

THE LOCAL CHOICE E-NEWS

Department of State and Local Health Benefits Programs

February 16, 2016

The Employer Certification for Affordable Care Act Employer Reporting must be completed and returned by March 3, 2016. The information on the Certification is important and required to complete the 1094-C form that will be submitted on your behalf to IRS if you signed a Reporting Agreement. Missing the March 3rd due date will delay your ACA Employer Reporting and may subject your group to a late-filing IRS penalty.

The original due date for the Certification Form was February 8. About one-third of the Certification Forms for ACA Employer Reporting cannot be used as submitted. It appears that the unusable forms were scanned and attached to an email. If you failed to return your form, or returned it as a scanned attachment, you must submit a new form as soon as possible and no later than March 3, 2016.

The Certification Form is an [interactive fillable form](#) and it must be returned as a saved PDF email attachment. We cannot use the form if it is faxed or scanned and attached to an email. Follow these instructions:

- Click on the interactive form link and fill in the required fields.
 - Enter the Agency Code, Group Code, and Subdivision code. The Agency code is 047 for government groups and 048 for school groups. The Group code and Subdivision code are shown on your HBD-Group Factsheet and on your Enrollment Report. You need to complete a Certification Form for each FEIN represented in your group. If you have more than one subdivision for a FEIN, list all subdivisions for the FEIN on one Certification Form.
 - The counts in #6 are employment counts, not health insurance counts. Please refer to the definitions of 'employee' and 'full-time employee' on Page 13 of this IRS publication, <https://www.irs.gov/pub/irs-pdf/i109495c.pdf> to determine your employment counts.
 - A signature is not required in #7.
- Save the form after you have completed it.
- Create a new email and attach the saved interactive form to it. Do not attach a scanned form.
- If you are revising a previously submitted form, please include the word 'REVISED' in the email's subject line.
- Send the email with the saved interactive form attached to TLC@dhrm.virginia.gov by March 3, 2016.

Please do not reply to this e-mail. You may send inquiries to the Office of Health Benefits mailbox at tlc@dhrm.virginia.gov