



ACA Elevate

Option 1 ~ *Year-end Filing*

Option 2 ~ *Monthly Tracking & Filing*

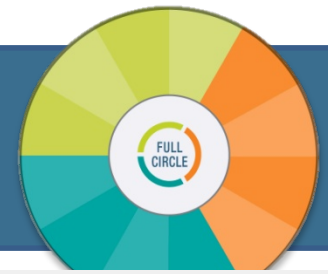
Presented By:



- HR Benefits
- HR Management
- HR Services

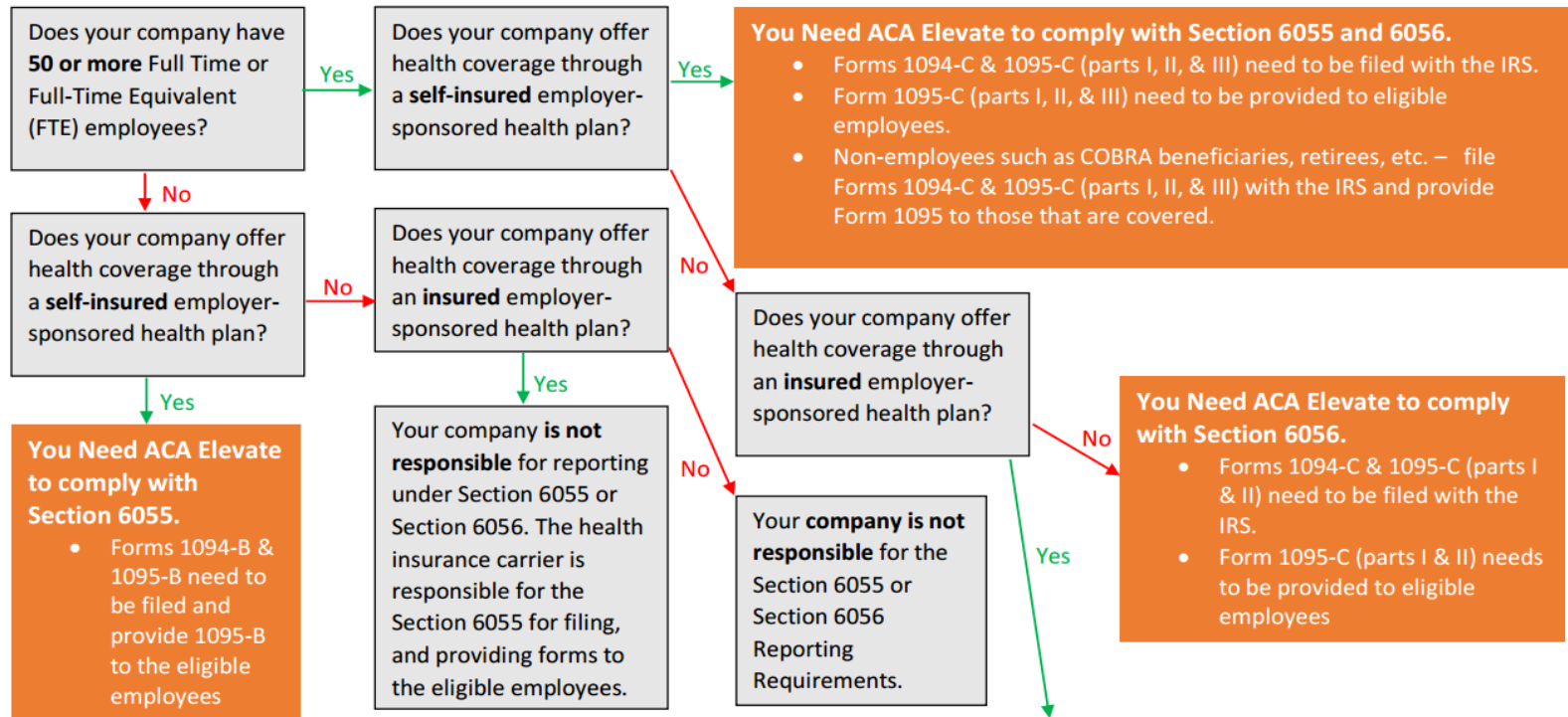
We're proud to offer a full-circle solution to your HR needs. BASIC offers collaboration, flexibility, stability, security, quality service and an experienced staff to meet your integrated HR, FMLA and Payroll needs.

