# PeopleSoft ACA Reporting Process

#### **Overview:**

 This section is designed for Districts using PeopleSoft for ACA reporting of Forms 1095-C and 1094-C.

#### Legal Disclaimer

This presentation and the information contained herein are intended to be used as general guidance only. This does not constitute the provision of legal advice, tax advice, accounting services, investment advice or professional consulting of any kind. The information provided herein should not be used as a substitute for consultation with professional tax experts, finance/accounting staff, and/or legal counsel.

- Process Overview:
  - PeopleSoft system users will be given the steps to provide the Payroll Services team the 1095 eligibility and coverage information.
  - It is the District's responsibility to determine each employee's eligibility and coverage information and submit the data to Payroll Services for form generation and transmittal to the IRS.
  - Users will be able to run a Query and a Report that will provide necessary information to be loaded to the ACA Eligibility Template.
  - The Template will then be uploaded to PeopleSoft to prepare the Draft 1095-C data form.
  - The Payroll Services team will provide a Draft of 1095-C data for the District to review and make any updates.
  - Payroll Services will upload the changes and provide an updated Draft 1095-C data for District to review and change. This process will continue until the District provides final approval of the 1095-C for printing.
  - Then Payroll Services will provide a pre-populated Form 1094-C form for District to sign and return.

# Template Instructions:

#### Step 1: Obtaining Employee's Job Information

Run the following query: M\_HR\_PAY\_ACA\_FOR\_TEMPLATE. This query contains required job information to upload to the template that will be used to generate the Form 1095-C. This query will pick up all employees as of the date of the query who were employed with your District. Since the query reports all positions for each employee, including those with terminations (due to job terminations, deceased status or retirement), you will need to review each employee, eliminating extra rows and consolidating, as needed. Your final list should have the employee listed once and will be used determine eligibility for the reporting the year.

Sample on next page.

# Original Download of query:

| Empl ID | First Name | Last Name | Empl Rec | Hire Dat    | Term Dat Prim/S   | Posit#        | Empl Class            | Descr                          | ▼ Full/PT           | std HR per N ▼ | FTE 📑 Pay Statu     |
|---------|------------|-----------|----------|-------------|-------------------|---------------|-----------------------|--------------------------------|---------------------|----------------|---------------------|
| XXXXXX  | ERIC       | MORFIN    | (        | 9/20/2004   | Primary           | Job 10490461  | L Certificated        | Teacher                        | Full-Time 10 months | 35.00          | 1.000000 Active     |
| XXXXXX  | ERIC       | MORFIN    | 1        | 9/20/2004   | Seconda           | ry J 10491710 | Certificated Hourly   | Certificated Hourly-Extra Time | Hourly              | 1.00           | 0.000000 Active     |
| XXXXXX  | JOHN       | SWAFFORD  | (        | 9/5/1995    | Primary           | Job 10490913  | 8 Certificated        | Teacher                        | Full-Time 10 months | 35.00          | 1.000000 Active     |
| XXXXXX  | JOHN       | SWAFFORD  | 1        | 1 9/5/1995  | Seconda           | ry J 10491710 | ) Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00           | 0.000000 Active     |
| XXXXXX  | NICOLE     | BROWN     | 1        | 1 1/31/2005 | Primary           | Job 10490581  | L Certificated        | Teacher                        | Full-Time 10 months | 35.00          | 1.000000 Active     |
| XXXXXX  | NICOLE     | BROWN     |          | 2 1/31/2005 | Seconda           | ry J 10491710 | ) Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00           | 0.000000 Active     |
| XXXXXX  | LAURETTE   | PILKERTON | (        | 0 2/21/2007 | Primary           | Job 10490263  | 3 Certificated        | Teacher                        | Part-Time 10 months | 14.00          | 0.400000 Active     |
| XXXXXX  | LAURETTE   | PILKERTON | 1        | 1 2/21/2007 | 6/30/2016 Seconda | ry J 10491200 | ) Substitutes         | Substitute Teacher             | Daily               | 5.00           | 0.000000 Terminated |
| XXXXXX  | LAURETTE   | PILKERTON | î        | 2 2/21/2007 | Seconda           | ry J 10491710 | ) Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00           | 0.000000 Active     |
| XXXXXX  | LAURETTE   | PILKERTON |          | 3 2/21/2007 | Seconda           | ry J 10491900 | ) Certificated Hourly | Summer School Teacher          | Hourly              | 1.00           | 0.000000 Active     |
| XXXXXX  | LAURETTE   | PILKERTON | 1        | 4 8/18/2016 | Seconda           | ry J 10490724 | Certificated          | Teacher                        | Part-Time 10 months | 14.00          | 0.400000 Active     |
| XXXXXX  | GAIL       | VOORHES   | (        | 9/14/1990   | Primary           | Job 10491200  | ) Substitutes         | Substitute Teacher             | Daily               | 5.00           | 0.000000 Active     |
| XXXXXX  | GAIL       | VOORHES   | 1        | 1 9/14/1990 | Seconda           | ry J 10491710 | Certificated Hourly   | Certificated Hourly-Extra Time | Hourly              | 1.00           | 0.000000 Active     |

