

Employer Certification for Affordable Care Act ACA Employer Reporting

For purposes of reporting on Forms 1095-C and 1094-C, please provide the following information:

1. Enter the group number assigned by DHRM:

Agency Code:		Group Code:		Subdivision Code:	
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2. Enter the group's 9-digit Federal Employer Identification Number (FEIN) including the dash:

FEIN:	
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3. Enter the employer's name as it appears at IRS for the FEIN entered in #2:

Name of Employer:	
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4. Enter the employer's mailing address in the USPS format for the FEIN entered in #2:

Street Address: (include room or suite no.)	
City or town:	
State or province:	
ZIP or foreign postal code:	

5. Enter the name and telephone number of person to contact for the FEIN entered in #2:

First Name	
Middle Initial:	
Last Name:	
Suffix:	
Telephone number: (include area code)	
Telephone extension:	

6. Enter monthly counts of employees for the FEIN entered in #2. See Definitions published by IRS for the purposes of ACA Employer –Provided Health Insurance Offer and Coverage.

2015	Full-time Employee Count	Total Employee Count
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

7. Employer Certification: I certify that the information on this form and the information in DHRM's BES database provided by our group is complete and accurate to the best of my knowledge.

Full Name:	
Title:	
Date sent to DHRM:	