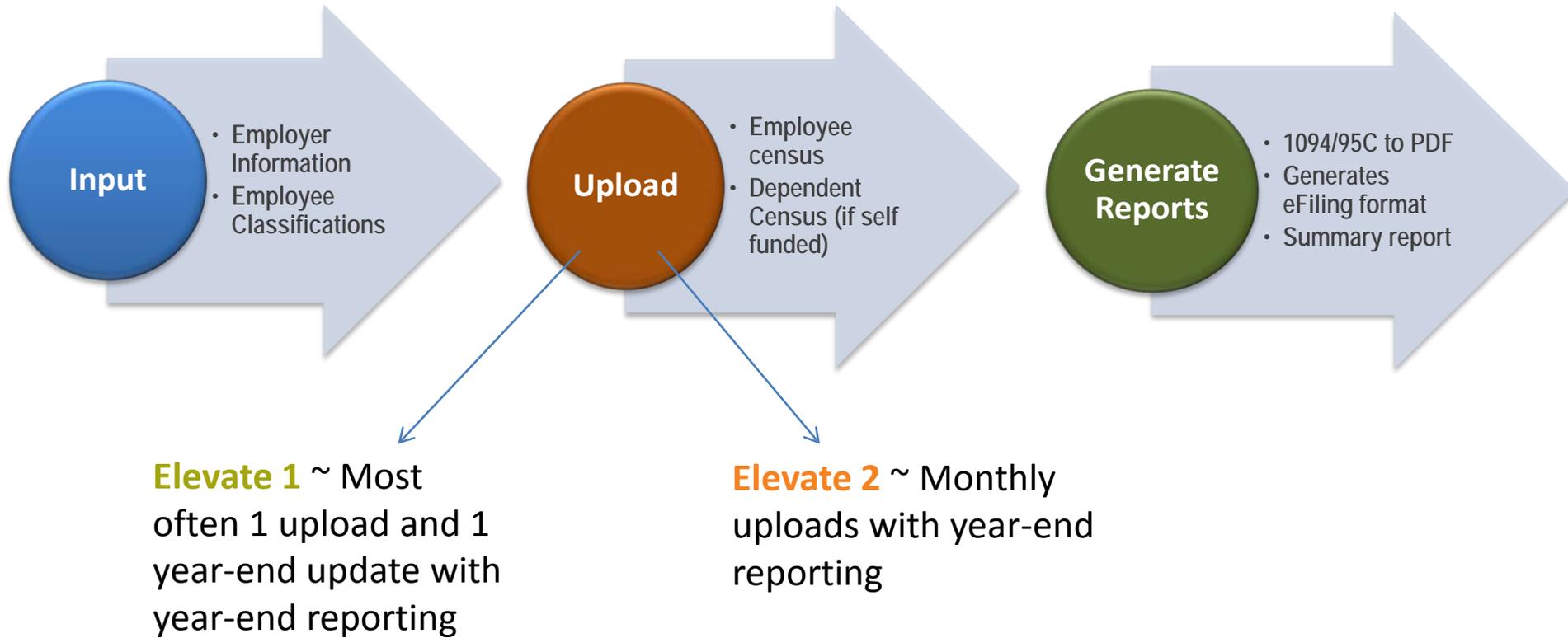
## Automation

- Completes Employer form 1094 C
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## Built-In Logic and Security

- Determines Correct Indicator Codes
- Assigns Correct Plan Effective Dates
- Calculates 70 and 95% Offer Thresholds
- Interprets Safe Harbor and Transition Relief Designations

# The Process



# Completes 1095-C part I, II and III



Form **1095-C**

Department of the Treasury  
Internal Revenue Service

## Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID

CORRECTED

OMB No. 1545-2251

**2015**

Part I Employee			Applicable Large Employer Member (Employer)								
1 Name of employee			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	

Part II Employee Offer and Coverage	Plan Start Month (Enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Cat. No. 60705M

Form **1095-C** (2015)

# Completes 1094-C Part I, II, III and IV



Form **1094-C** | **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns** |  CORRECTED | OMB No. 1545-2251 | 120116  
 Department of the Treasury | Internal Revenue Service | **2015**  
 Information about Form 1094-C and its separate instructions is at [www.irs.gov/form1094c](http://www.irs.gov/form1094c)

**Part I Applicable Large Employer Member (ALE Member)**

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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 . . . . .