### Sample of rows to remove:

| Empl ID | First Name | Last Name | Empl Record | Hire Date | Term Date | Prim/Sec    | Posit#   | Empl Class          | Descr                          | Full/PT             | STD HR per WeeFTE | Pay Status   |
|---------|------------|-----------|-------------|-----------|-----------|-------------|----------|---------------------|--------------------------------|---------------------|-------------------|--------------|
| XXXXXX  | ERIC       | MORFIN    | 0           | 9/20/2004 |           | Primary Job | 10490461 | Certificated        | Teacher                        | Full-Time 10 months | 35.00 1.000000    | ) Active     |
| XXXXXX  | ERIC       | MORFIN    | 1           | 9/20/2004 |           | Secondary J | 10491710 | Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00 0.000000     | ) Active     |
| XXXXXX  | JOHN       | SWAFFORD  | 0           | 9/5/1995  |           | Primary Job | 10490913 | Certificated        | Teacher                        | Full-Time 10 months | 35.00 1.000000    | ) Active     |
| XXXXXX  | JOHN       | SWAFFORD  | 1           | 9/5/1995  |           | Secondary J | 10491710 | Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00 0.000000     | ) Active     |
| XXXXXX  | NICOLE     | BROWN     | 1           | 1/31/2005 |           | Primary Job | 10490581 | Certificated        | Teacher                        | Full-Time 10 months | 35.00 1.000000    | ) Active     |
| XXXXXX  | NICOLE     | BROWN     | 2           | 1/31/2005 |           | Secondary J | 10491710 | Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00 0.00000      | ) Active     |
| XXXXXX  | LAURETTE   | PILKERTON | 0           | 2/21/2007 |           | Primary Joł | 10490263 | Certificated        | Teacher                        | Part-Time 10 months | 14.00 0.400000    | ) Active     |
| XXXXXX  | LAURETTE   | PILKERTON | 1           | 2/21/2007 | 6/30/2016 | Secondary J | 10491200 | Substitutes         | Substitute Teacher             | Daily               | 5.00 0.00000      | ) Terminated |
| XXXXXX  | LAURETTE   | PILKERTON | 2           | 2/21/2007 |           | Secondary J | 10491710 | Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00 0.00000      | ) Active     |
| XXXXXX  | LAURETTE   | PILKERTON | 3           | 2/21/2007 |           | Secondary J | 10491900 | Certificated Hourly | Summer School Teacher          | Hourly              | 1.00 0.00000      | ) Active     |
| XXXXXX  | LAURETTE   | PILKERTON | 4           | 8/18/2016 |           | Secondary   | 10490724 | Certificated        | Teacher                        | Part-Time 10 months | 14.00 0.400000    | ) Active     |
| XXXXXX  | GAIL       | VOORHES   | 0           | 9/14/1990 |           | Primary Job | 10491200 | Substitutes         | Substitute Teacher             | Daily               | 5.00 0.000000     | ) Active     |
| XXXXXX  | GAIL       | VOORHES   | 1           | 9/14/1990 |           | Secondary J | 10491710 | Certificated Hourly | Certificated Hourly-Extra Time | Hourly              | 1.00 0.000000     | ) Active     |

# NOTE:

**Eric Morfin, John Swafford and Nicole Brown** have an Active Pay status with an FTE of 35 hours per week and FTE 1.0 and additional Hourly Positions. These Teachers have already qualified for Benefits with 30 hours or greater. You can remove the other Job Hourly records (highlighted in yellow) since they have qualified with the STD HRs per week of 35 hours.

