

# ACA Reconciliation Form

**Section 1:** Select 'Addition' to add a missing participant record or 'Change' to correct a participant record. Then, enter the participant identification.

ADDITION       CHANGE

Social Security Number:			
Last Name:	Suffix:	First Name:	MI:
DHRM Group Number:	Agency Code:	Group Code:	Subdivision Code (TLC only):

**Section 2:** Enter participant demographics when 'ADDITION' is selected. Skip to Section 3 when 'CHANGE' is selected.

Date of Birth:	Gender M/F:
Street or PO Box:	
City:	State:      Zip+4:

**Section 3:** Enter the appropriate participant class and offer codes for each month using the values below. Be sure to put a hyphen in any month the participant is not in this group.

- |   |   |
|---|---|
| <b>Class Codes:</b>                       | <b>Offer Codes:</b>   |
| TF Full-time                              | Hyphen (-) Not in this group  |
| TP Part-time                              | WP New full-time participant not yet eligible for coverage in this group  |
| TG Retiree                                | Note: New full-time participants should have a WP for the month in which they are hired. The WP changes to W when the participant becomes eligible for coverage. See samples. |
| TH COBRA Qualified Beneficiary            | W Participant is eligible for coverage but chose to waive enrollment  |
| TI COBRA Qualified Beneficiary-Disability | Note: New full-time and part-time participants should have a W for the Month in which they become eligible for coverage. The W changes to E                                   |
| TB Surviving Spouse                       | When the participant enrolls in coverage. See samples.  |
| TA Surviving Child                        | E Participant is enrolled in coverage   |
| TD Spouse in Split Medicare Contract      | Note: The E changes to hyphen when the participant is no longer eligible for coverage in this group.  |
| TC Child in Split Medicare Contract       | F Employer failed to offer coverage to ACA-eligible participant   |

<JAN>		<FEB>		<MAR>		<APR>		<MAY>		<JUN>	
Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer

<JUL>		<AUG>		<SEP>		<OCT>		<NOV>		<DEC>	
Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer	Class	Offer

## Section 4: Employer's Certification

DHRM Group:	Agy:	Grp:	Sub:
Signature:		Date Signed:	
Printed Name:		Phone: (    ) -	Ext:

TLC: Send authorized form by: Email: [TLC@dhrm.virginia.gov](mailto:TLC@dhrm.virginia.gov), Fax: (804) 786-1708, or Mail: DHRM-TLC, 101 N 14<sup>th</sup> St Fl 13, Richmond, VA 23219