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. Qualifying Offer Method Transition Relief     C. Section 4980H Transition Relief     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 \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.      Cat. No. 61571A      Form 1094-C (2015)

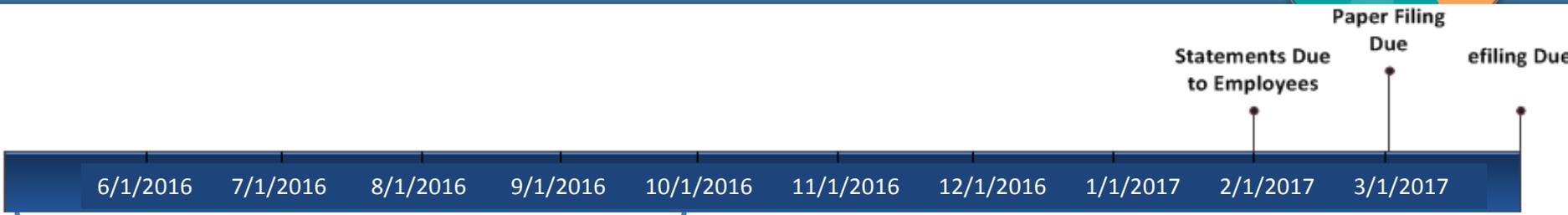


# ACA Elevate 1 Year-end Filing-Responsibilities



Stage	BASIC	Client
<b>Client Welcome Email &amp; Workbook Access</b>	Send client the ACA Elevate website to access workbook & training webinars	Client goes to website for resources needed to complete workbook (including training & uploading)
<b>Initial Data Collection</b>		Complete Initial Workbook fully and send back (via secure upload) to BASIC
<b>Implementation &amp; First Intake Check</b>	Set-up client in database, upload workbook and validate data	
<b>Final Intake &amp; Run</b>	Work with client to update changes and correct errors	Provide updated Final Workbook
<b>e-Filing and Mailing</b>	E-file to IRS on behalf of clients  *mail if applicable (if client choose BASIC's Mailing Option)	BASIC will provide an electronic file for clients to keep and distribute (only if client did not select BASIC's Mailing Option)

# Step 1: Elevate 1- Review and complete workbook



1. Look at workbook to see how to collect required data



**BASIC**<sup>®</sup> Prep Workbook Instructions

Instructions. Please follow the steps listed below and refer to examples in yellow as well as additional information

Step	Mark as Complete	Regarding	Step Instructions:
1	<input type="checkbox"/>	Employer Information	Complete the employer information tab. The aggregated groups (Controlled Groups) - See <a href="http://www.irs.gov/pub/irs-tege/epchd704.pdf">http://www.irs.gov/pub/irs-tege/epchd704.pdf</a> for more detailed information on controlled groups
2	<input type="checkbox"/>	Employee Classes	Complete the classification distinction tab. If you have employees moving from PT (not eligible) to FT (eligible) you will need to build a PT class. Refer to the last tab for Offer and Safe Harbor definitions
3	<input type="checkbox"/>	Census	Complete the census using the format in step 3.
a	<input type="checkbox"/>	EE Demographic	Add employee information including correct class from step 2. All employees covered or eligible for one month of the year should be included.
b	<input type="checkbox"/>	When Covered	Mark "C" for each month covered even if partial. Leave blank if waived or not eligible.
c	<input type="checkbox"/>	When considered a variable hour EE	Mark "V" for all variable hour employees in their measurement or administrative period.
d	<input type="checkbox"/>	Termed, Rehired, or Class Change	In the last section indicate date employee Termed and/or was rehired. Also indicate a class change if applicable.
e	<input type="checkbox"/>	Dependents	If Self Insured Dependents name SSN Date of birth is completed below the associated employee SSN. Mark "C" for each month they are covered.