**Laurette Pilkerton** has two Job records of 14 hours per week and an FTE .40 each and additional Daily and Hourly positions. You will need to combine the two records and change the hours per week to 28 and the FTE to .80 and remove the daily and hourly positions and position that have been terminated (highlighted in yellow).

**Gail Voorhes** does not have an FTE and does not have a job assignment that averages 30 hours or more. Remove one row (typically the row that is the lowest FTE/fewest Standard Hours-highlighted in yellow).

# Step 2: Copying the consolidated Employee list to the Template

After you have evaluated and edited the employee data from the Query, copy and paste it to the template. Then complete the required columns on the template.



#### The first part of the template (columns in blue) matches the Query columns (job data):

# Step 3: Complete the second part of the template (columns in orange) for eligibility:

| 1 | R                       | S                | Т              | U                 | V          | w              | х              | Y         | Z         | AA            | AB          | AC         | AD                                   | AE                 |
|---|-------------------------|------------------|----------------|-------------------|------------|----------------|----------------|-----------|-----------|---------------|-------------|------------|--------------------------------------|--------------------|
|   |                         |                  |                |                   |            |                |                |           |           |               |             |            | Non-Assessment Reason:               |                    |
|   |                         |                  |                |                   |            |                |                |           |           |               |             |            | Leave Blank - OR -                   |                    |
|   | ACA Eligibility Status: |                  | Work Period:   |                   |            |                |                |           |           |               |             |            | FYR = First Year as ALE Period       |                    |
|   | A = Always Eligible     |                  | M = Monthly    |                   |            |                |                |           |           |               |             |            | ICS = Initial Period - Status Change |                    |
|   | = Eligible              |                  | W = Weekly     |                   |            |                |                |           |           | Calculation   |             | Non-       | IHR = Initial Period - Hire          | Non-Assessment     |
|   | K = Excluded            |                  | l = Ineligible |                   |            |                |                | Stability | Stability | Method:       |             | Assessment | IRH = Initial Period - Rehire        | End Date:          |
|   | = Ineligible            | Hours of Service | U = To Be      | Evaluation        | Evaluation | Administration | Administration | Begin     | End       | M = Monthly   | Measurement | Period:    | WCS = Wait Period - Status Change    | Leave Blank if Not |
|   | 🕽 = To be determined    | (#.## like 2.51) | Determined     | <b>Begin Date</b> | End Date   | Begin Date     | End Date       | Date      | Date      | L = Look Back | Weeks       | Y or N     | WHR = Wait Period - Hire             | Applicable         |

### **Obtaining Average Hours of Service (Column S)**

• To populate the Hours of Service in Column S, use the ACA Report by District (see Third Party ACA Reporting file for instructions). Note: this is a general tool so be sure to review all rows, paying particular attention to monthly Certificated part-time employees.

#### Completing the other remaining Eligibility columns (in orange):

To assist you in completing the Eligibility section (orange columns), we have provided brief descriptions of the required columns (see the following pages). These descriptions below are intended to assist you as you complete the template and are not necessarily full definitions as defined by the IRS. For full definitions and instructions, please refer to the IRS website/ACA.