Does Your Company Need to Comply?



6055 & 6056 Reporting

ACA Elevate: Decision Tree *by BASIC*



BASIC's ACA Elevate is a stand-alone solution that generates 1094-C & 1095-C Forms and electronic filing with simple uploads of a MS Excel workbook. ACA Elevate offers 2 different solutions to ensure every employer remains compliant with the 6055 and 6056 reporting requirements.

You Need ACA Elevate to comply with Section 6056. The health insurance carrier will fill and provide Section 6055 forms on your behalf.

- Forms 1094-C & 1095-C (parts I & II) need to be filed with the IRS.
- Form 1095-C or a similar statement needs to be provided to eligible employees
- Non-employees such as COBRA beneficiaries, retirees, etc. either:
 - a. If **not** your employee for all 12months- The health insurance carrier will file with the IRS and provide section 6055 forms on your behalf ; OR
 - b. If your employee for 1 or more months- File Forms 1094-C & 1095-C with the IRS and provide Form 1095-C to reporting those months while employed

6055 and 6056 Reporting for any employer!



Varying Levels of Complexity:
 Self-Insured, Fully-Insured,
 Controlled Groups, Union &
 Non-Unions – BASIC can
 handle them all!

120116
OMB No. 1545-2251
2015

Form 1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns CORRECTED

Department of the Treasury Internal Revenue Service **► Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c**

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)
3 Street address (including room or suite no.)		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code
7 Name of person to contact		8 Contact telephone number
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 Country and ZIP or foreign postal code
15 Name of person to contact		16 Contact telephone number
17 Reserved		

18 Total number of Forms 1095-C submitted with this transmittal ►

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member ►

21 Is ALE Member a member of an Aggregated ALE Group? Yes No
 If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method **B.** Qualifying Offer Method Transition Relief **C.** Section 4980H Transition Relief **D.** 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A **Form 1094-C** (2015)

6055 and 6056 Reporting for any employer!



Varying Service Levels to Meet Your Companies Needs: ACA Through Payroll, Self-Admin ACA, Full-Service ACA Filing, Full-Service ACA Tracking and Filing

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage**
 Department of the Treasury Internal Revenue Service
 Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID CORRECTED

OMB No. 1545-2251
2015

Part I Employee **Applicable Large Employer Member (Employer)**

1 Name of employee **2** Social security number (SSN) **7** Name of employer **8** Employer identification number (EIN)

3 Street address (including apartment no.) **9** Street address (including room or suite no.) **10** Contact telephone number

4 City or town **5** State or province **6** Country and ZIP or foreign postal code **11** City or town **12** State or province **13** Country and ZIP or foreign postal code

Part II Employee Offer and Coverage **Plan Start Month** (Enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2015)

A Simple Solution To a Complex Problem



1. **ELEVATE: Option 1 - No need for regular feed of data**– BASIC's file works off of a two MS Excel workbook uploads with employee and coverage data at year-end. Focus on key deliverables for employers with simpler reporting needs. Perfect stand-alone solution for companies with 0 – 10 variable hour employees!
2. **Real Time Access** – Access your workbook and workbook training videos online anytime
3. **Flexible**– Choose from a variety of outputs and reporting formats as well as mail and eFiling solutions.
4. **Unsurpassed Support** – BASIC provides both technical support as well as access to our Compliance Experts for complex ACA questions



Automation

- Completes Employer form 1094 C
- Batch completes Employee form 1095 C
- Generates Summary Report In Excel
- Optional Print/mail of 1095 C forms to employees' homes
- eFiling with IRS automatically included

Built-In Logic and Security

- Determines Correct Indicator Codes
- Assigns Correct Plan Effective Dates
- Calculates 70 and 95% Offer Thresholds
- Interprets Safe Harbor and Transition Relief Designations

A Simple Solution To a Complex Problem



- 1. ELEVATE: Option 2 - Monthly Data Feed to track variable work hour employees.** BASIC's file works off of a monthly MS Excel workbook upload with employee and coverage data totaled and reported year-end. Ideal for employers with complex variable employee measurements. Gives the ability to manage employees monthly including eligibility, affordability and status tracking through your own dashboard.
- 2. Real Time Tracking & Reporting** – Access your data and reporting over the Web 24/7
- 3. Record Keeping-** Online history archive of all records
- 4. Flexible**– Choose from a variety of outputs and reporting formats as well as mail and eFiling solutions
- 5. Unsurpassed Support** – BASIC provides both technical support as well as access to our Compliance Experts for complex ACA questions