Access to BASIC's ACA Client Website to obtain company workbook, watch workbook training videos and securely upload your employee data

Employee Class	Date of Hire	W2 or Rate of pay/yr.	SSN	Employee Address	City/town	State	Zip Code	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
1	1/15/2015	\$53,019	999-99-9999	1205 Main Street	Anytown	IL	60523				C	C	C	C	C	C	C
1	9/14/1994	\$34,674	999-99-9999	1205 Main Street	Anytown	IL	60523										
1	9/10/1996	\$36,192	999-99-9999	1205 Main Street	Anytown	IL	60523	C	C	C	C	C	C	C	C	C	C
1	10/29/1998	\$12,000	999-99-9999	1205 Main Street	Anytown	IL	60523	V	V	V	V	V	V	V	V	V	V

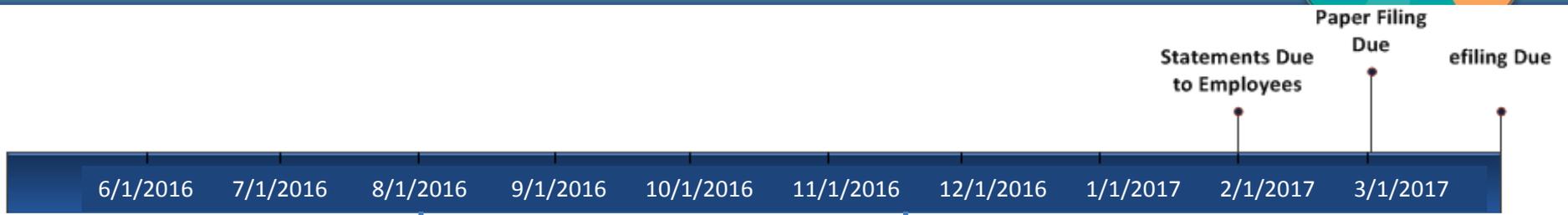
# Step 2: Elevate 1- Set-up



2. Once your workbook is complete we set you up in the system (create classes in system , finalize census)

Clients	
#	Client
1	Aperture Science
2	Black Mesa

# Step 3. ACA Elevate 1 ~ Run Initial Test Report

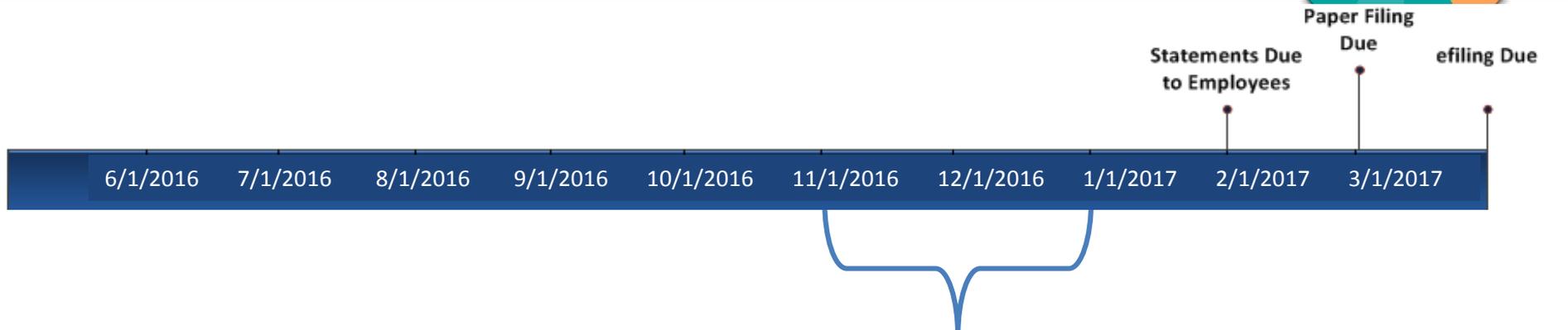


1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	14	14
Name of employee	Social security number (SSN)	Street address (including apartment no.)	City or town	State or province	Country and ZIP or foreign postal code	Name of employer	Employer identification number (EIN)	Street address (including room or suite no.)	Contact telephone number	City or town	State or province	Country and ZIP or foreign postal code	Offer of Coverage All 12 Months	JAN	FEB	MAR
charlie Jones	999-99-9999	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Pete Smith	737-27-3363	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Andy Rice	835-58-7253	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Esmeralda Cook	332-45-9373	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Ileen Thornberry	825-46-6536	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Junita Kenna	296-24-8232	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Sage Ortis	999-42-2948	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Tamekia Calvin	688-64-3478	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Trula Domenech	642-26-7826	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Mac Swaim	954-56-5468	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Victoria Wing	443-99-3475	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Aracely Roots	247-88-4784	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
HellenOntiveros	343-77-8683	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Taylor Ambrosino	969-67-8679	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Laraine Vito	874-76-4549	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Priscilla Silvey	687-66-4483	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Deb Finn	764-27-3885	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Eli Manzo	646-23-4952	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Stanton Buchta	923-79-7684	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Luther Nance	492-59-8978	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Hsiu Grand	972-57-8368	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Brendon Kleinman	468-85-8887	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Librada Hambricht	274-62-2435	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H