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# Column Descriptions: For Eligibility

| Column             | Notes  |
|--------------------|--|
| Eligibility Status | <ul> <li><u>Always Eligible</u>: A salaried full time employee who is always eligible for Benefits. Enter value A- (review full time status definition).</li> <li><u>Eligible</u>: An employee whose average hours is equal to or above the minimum hours/week or hours/month so that the employee is considered Benefits Full Time. The employee is eligible for Benefits. Enter value E.</li> <li><u>Excluded</u>: For example, volunteer employees, student employees. Enter value X.</li> <li><u>Ineligible</u>: An employee whose average hours is below the minimum hours/week or hours/month so that the employee is considered for Benefits Part time. The employee is not eligible for Benefits. Enter value X.</li> <li><u>Ineligible</u>: An employee whose average hours is below the minimum hours/week or hours/month so that the employee is considered for Benefits Part time. The employee is not eligible for Benefits. Enter value I.</li> <li><u>To be determined</u>: Unable to determine whether the employee is Benefits Part Time for Full Time. District needs to review and determine the employee's ACA Eligibility status. Enter value U.</li> </ul> |
| Hours of Service   | <ul> <li>Hours for which an employee is paid (or entitled to payment), and paid time off due to vacation, holiday, illness, jury duty, military duty and Leave of Absence. Please enter the <b>average hours</b> based on all jobs for the employee. Review all rows, especially for monthly part-time Certificated employees.</li> <li>Run the ACA Report by District. Instructions on running that report can be found in the documentation <u>Section 4 – Third</u> Party ACA Reporting found on the ACA page of the Payroll Audit website. You will need to calculate the average hours.</li> </ul>  |
| Work Period        | <ul> <li>ACA Full time employee is defined as working or hired and expected to work at least 30 hours per week or 130 hours per month: (52 weeks x 30 hours)/12 month.</li> <li>Enter W for a Weekly work period for average hours of service.</li> <li>Enter M for a Monthly work period for average hours of service.</li> <li>Enter I for Ineligible, if the employee is not eligible for Benefits due to average hours being below the minimum hours/week or hours/month.</li> <li>Enter U if district is Unable to determine whether the employee is Benefits Part Time for Full Time. District needs to review and determine the employee's ACA Eligibility status.</li> </ul>   |

# Column Descriptions: For Eligibility Cont'd.

| Column                       | Notes  |
|------------------------------|--|
| Evaluation Begin             | Also known as Measurement Period.  |
| Date                         | This is a measurement or evaluation period that is chosen by the<br>employer that applies to all employees (except new) to determine<br>the employee's average service hours. This can be a period of 3<br>to 12 months. |
|                              | <ul> <li>Please indicate the start date of the Evaluation period selected<br/>by your District.</li> </ul>   |
| Evaluation End Date          | <ul> <li>Indicate the end date of the Evaluation period as explained above.</li> </ul>   |
| Administration<br>Begin Date | Administrative Period can be a total maximum date of 90 days and usually follows the end of the evaluation date and before the beginning of the Stability period.  |
|                              | <ul> <li>Indicate the Begin date of the Administration period.</li> </ul>  |
| Administration End<br>Date   | <ul> <li>Indicate the end date of the Administration period as explained above.</li> </ul>   |
| Stability Begin Date         | The Stability period should be a period of at least 6 months and cannot be shorter than the corresponding Measurement or Evaluation Period.  |
|                              | Indicate the Stability Begin Date  |
| Stability End Date           | <ul> <li>Indicate the end date of the Stability Period as explained<br/>above</li> </ul>   |
| Calculation Method:          | The method used to determine full time ACA eligibility   |
|                              | <ul> <li>Indicate <b>M</b> for monthly</li> <li>Indicate <b>L</b> for Look Back.</li> </ul>  |
| Measurement Weeks            | Number of weeks in the evaluation period   |