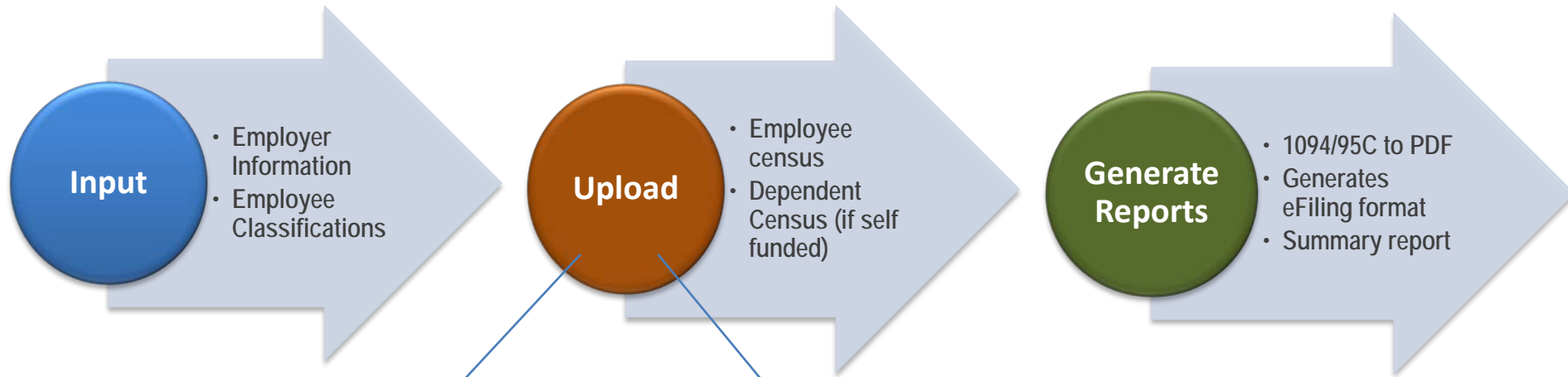
Automation

- Completes Employer form 1094 C
- Batch completes Employee form 1095 C
- Generates Summary Report In Excel
- Optional Print/Mail of 1095 C forms to employees' homes
- eFiling with IRS automatically included

Built-In Logic and Security

- Determines Correct Indicator Codes
- Assigns Correct Plan Effective Dates
- Calculates 70 and 95% Offer Thresholds
- Interprets Safe Harbor and Transition Relief Designations

The Process



Elevate 1 ~ Most often 1 upload and 1 year-end update with year-end reporting

Elevate 2 ~ Monthly uploads with year-end reporting

Completes 1095-C part I, II and III



Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID

CORRECTED

OMB No. 1545-2251

2015

Part I Employee			Applicable Large Employer Member (Employer)								
1 Name of employee			2 Social security number (SSN)		7 Name of employer			8 Employer identification number (EIN)			
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number		
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code	

Part II Employee Offer and Coverage	Plan Start Month (Enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2015)

Completes 1094-C Part I, II, III and IV



Form **1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns CORRECTED OMB No. 1545-2251 120116
 Department of the Treasury Internal Revenue Service **2015**
 Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c

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11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
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17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group? Yes No
 If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):
 A. Qualifying Offer Method B. Qualifying Offer Method Transition Relief C. Section 4980H Transition Relief D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form 1094-C (2015)

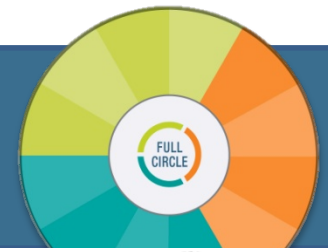


ACA Elevate 1 Year-end Filing: Responsibilities



Stage	BASIC	Client
Client Kickoff Call & GoToMeeting	Deliver the workbook and review with the client	
Data Collection		Complete workbook fully and send back to BASIC
Implementation & First Intake	Set-up client, load workbook and check for mistakes	
Final Intake & Run	Work with client to update changes and correct errors	Provide updated workbook
Filing	Confirm and activate clients dashboard *efile and mail if applicable	Login to dashboard to generate reporting. “or” BASIC will provide an electronic file for clients to eFile and mail