# Elevate 1: System Calculates Correct Codes

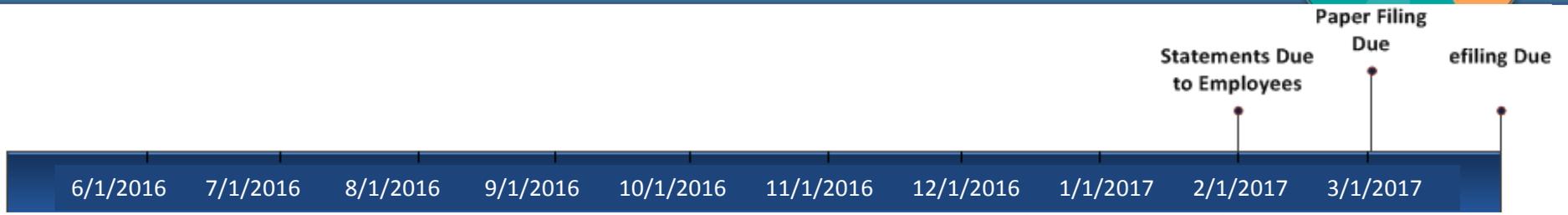


# Step 4. ACA Elevate 1 ~ Final WB Upload



1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	14	14
Name of employee	Social security number (SSN)	Street address (including apartment no.)	City or town	State or province	Country and ZIP or foreign postal code	Name of employer	Employer identification number (EIN)	Street address (including room or suite no.)	Contact telephone number	City or town	State or province	Country and ZIP or foreign postal code	Offer of Coverage All 12 Months	JAN	FEB	MAR
charlie Jones	999-99-9999	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Pete Smith	737-27-3363	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Andy Rice	835-58-7253	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Esmeralda Cook	332-45-9373	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Ileen Thornberry	825-46-6536	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Junita Kenna	296-24-8232	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Sage Ortis	999-42-2948	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Tamekia Calvin	688-64-3478	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Trula Domenech	642-26-7826	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Mac Swaim	954-56-5468	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Victoria Wing	443-99-3475	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Aracely Roots	247-88-4784	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
HellenOntiveros	343-77-8683	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Taylor Ambrosino	969-67-8679	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Laraine Vito	874-76-4549	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Priscilla Silvey	687-66-4483	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Deb Finn	764-27-3885	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Eli Manzo	646-23-4952	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Stanton Buchta	923-79-7684	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Luther Nance	492-59-8978	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Hsiu Grand	972-57-8368	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Brendon Kleinman	468-85-6887	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Librada Hambright	274-62-2435	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H

# Step 5. ACA Elevate 1- Generate Reports



3. BASIC Runs Reports, sends to clients for proofing  
(Final census load (by BASIC), generate 1094/95 C forms and eFile format)

**Form 1095-C** Employer-Provided Health Insurance Offer and Coverage  
 Department of the Treasury Internal Revenue Service  
 Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

OMB No. 1545-0045  
**2015**

**Part I Employee**

1 Name of employee  
 2 Social security number (SSN)  
 3 Street address (including apartment no.)  
 4 City or town  
 5 State or province  
 6 Country and ZIP or foreign postal code

**Applicable Large Employer Member (Employer)**

7 Name of employer  
 8 Street address (including room or suite no.)  
 9 City or town  
 10 State or province  
 11 Country and ZIP or foreign postal code

**Part II Employee Offer and Coverage**

Plan Start Month (Enter 2-digit number):