# Column Descriptions: For Eligibility Cont'd.

| Column                     | Notes  |
|----------------------------|--|
| Non-Assessment<br>Period   | A Limited Non-Assessment Period generally refers to a period<br>during which an ALE Member will not be subject to an assessable<br>payment and in certain cases for a full-time employee, regardless<br>of whether that employee is offered health coverage during that<br>period. Please provide the Non-Assessment begin date if<br>applicable.  |
|                            | <ul> <li>Indicate Y for Yes</li> <li>Indicate N for No</li> </ul>  |
| Non-Assessment             | Non-Assessment Reason:   |
| Reason                     | Leave Blank - OR – Choose one of the following values  |
|                            | <ul> <li>FYR = First Year as ALE Period (January through March of the first calendar year in which an employer is an ALE, but only for an employee who was not offered health coverage by the employer at any point during the prior calendar year. For example, 2015 is not the first year that an employer is an ALE, if that employer was an ALE in 2014). This is rare and may not apply.</li> <li>IHR = Initial Period – Hire (Variable hour employee, seasonal employee or part-time employee at the initial measurement period due to hire.)</li> <li>IRH = Initial Period – Rehire (A variable hour employee, seasonal employee or part-time employee at the initial measurement period due to rehire.)</li> <li>ICS = Initial Period - Status Change (The employee is reasonably expected to be a full-time employee or part-time employee or part-time employee.)</li> <li>WHR = Wait Period - Hire: The employee is reasonably expected to be a full-time employee at waiting period due to hire.</li> <li>WRH = Wait Period - Rehire (The employee is reasonably expected to be a full-time employee at waiting period due to rehire.)</li> <li>WCS = Wait Period - Status Change (A variable employee, seasonal employee or part-time employee at the initial measurement period, whose employee at the initial measurement period, whose employment status then changes to a position that is reasonably expected to be full-time.)</li> </ul> |
| Non-Assessment<br>End Date | Enter the end date of the non-assessment period  |

### Step 3: Draft 1095-C data

• Payroll Services will then load the template to PeopleSoft to produce a Draft of the 1095-C data in an Excel file.

| Name              | ID     | Employe | Data Source Typ | All Months | Jan | Mar | Feb | Apr | Мау | Jun | Jul | Aug | Sep | Oct | Nov | Dec |  |
|-------------------|--------|---------|-----------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| Veach,Gary M      | XXXXXX | CDS1    | Р               |            | 1E  |  |
| Veach,Gary M      | XXXXXX | CDS2    | Ρ               |            | 2C  |  |
| Veach,Gary M      | XXXXXX | LCST    | Ρ               | 0          |     | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |  |
| Robinson,Ginny D  | XXXXXX | CDS1    | Р               |            | 1E  |  |
| Robinson,Ginny D  | XXXXXX | CDS2    | Р               |            | 2C  |  |
| Robinson,Ginny D  | XXXXXX | LCST    | Р               | 0          |     | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |  |
| Beeunas,Kenneth R | XXXXXX | CDS1    | Р               |            | 1E  | 1E  | 1E  | 1E  | 1E  | 1H  |  |
| Beeunas,Kenneth R | XXXXXX | CDS2    | Р               |            | 2C  | 2C  | 2C  | 2C  | 2C  | 2B  | 2A  | 2A  | 2A  | 2A  | 2A  | 2A  |  |
| Beeunas,Kenneth R | XXXXXX | LCST    | Р               | 0          |     | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |  |

- District will need to review the results for each employee.
- Please see Glossary of Terminology for 1095C indicator Codes.
  - Following is a general guide to reading the Excel file

| Column        | Value | Description  |
|---------------|-------|--|
| Employee Data | CDS1  | <ul> <li>Code Series 1 (refers to Offer of Coverage) addresses:</li> <li>Whether an individual was offered coverage</li> <li>What type of coverage was offered</li> <li>Which months that coverage was Offered</li> </ul>  |
|               | CDS2  | Code Series 2 (refers to Safe Harbor Code) addresses:  |
|               |       | <ul> <li>Whether the individual was employed and if so, whether<br/>he or she was full time or part time</li> <li>Whether the employee was enrolled in coverage</li> <li>Whether the employer is eligible for transition relief as<br/>an employer with a non-calendar year plan or as a<br/>contributor to a union health plan.</li> <li>Whether coverage was affordable and if so, based on<br/>which IRS safe harbor code.</li> </ul> |
|               | LCST  | Lowest Cost (LCST) addresses:  |
|               |       | Lowest cost employee paid premium option within the District.  |
| Data Source   | Р     | P indicates PeopleSoft generated   |
|               | Т     | T indicates that it is not generated by PeopleSoft   |
| All Months    |       | Do Not Modify  |

Note: If employee waived coverage, use Code 1E for all months waived.