Step 1: Elevate 1- Review and complete workbook



1. Look at workbook to see how to collect required data



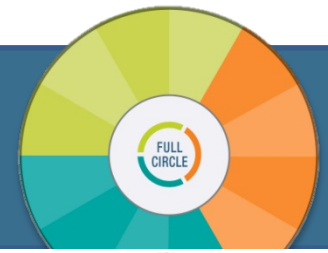
Prep Workbook Instructions

Step	Mark as Complete	Regarding	Step Instructions:
1	<input type="checkbox"/>	Employer Information	Complete the employer information tab. The aggregated groups (Controlled Groups) - See http://www.irs.gov/pub/irs-tege/epchd704.pdf for more detailed information on controlled groups
2	<input type="checkbox"/>	Employee Classes	Complete the classification distinction tab. If you have employees moving from PT (not eligible) to FT (eligible) you will need to build a PT class. Refer to the last tab for Offer and Safe Harbor definitions
3	<input type="checkbox"/>	Census	Complete the census using the format in step 3.
a	<input type="checkbox"/>	EE Demographic	Add employee information including correct class from step 2. All employees covered or eligible for one month of the year should be included.
b	<input type="checkbox"/>	When Covered	Mark "C" for each month covered even if partial. Leave blank if waived or not eligible.
c	<input type="checkbox"/>	When considered a variable hour EE	Mark "V" for all variable hour employees in their measurement or administrative period.
d	<input type="checkbox"/>	Termed, Rehired, or Class Change	In the last section indicate date employee Termed and/or was rehired. Also indicate a class change if applicable.
e	<input type="checkbox"/>	Dependents	If Self Insured Dependents name SSN Date of birth is completed below the associated employee SSN. Mark "C" for each month they are covered.

Access to BASIC's ACA Client Website to obtain company workbook, watch workbook training videos and securely upload your employee data

Employee Class	Date of Hire	W2 or Rate of pay/yr.	SSN	Employee Address	City/town	State	Zip Code	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
1	1/15/2015	\$53,019	999-99-9999	1205 Main Street	Anytown	IL	60523				C	C	C	C	C	C	C
1	9/14/1994	\$34,674	999-99-9999	1205 Main Street	Anytown	IL	60523										
1	9/10/1996	\$36,192	999-99-9999	1205 Main Street	Anytown	IL	60523	C	C	C	C	C	C	C	C	C	C
1	10/29/1998	\$12,000	999-99-9999	1205 Main Street	Anytown	IL	60523	V	V	V	V	V	V	V	V	V	V

Step 2: Elevate 1- Set-up



2. Once your workbook is complete we set you up in the system (create classes in system , finalize census)

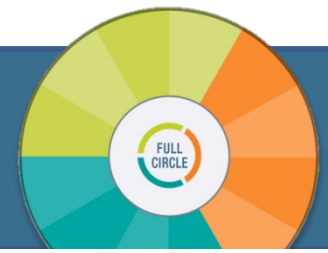
Clients	
#	Client
1	Aperture Science
2	Black Mesa

Classes

Class 1: Plan Effective Date: 04/01/2014, Lowest Cost Plan Price: 150.00, Class Description: All FT, Offer of Coverage: IE

Class 2: Plan Effective Date: 04/01/2015, Lowest Cost Plan Price: 125.00, Class Description: All FT, Offer of Coverage: IG

Step 3. ACA Elevate 1 ~ Run Initial Test Report

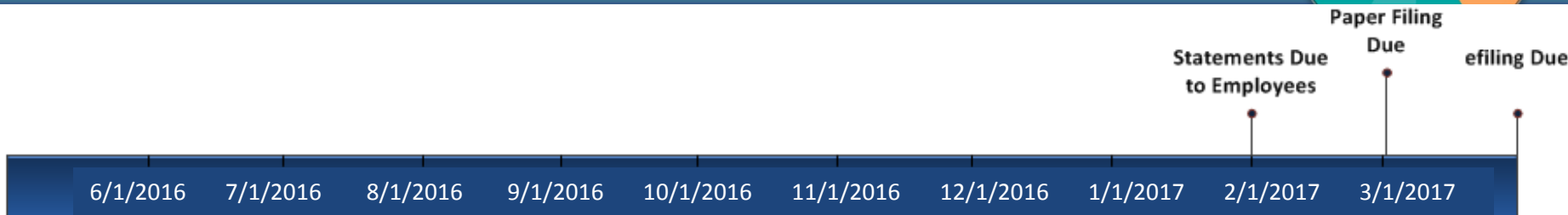
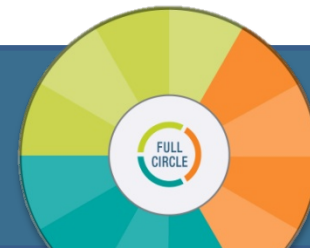