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter received code)												
15 Employee Share of Lowest Cost Monthly Premium, or Self-only Maximum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable (see instructions)												

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

Name of covered individual	SSN	DOB (if SSN is not available)	Covered all 12 months	Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17																
18																
19																
20																
21																
22																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 60705M Form 1095-C (2015)

**Form 1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns  
 Department of the Treasury Internal Revenue Service  
 Information about Form 1094-C and its separate instructions is at [www.irs.gov/form1094c](http://www.irs.gov/form1094c)

OMB No. 1545-0045  
**2015**

**Part I Applicable Large Employer Member (ALE Member)**

1 Name of ALE Member (Employer)  
 2 Street address (including room or suite no.)  
 3 City or town  
 4 State or province  
 5 Country and ZIP or foreign postal code

6 Name of person to contact  
 7 Name of Designated Government Entity (if Applicable)  
 8 Street address (including room or suite no.)  
 9 City or town  
 10 State or province  
 11 Country and ZIP or foreign postal code

12 Name of person to contact

**Part II ALE Member Information**

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

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

15 Is ALE Member a member of an Aggregated ALE Group? If "No," do not complete Part IV.

16 Certifications of Eligibility (select all that apply):  
 A. Qualifying Offer Method  B. Qualifying Offer Method Transition Relief  C. Section 4980H Transition Relief  D. 96% 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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 818714 Form 1094-C (2015)

# ACA Elevate 2 Monthly Tracking and Year-end Filing- Responsibilities



Stage	BASIC	Client
Client Data Intake	Introduction E-Mail with Intake Forms and Completion Instructions	
Data Collection		Complete January Intake Template for review by Compliance Specialist
Onboarding	Set-up client (ALE Member) in database and activate	Client is given username/password and access to database
Webinar with Compliance Specialist	Upload Jan 2016 Data Review benefit offer and database functions	
Initial System Set –Up Tasks	Assist with Group Coding	Identify Groups (Full Time Covered, Full Time Waived, Part Time, etc.)
Repeat Monthly	Provide Support	Upload data census file every month, make changes to individual employees as needed
Form Generation & Filing	BASIC will E-file on behalf of client to IRS and *mail to employees (if applicable)	Log into database to generate reporting

# Step 1: Elevate 2- Review and complete workbook



1. Look at workbook to see how to collect required data



	B	C	D	E	F	G	H
1	<b>Member ID</b>	<b>Filing Year</b>	<b>Employee Code</b>	<b>Birth Date</b>	<b>Social Security #</b>	<b>First Name</b>	<b>Middle N</b>
2	Member ID= This ID will be populated by Basic Compliance Specialist	2016	Client to populate Employee Code from HR/Payroll system	1/1/1975	123456789	John	S
3							
4							
5							
6							
7							

Each client will review the workbook with their assigned Compliance Specialist. The Client will be responsible for completing the workbook monthly

Employee Class	Date of Hire	W2 or Rate of pay/yr.	SSN	Employee Address	City/town	State	Zip Code	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
1	1/15/2015	\$53,019	999-99-9999	1205 Main Street	Anytown	IL	60523				C	C	C	C	C	C	C
1	9/14/1994	\$34,674	999-99-9999	1205 Main Street	Anytown	IL	60523										
1	9/10/1996	\$36,192	999-99-9999	1205 Main Street	Anytown	IL	60523	C	C	C	C	C	C	C	C	C	C
1	10/29/1998	\$12,000	999-99-9999	1205 Main Street	Anytown	IL	60523	V	V	V	V	V	V	V	V	V	V

# Step 2: Elevate 2- Set-up



2. BASIC will set you up in the system  
(create ALE member in system input as much data as we can)

ALE Member - (Demo Company 1 (DEMO))