- District will need to review the results for each employee
  - o If changes are needed, make them directly on the Excel file as indicated below:
    - To change data on an existing:
      - Change the Data Source column value to T
      - Highlight the entire row which contains the change
      - Return the updated 1095-C draft data back to the Payroll Services secure file transfer site.
    - To add a new employee:
      - Each employee should have three rows (one for CDS1, CDS2, LCST)
        - Data Extract ID = 1094C1095C
        - ALE Member = Three-Digit Number district number (example: 001)
        - Employee Data = one of the following values CDS1, CDS2, LCST
        - Data Source = T
        - Highlight the entire row which contains the change
        - Return the updated 1095-C draft data back to Payroll Services secure file transfer site.
    - To remove an employee (i.e. the employee will not receive a Form 1095C):
      - Highlight all three rows for the employee and indicate Remove in Column U
      - Return the updated 1095-C draft data back to Payroll Services secure file transfer site.
    - If no changes are needed, notify Payroll Services, via email, that data is approved for printing

# Note: Only rows with changes will be reloaded by Payroll Services.

| A               | В          | C               | D                     |      | E     | F             | G               | н              | 1   |      | 1    | K   | L     | М     | N     | 0   | P     | Q   | R     | 5     | Т     | U      |
|-----------------|------------|-----------------|-----------------------|------|-------|---------------|-----------------|----------------|-----|------|------|-----|-------|-------|-------|-----|-------|-----|-------|-------|-------|--------|
| Data Extract ID | ALE Member | - Calendar Year | Name                  | - 1  | D -   | Employee Data | Data Source Typ | - All Months - | Jan |      | eb - | Mar | Apr   | May   | Jun   | Jul | Aug   | Sep | Oct   | Nov   | Dec - |        |
| 1094C1095C      | 001        | 201             | Jacques, Stephanie    | A    | 20645 | CDS1          | T               |                | 1E  | 1    | LE   | 1E  | 1E    | 1E    | 1E    | 1H  | 1H    | 1H  | 1H    | 1H    | 1H    |        |
| 1094C1095C      | 001        | 201             | 7 Jacques, Stephanie  | A    | 20645 | CDS2          | т               |                | 2C  | 2    | 2C   | 2C  | 2C    | 2C    | 2C    | 2B  | 2A    | 2A  | 2A    | 2A    | 2Ă    |        |
| 1094C1095C      | 001        | 201             | Jacques, Stephanie    | A    | 20645 | LCST          | Т               | 0.00           | 0 0 | 00.0 | 0.00 | 0.0 | 0.0   | 0 0.0 | 0.0   | 0.0 | 0.0   | 0.0 | 0.0   | 0 0.0 | 0.00  |        |
| 1094C1095C      | 001        | 201             | 7 Flowers, Jessica Le |      | 23479 | CDS1          | т               |                | 1E  | 1    | LE   | 1E  | 1E    | 1E    | 1E    | 1E  | 1E    | 1E  | 1E    | 1E    | 1E    |        |
| 1094C1095C      | 001        | 201             | 7 Flowers, Jessica Le |      | 23479 | CDS2          | Т               |                | 2C  | 2    | 2C   | 2C  | 2C    | 2C    | 2C    | 2C  | 2C    | 2C  | 2C    | 2C    | 2C    |        |
| 1094C1095C      | 001        | 201             | Flowers, Jessica Le   |      | 23479 | LCST          | Т               | 0.00           | 0 0 | 00.0 | 0.00 | 0.0 | 0.0   | 0 0.0 | 0 0.0 | 0.0 | 0 0.0 | 0.0 | 0.0   | 0 0.0 | 0.00  |        |
| 1094C1095C      | 001        | 201             | Fernandez, Ted Da     | vid  | 25654 | CDS1          | т               |                | 1E  | 1    | LE   | 1E  | 1E    | 1E    | 1E    | 1E  | 1E    | 1E  | 1E    | 1E    | 1E    |        |
| 1094C1095C      | 001        | 201             | Fernandez, Ted Da     | vid  | 25654 | CDS2          | Т               |                | 2C  | 2    | 20   | 2C  | 2C    | 2C    | 2C    | 2C  | 2C    | 2C  | 2C    | 2C    | 2C    |        |
| 1094C1095C      | 001        | 201             | Fernandez,Ted Da      | vid  | 25654 | LCST          | т               | 0.00           | 0 0 | 00.0 | 0.00 | 0.0 | 0.0   | 0.0   | 0.0   | 0.0 | 0.0   | 0.0 | 0.0   | 0.0   | 0.00  |        |
| 1094C1095C      | 001        | 201             | 7 Myers,Carolyn Ilei  | ie i | 28018 | CDS1          | т               |                | 1E  | 1    | LE   | 1E  | 1E    | 1E    | 1E    | 1E  | 1E    | 1E  | 1E    | 1E    | 1E    | Remove |
| 1094C1095C      | 001        | 201             | 7 Myers,Carolyn Iler  | e    | 28018 | CDS2          | Т               |                |     |      |      |     |       |       |       |     |       |     |       |       |       | Remove |
| 1094C1095C      | 001        | 201             | 7 Myers,Carolyn Iler  | ie i | 28018 | LCST          | Т               | 0.00           | 0 0 | 00.0 | 0.00 | 0.0 | 0 0.0 | 0.0   | 0 0.0 | 0.0 | 0 0.0 | 0.0 | 0 0.0 | 0.0   | 0.00  | Remove |

