



Implementation Request Form

Affordable Care Act (ACA) Section 6055/6056 Reporting Services

DEADLINE for Submission: September 11, 2020

District Number: _____ **District Name:** _____

Do you plan to utilize SDCOE services for producing IRS Forms 1095-C (Return) & Form 1094-C (Transmittal)?

YES: _____

NO: _____ (Vendor name): _____

Please provide the 1094C information requested below:

Approximate **2020** Form 1095-C Count: _____

Certification of Eligibility: (circle one)

A. Qualifying Offer Method

D. 98% Offer Method

Lowest Cost Minimum Essential Coverage Value (monthly): \$ _____

District Contact for ACA Reporting:

Note: This person will be the primary liaison for all ACA reporting inquiries, data collection questions, and approvals.

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

- District agrees that failure to approve draft or final versions of forms by deadlines may result in SDCOE being unable to complete ACA Section 6055/6056 Reporting Services of behalf of District.

Required Authorized Signatures:

Assistant Superintendent of Business

Name: _____ Signature: _____ Date: _____

Assistant Superintendent of Human Resources

Name: _____ Signature: _____ Date: _____

Please send completed forms via Email to:

Payroll Services
 Email: PayrollSvcs@sdcoe.net