Details Options Monthly Data Employees Reports

**Member ID:** DEMO1

**ALE Member (Employer):** Demo Company 1 (DEMO)

**EIN:** 12-3456789

**Street Address:** 100 Reporting Highway

**Country:** United States

**City:** Portage

**State:** MI

**Zip Code:** 49024

**Contact**

**First Name:** Jane

**Middle Name:**

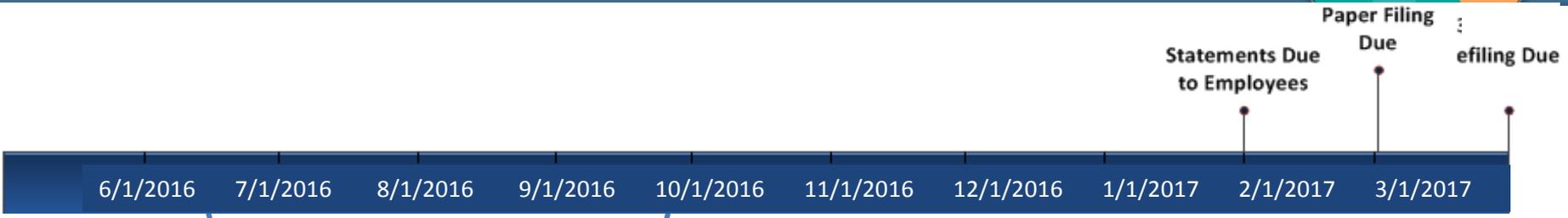
**Last Name:** Doe

**Phone #:** - **Extn:**

\* Items in red are required

Save Close

# Step 2: Elevate 2- Set-up



## 3. Client sets-up their measurement periods

**ALE Member - (ABC Company)**

Details Options Monthly Data LBM Employees Reports

Use Lookback Measurement Method?  Provides Self-Insured Coverage

Use NJ State Health Benefits Program?

Eligibility Waiting Period: 60 days starting on  hire date - OR -  the first day of the first month following hire date

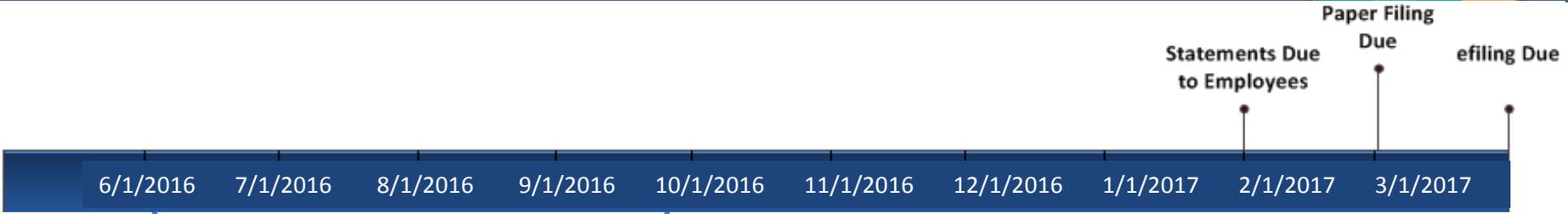
Current Policy End Date: 12/31/2015

Certifications of Eligibility (select all that apply):

Qualifying Offer Method  Qualifying Offer Method Transition Relief  Section 4980H Transition Relief  98% Offer Method

Save Cancel

# Step 2: Elevate 2- Set-up



## 3. Client sets-up their measurement periods

ALE Member - (ABC Company)

Details Options Monthly Data LBM Employees Reports

Select Method:

Initial Standard

**Add Lookback Measurement Method**

Welcome Initial Standard Summary

**Initial Periods**

Measurement: 11

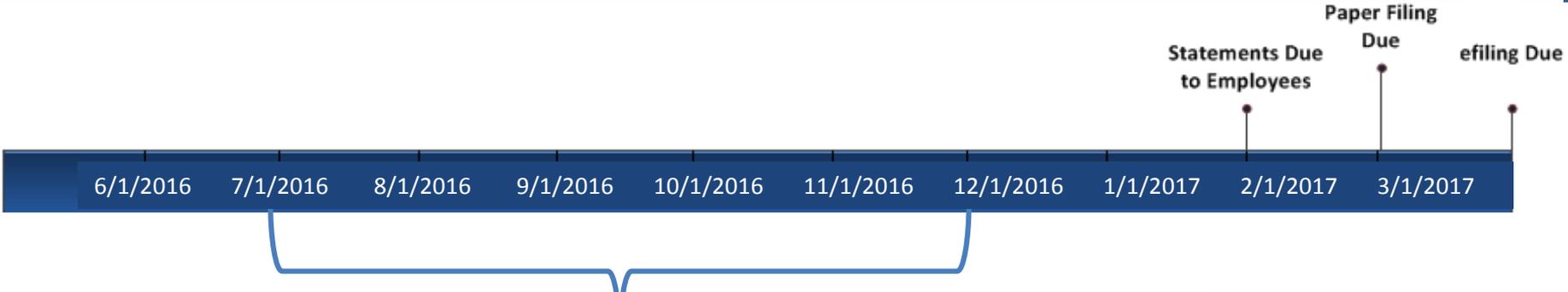
Administrative: 1

Stability: 12

\* Items in red are required

Next > Cancel

# Step 3. ACA Elevate 2 ~ Month to Month Update



**ALE Member - (Demo Company 1 (DEMO))**

Details | Options | Monthly Data | Employees | Reports

Month	Minimum Essential Coverage	4980H Transition Relief
January	<input checked="" type="checkbox"/>	A
February	<input checked="" type="checkbox"/>	A
March	<input checked="" type="checkbox"/>	A
<b>OPEN</b> April	<input type="checkbox"/>	
May	<input type="checkbox"/>	
June	<input type="checkbox"/>	
July	<input type="checkbox"/>	
August	<input type="checkbox"/>	
September	<input type="checkbox"/>	
October	<input type="checkbox"/>	
November	<input type="checkbox"/>	
December	<input type="checkbox"/>	

Affordability | Eligibility | Status

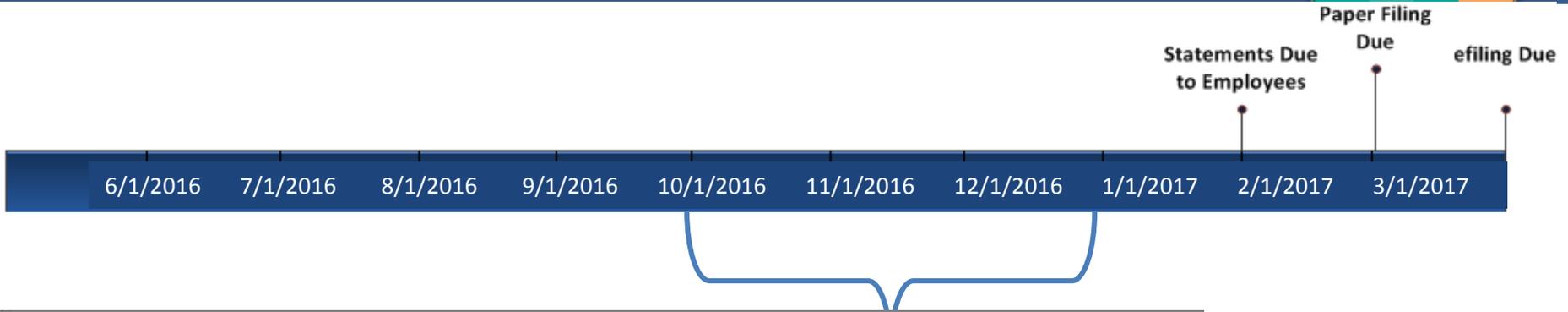
Monthly Status

Month	Codes	Below 8.56%	Between 8.56% and 9.56%	At or above 9.56%	Missing data
Jan	4	0	0	0	0
Feb	4	0	0	0	65
Mar	0	0	0	0	68

Save Close

Clients are responsible for all monthly uploads, including all previous months dating back to Jan 2016

# Step 4. ACA Elevate 2 ~ 24/7 Access/ Review



**ALE Member - (Demo Company 1 (DEMO))**

Filter By Group: All Employees

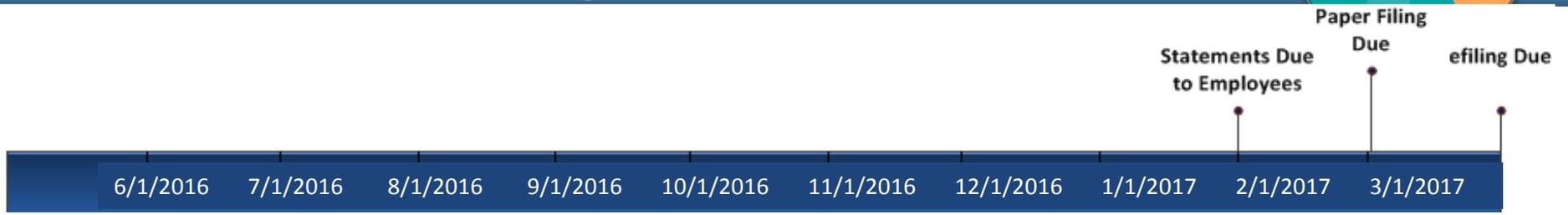
Status:  Full-time (✓)  Full-time (Filing Status Override) (✓)  Part-time (✓/✗)  Seasonal (✓/✗)