# Step 4: Uploading the 1095-C changes and reviewing Updated 1095-C data

- Payroll Services will then upload the changes only and produce a new Excel file with the updated 1095-C data for all the employees.
- Payroll Services will send the updated 1095-C back to the District for another review. This process may occur multiple times until the District has approved the entire form up to the published deadline. Please refer to the deadlines.

#### Step 5: Returning the signed 1094-C form

- Once the entire 1095-C file has been approved, Payroll Services will provide the District a Form 1094-C that will need to be completed and signed by an authorized representative of the School District (wet signature needed).
- District will need to upload all three pages of the signed, dated Form 1094-C to the Payroll Services secure file transfer site.
- Deadline to return the finalized 1095-C is 12/06/21 and 1094-C is 12/13/21.

| 1004 0                                     | Transmittal of Employer-P                          | rovided Health l          | surance Offer and                  | CORRECTED          | OMB No. 1545-2251 |
|--|--|---------------------------|------------------------------------|--------------------|-------------------|
| Form <b>1094-C</b>                         |  | nformation Retu           |                                    |                    | 0047              |
| Department of the Treasury                 | ► Go to www.irs.gov/Form109                        |                           |                                    |                    | 2017              |
| Internal Revenue Service                   | arge Employer Member (ALE Member)                  |                           |                                    |                    |                   |
| Applicable L:     Name of ALE Member (Empl |  |                           | 2 Employer identification numb     | er (EIN)           |                   |
| Chula Vista Elem Schoo                     |  |                           |                                    | -,-,               |                   |
| 3 Street address (including roo            |  |                           |                                    |                    |                   |
| 84 East J Street                           |  |                           |                                    |                    |                   |
| 4 City or town                             |  | 5 State or province       | 6 Country and ZIP or foreign por   | tal code           |                   |
| Chula Vista                                |  | CA                        | 91910                              |                    |                   |
| 7 Name of person to contact                |  |                           | 8 Contact telephone number         |                    |                   |
| 7 Hane of person to common                 |  |                           |                                    |                    |                   |
| 9 Name of Designated Govern                | ment Entity (only if applicable)                   |                           | 10 Employer identification number  | (EIN)              |                   |
| 11 Street address (including roo           | om or suite no.)                                   |                           |                                    | Eor Offi           | cial Use Only     |
| 12 City or town                            |  | 13 State or province      | 14 Country and ZIP or foreign pos  |                    |                   |
|  |  |                           |                                    |                    |                   |
| 15 Name of person to contact               |  |                           | 16 Contact telephone number        |                    |                   |
| 17 Reserved                                |  |                           |                                    |                    |                   |
| 18 Total number of Form                    | ns 1095-C submitted with this transmittal          |                           | <u></u>                            |                    | ▶ 3265            |
| 19 Is this the authoritativ                | re transmittal for this ALE Member? If "Yes,"      | check the box and continu | ue. If "No," see instructions .    |                    | 🗵                 |
| Part    ALE Member                         | r Information                                      |                           |                                    |                    |                   |
| 20 Total number of Form                    | ns 1095-C filed by and/or on behalf of ALE M       | ember                     |                                    | <u></u> <u>.</u> . | ▶ 3265            |
| 21 Is ALE Member a me                      | mber of an Aggregated ALE Group?                   |                           |                                    |                    | . Yes No          |
| If "No," do not compl                      | ete Part IV.                                       |                           |                                    |                    |                   |
| 22 Certifications of Elig                  | gibility (select all that apply):                  |                           |                                    |                    |                   |
|  |  |                           |                                    | _                  |                   |
| A. Qualifying Offer                        |  |                           | eserved                            | D. 98% Offer Metho |                   |
| Under repairies of perjury, I o            | declare that I have examined this return and accom |                           | he best of my knowledge and belief | _                  | complete.         |
| Signature                                  |  | Title                     |                                    | Date               | - 1001.0          |
| For Privacy Act and Paperw                 | vork Reduction Act Notice, see separate instruc    | tions.                    | Cat. No. 61571A                    |                    | Form 1094-C (2017 |