1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	14	
Name of employee	Social security number (SSN)	Street address (including apartment no.)	City or town	State or province	Country and ZIP or foreign postal code	Name of employer	Employer identification number (EIN)	Street address (including room or suite no.)	Contact telephone number	City or town	State or province	Country and ZIP or foreign postal code	Offer of Coverage All 12 Months	JAN	FEB	MAR
charlie Jones	999-99-9999	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Pete Smith	737-27-3363	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Andy Rice	835-58-7253	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Esmeralda Cook	332-45-9373	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Ileen Thornberry	825-46-6536	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Junita Kenna	296-24-8232	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Sage Ortis	999-42-2948	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Tamekia Calvin	688-64-3478	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Trula Domenech	642-26-7826	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Mac Swaim	954-56-5468	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Victoria Wing	443-99-3475	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Aracely Roots	247-88-4784	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
HellenOntiveros	343-77-8683	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Taylor Ambrosino	969-67-8679	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Laraine Vito	874-76-4549	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Priscilla Silvey	687-66-4483	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Deb Finn	764-27-3885	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Eli Manzo	646-23-4952	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Stanton Buchta	923-79-7684	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1I	1I	1I
Luther Nance	492-59-8978	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Hsiu Grand	972-57-8368	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Brendon Kleinman	468-85-8887	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H
Librada Hambricht	274-62-2435	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4321	Anytown	IL	60011		1H	1H	1H

Elevate 1: System Calculates Correct Codes

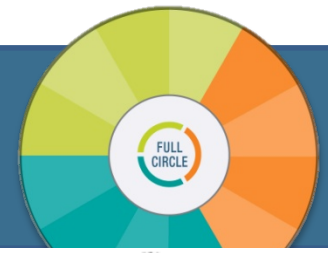


Step 4. ACA Elevate 1 ~ Final WB Upload



1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	14	14
Name of employee	Social security number (SSN)	Street address (including apartment no.)	City or town	State or province	Country and ZIP or foreign postal code	Name of employer	Employer identification number (EIN)	Street address (including room or suite no.)	Contact telephone number	City or town	State or province	Country and ZIP or foreign postal code	Offer of Coverage All 12 Months	JAN	FEB	MAR
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Esmeralda Cook	332-45-9373	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Ileen Thornberry	825-46-6536	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Junita Kenna	296-24-8232	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Sage Ortis	999-42-2948	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Tamekia Calvin	688-64-3478	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Trula Domenech	642-26-7826	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Mac Swaim	954-56-5468	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Victoria Wing	443-99-3475	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Aracely Roots	247-88-4784	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
HellenOntiveros	343-77-8683	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Taylor Ambrosino	969-67-8679	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Laraine Vito	874-76-4549	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Priscilla Silvey	687-66-4483	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Deb Finn	764-27-3885	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Eli Manzo	646-23-4952	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Stanton Buchta	923-79-7684	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1I	1I	1I
Luther Nance	492-59-8978	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Hsiu Grand	972-57-8368	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Brendon Kleinman	468-85-6887	1205 Main Street	Anytown	IL	60523	Group 1	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H
Librada Hambright	274-62-2435	1205 Main Street	Anytown	IL	60523	ABC, Inc	36-555555	1234 Main St	312-558-4455	Anytown	IL	60011		1H	1H	1H

Step 5. ACA Elevate 1- Generate Reports



Paper Filing

Statements Due
to Employees

Due

eFiling Due

6/1/2016

7/1/2016

8/1/2016

9/1/2016

10/1/2016

11/1/2016

12/1/2016

1/1/2017

3/1/2017

3. BASIC Runs Reports, sends to clients for proofing (Final census load (by BASIC), generate 1094/95 C forms and eFile format)

Form 1095-C **Employer-Provided Health Insurance Offer and Coverage** VOID CORRECTED **2015** OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer
8 Street address (including room or suite no.)
9 City or town
10 State or province
11 Country and ZIP or foreign postal code
12 Contact telephone number