Employee	Status
APPLEWHITE, JOSEPH L	✓
BALDWIN, WAYNE T	✓
BERNEL, ROBERT S	✓
BLANK, ROBERT	✓
BOYLE, VINCENT A	✗
BRADEIS, JARED M	✗
BREY, DIANN M	✗
BRODY, STEPHEN J	✓
CLINTON, CHRISTINA E	✓
COCHRANE, BRIAN P	✓
CONWAY, GLORIA T	✗
COOLIDGE, ETHEL C	✓
CORBETT, ANTHONY G	✓

Save Close

Client has 24/7 access to their dashboard. Continuously check/ update monthly data census and employee status.

# Step 5. ACA Elevate 2-Generate Reports



## 3. Client Run Reports

(Client completes Final census load, we generate 1094/95 C forms and eFile format)

**Form 1095-C** **Employer-Provided Health Insurance Offer and Coverage**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-2021  
**2015**

**Part I Employee**

1 Name of employee  
2 Social security number (SSN)  
3 Street address (including apartment no.)  
4 City or town  
5 State or province  
6 Country and ZIP or foreign postal code

**Applicable Large Employer Member (Employer)**

7 Name of employer  
8 Street address (including room or suite no.)  
9 City or town  
10 State or province  
11 Country and ZIP or foreign postal code

**Part II Employee Offer and Coverage**

14 Offer of Coverage (enter received code)  
15 Employee (Name of Lowest Cost Monthly Premium, or Self Only Maximum Value Coverage)  
16 Applicable (see instructions)

**Plan Start Month** (Enter 2-digit number):

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

Name of covered individual	SSN	DOB (if SSN is not available)	Covered all 12 months	Months of Coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
17																	
18																	
19																	
20																	
21																	
22																	

**Form 1094-C** **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-2021  
**2015**

**Part I Applicable Large Employer Member (ALE Member)**

1 Name of ALE Member (Employer)  
2 Street address (including room or suite no.)  
3 City or town  
4 State or province  
5 Country and ZIP or foreign postal code

6 Name of person to contact  
7 Contact telephone number

8 Name of Designated Government Entity (if Applicable)  
9 Employee identification number (EIN)

10 Street address (including room or suite no.)  
11 City or town  
12 State or province  
13 Country and ZIP or foreign postal code

14 Name of person to contact  
15 Contact telephone number

17 Reserved

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

22 Certifications of Eligibility (select all that apply):  
 A. Qualifying Offer Method  
 B. Qualifying Offer Method Transition Relief  
 C. Section 4980H Transition Relief  
 D. 99% Offer Method

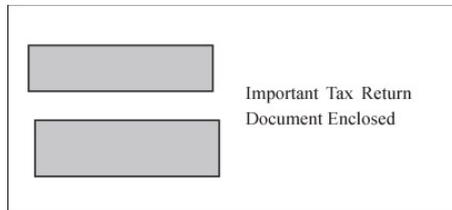
Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

# ACA Elevate 1 & 2- Optional Service Provided



## 1. Mail Option\*

The image shows a portion of Form 1095-C, "Employee-Provided Health Insurance Offer and Coverage". It includes fields for the employer's name, EIN, and the employee's name and SSN. There are also sections for "Employee Offer and Coverage" and "Coverage Periods" with various checkboxes and data entry points.

- ✓ Print and mail to employees home

## eFiling to IRS (now automatically included with both ACA Elevate 1 & 2)



- ✓ Transmits data to the IRS
- ✓ Check status of filing

\*Additional Cost



# Questions



- HR Benefits
- HR Management
- HR Services

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# Contact Us



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