See below and the following page for a sample Form 1094-C:

|    |               | (a) Minimum Es<br>Offer Is | sential Coverage<br>ndicator | (b) Section 4980H Full-Time<br>Employee Count for ALE Member | (c) Total Employee Count<br>for ALE Member | (d) Aggregated<br>Group Indicator | (e) Reserved  |
|----|---------------|----------------------------|------------------------------|--|--|-----------------------------------|---|
|    |               | Yes                        | No                           |  |  |                                   | PROMINENT AND DEPENDENT OF A PRIME REPORT OF A DEPENDENT OF A DEPENDENT<br>OF A DEPENDENT OF A DEPE |
|    | All 12 Months |                            |                              |  |  |                                   |   |
| 4  | Jan           | X                          |                              | 2976   | 4692                                       |                                   |   |
| 5  | Feb           | X                          |                              | 2998   | 4735                                       |                                   |   |
| 6  | Mar           | X                          |                              | 3017   | 4777                                       |                                   |   |
| 27 | Apr           | $\times$                   |                              | 3011   | 4782                                       |                                   |   |
| 28 | Мау           | $\mathbf{X}$               |                              | 3016   | 4811                                       |                                   |   |
| 29 | June          | $\boxtimes$                |                              | 3003   | 4750                                       |                                   |   |
| 30 | July          | $\mathbf{X}$               |                              | 2881   | 4912                                       |                                   |   |
| 31 | Aug           | $\boxtimes$                |                              | 3029   | 4954                                       |                                   |   |
| 32 | Sept          | $\times$                   |                              | 3060   | 4997                                       |                                   |   |
| 33 | Oct           | $\boxtimes$                |                              | 3071   | 5044                                       |                                   |   |
| 34 | Nov           | $\times$                   |                              | 3066   | 5058                                       |                                   |   |
| 35 | Dec           | $\boxtimes$                |                              | 3066   | 5040                                       |                                   |   |

# Form 1094-C (2017) Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

| Name | EIN | Name | EIN |
|------|-----|------|-----|
|      | 51  |      |     |
|      | 52  |      |     |
|      | 53  |      |     |
|      | 54  |      |     |
|      | 55  |      |     |
|      | 56  |      |     |
|      | 57  |      |     |
|      | 58  |      |     |
|      | 59  |      |     |
|      | 60  |      |     |
|      | 61  |      |     |
|      | 62  |      |     |
|      | 63  |      |     |
|      | 64  |      |     |
|      | 65  |      |     |