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number):

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter lowest cost monthly premium, or self-only maximum value coverage)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
15 Applicable (see instructions)												

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

Name of covered individual	SSN	DOB (if SSN is not available)	Covered all 12 months	Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 60700M Form 1095-C (2015)

Form 1094-C **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns** CORRECTED **2015** OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)
2 Street address (including room or suite no.)
3 City or town
4 State or province
5 Country and ZIP or foreign postal code
6 Contact telephone number
7 Name of person to contact
8 Designated Government Entity only (if applicable)
9 Street address (including room or suite no.)
10 State or province
11 Country and ZIP or foreign postal code
12 Name of person to contact
13 Contact telephone number

Part II ALE Member Information

14 Total number of Forms 1095-C submitted with this transmittal
15 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

16 Is ALE Member a member of an Aggregated ALE Group? Yes No
If "No," do not complete Part IV.

17 Certifications of Eligibility (select all that apply):
 A. Qualifying Offer Method B. Qualifying Offer Method Transition Relief C. Section 4980H Transition Relief D. 99% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

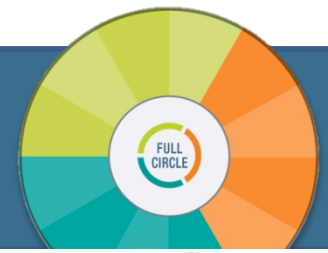
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 819714 Form 1094-C (2015)

ACA Elevate 2 Monthly Tracking and Year-end Filing- Responsibilities



Stage	BASIC	Client
Client Kickoff Call & GoToMeeting	Email the set-up packet and review with the client	
Data Collection		Complete set-up packet fully and send back to Account Manager
Onboarding	Set-up client (ALE Member) in system and activate	Client is given username/password and access to dashboard
Implementation	Provide Support	Client uploads first months data census (Jan. 2015) and identifies groups (Full Time Covered, Full Time Waived, Part Time, etc) and sets codes
Repeat Monthly	Provide Support	Upload data census file every month, make changes to individual employees if need be
Form Generation & Filing	*efile and mail if applicable	Login to dashboard to generate reporting

Step 1: Elevate 2- Review and complete workbook



1. Look at workbook to see how to collect required data

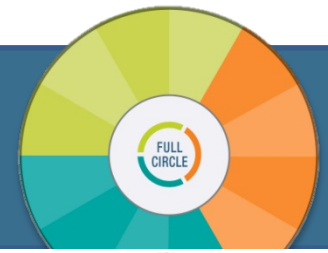


	B	C	D	E	F	G	H
1	Member ID	Filing Year	Employee Code	Birth Date	Social Security #	First Name	Middle N
2	Member ID= This ID will be populated by Basic Compliance Specialist	2016	Client to populate Employee Code from HR/Payroll system	1/1/1975	123456789	John	S
3							
4							
5							
6							
7							

Each client will review the workbook with their assigned Compliance Specialist. The Client will be responsible for completing the workbook monthly

Employee Class	Date of Hire	W2 or Rate of pay/yr.	SSN	Employee Address	City/town	State	Zip Code	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
1	1/15/2015	\$53,019	999-99-9999	1205 Main Street	Anytown	IL	60523				C	C	C	C	C	C	C
1	9/14/1994	\$34,674	999-99-9999	1205 Main Street	Anytown	IL	60523										
1	9/10/1996	\$36,192	999-99-9999	1205 Main Street	Anytown	IL	60523	C	C	C	C	C	C	C	C	C	C
1	10/29/1998	\$12,000	999-99-9999	1205 Main Street	Anytown	IL	60523	V	V	V	V	V	V	V	V	V	V

Step 2: Elevate 2- Set-up



2. BASIC will set you up in the system
(create ALE member in system input as much data as we can)

ALE Member - (Demo Company 1 (DEMO))

Details | Options | Monthly Data | Employees | Reports

Member ID: DEMO1

ALE Member (Employer): Demo Company 1 (DEMO)

EIN: 12-3456789

Street Address: 100 Reporting Highway

Country: United States

City: Portage

State: MI

Zip Code: 49024

Contact

First Name: Jane

Middle Name:

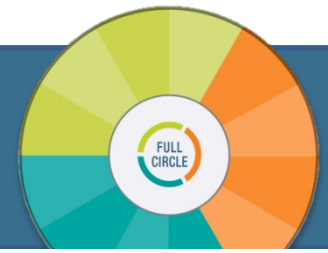
Last Name: Doe

Phone #: - Extn:

* Items in red are required

Save Close

Step 2: Elevate 2- Set-up



3. Client sets-up their measurement periods

ALE Member - (ABC Company)

Details Options Monthly Data LBM Employees Reports

Use Lookback Measurement Method? Provides Self-Insured Coverage

Use NJ State Health Benefits Program?

Eligibility Waiting Period: 60 days starting on hire date - OR - the first day of the first month following hire date

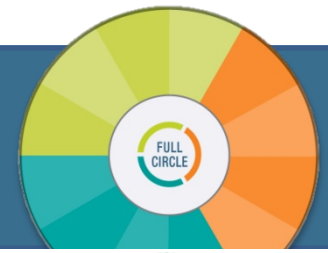
Current Policy End Date: 12/31/2015

Certifications of Eligibility (select all that apply):

Qualifying Offer Method Qualifying Offer Method Transition Relief Section 4980H Transition Relief 98% Offer Method

Save Cancel

Step 2: Elevate 2- Set-up



3. Client sets-up their measurement periods

ALE Member - (ABC Company)

Details Options Monthly Data LBM Employees Reports

Select Method:

Initial Standard

Add Lookback Measurement Method

Welcome Initial Standard Summary

Initial Periods

Measurement:

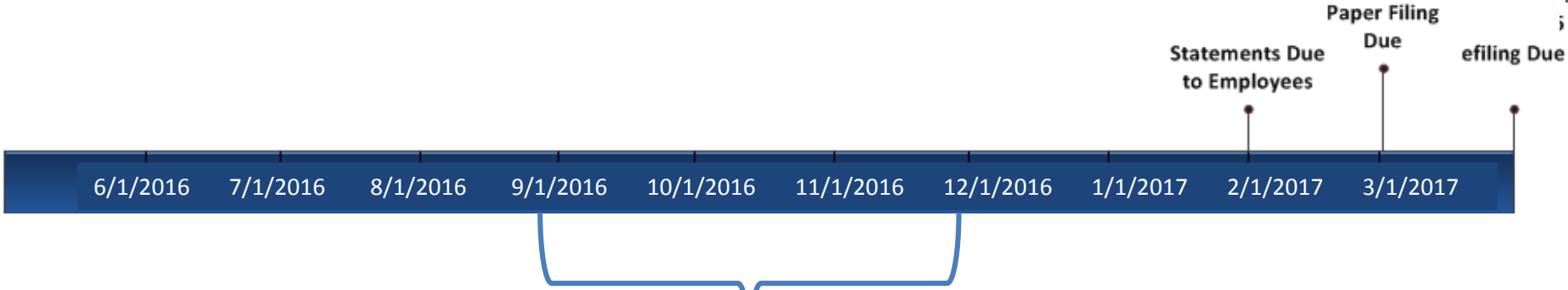
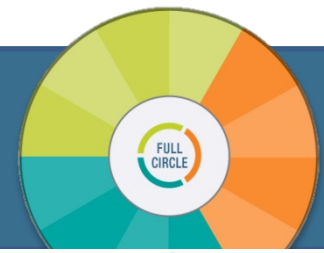
Administrative:

Stability:

* Items in red are required

Next > Cancel

Step 3. ACA Elevate 2 ~ Month to Month Update



ALE Member - (Demo Company 1 (DEMO))

Details | Options | Monthly Data | Employees | Reports

Month	Minimum Essential Coverage	4980H Transition Relief
January	<input checked="" type="checkbox"/>	A
February	<input checked="" type="checkbox"/>	A
March	<input checked="" type="checkbox"/>	A
OPEN April	<input type="checkbox"/>	
May	<input type="checkbox"/>	
June	<input type="checkbox"/>	
July	<input type="checkbox"/>	
August	<input type="checkbox"/>	
September	<input type="checkbox"/>	
October	<input type="checkbox"/>	
November	<input type="checkbox"/>	
December	<input type="checkbox"/>	

Affordability | Eligibility | Status

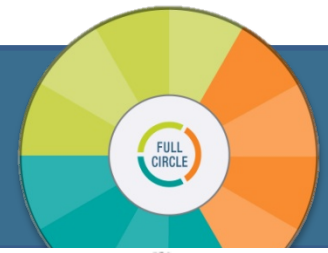
Monthly Status

Month	Codes	Below 8.56%	Between 8.56% and 9.56%	At or above 9.56%	Missing data
Jan	~5	0	0	0	0
Feb	~5	0	0	0	~65
Mar	0	0	0	0	~68

Save Close

Clients are responsible for all monthly uploads, including all previous months dating back to Jan 2016

Step 4. ACA Elevate 2 ~ 24/7 Access/Review



ALE Member - (Demo Company 1 (DEMO))

Filter By Group: All Employees

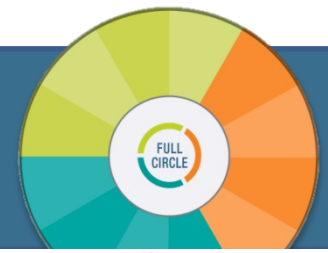
Status: Full-time (✓) Full-time (Filing Status Override) (✓) Part-time (✓/✗) Seasonal (✓/✗)

Employee	Status
APPLEWHITE, JOSEPH L	✓
BALDWIN, WAYNE T	✓
BERNEL, ROBERT S	✓
BLANK, ROBERT	✓
BOYLE, VINCENT A	✗
BRADEIS, JARED M	✗
BREY, DIANN M	✗
BRODY, STEPHEN J	✓
CLINTON, CHRISTINA E	✓
COCHRANE, BRIAN P	✓
CONWAY, GLORIA T	✗
COOLIDGE, ETHEL C	✓
CORBETT, ANTHONY G	✓

Save Close

Client has 24/7 access to their dashboard. Continuously check/ update monthly data census and employee status.

Step 5. ACA Elevate 2-Generate Reports



3. Client Run Reports

(Client completes Final census load, we generate 1094/95 C forms and eFile format)

Form 1095-C **Employer-Provided Health Insurance Offer and Coverage**

OMB No. 1545-2021
2015

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer
8 Street address (including room or suite no.)
9 City or town
10 State or province
11 Country and ZIP or foreign postal code

Part II Employee Offer and Coverage

14 Critical of Coverage (enter received code)
15 Employee (Name of Lowest Cost Monthly Premium, or Self Only Maximum Value Coverage)
16 Applicable (see instructions)

Plan Start Month (Enter 2-digit number):

All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

Name of covered individual	SSN	DOB (if SSN is not available)	Covered all 12 months	Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 1094-C **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns**

OMB No. 1545-2021
2015

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)
2 Street address (including room or suite no.)
3 City or town
4 State or province
5 Country and ZIP or foreign postal code
6 Contact telephone number
7 Name of person to contact
8 Designated Government Entity only (if applicable)
9 Street address (including room or suite no.)
10 State or province
11 Country and ZIP or foreign postal code
12 Name of person to contact
13 Contact telephone number

For Official Use Only

17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group? Yes No

22 Certifications of Eligibility (select all that apply):
 A. Qualifying Offer Method
 B. Qualifying Offer Method Transition Relief
 C. Section 4980H Transition Relief
 D. 96% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

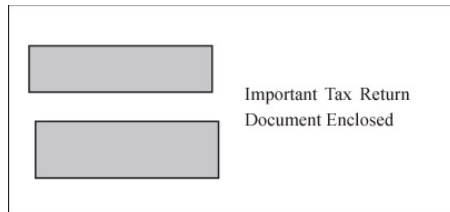
Signature _____ Title _____ Date _____

ACA Elevate 1 & 2- Optional Service Provided



1. Mail Option*

Form 1095-C Employee-Provided Health Insurance Offer and Coverage. The form includes sections for Part I (Employer Information), Part II (Employee Offer and Coverage), and Part III (Coverage Periods). It contains various fields for employer name, address, employee name, and coverage details.



- ✓ Print and mail to employees home

eFiling to IRS (now automatically included with both ACA Elevate 1 & 2)



- ✓ Transmits data to the IRS
- ✓ Check status of filing

*Additional Cost



Questions



- HR Benefits
- HR Management
- HR Services

We're proud to offer a full-circle solution to your HR needs. BASIC offers collaboration, flexibility, stability, security, quality service and an experienced staff to meet your integrated HR, FMLA and Payroll needs.

BASIC's Award Winning Services



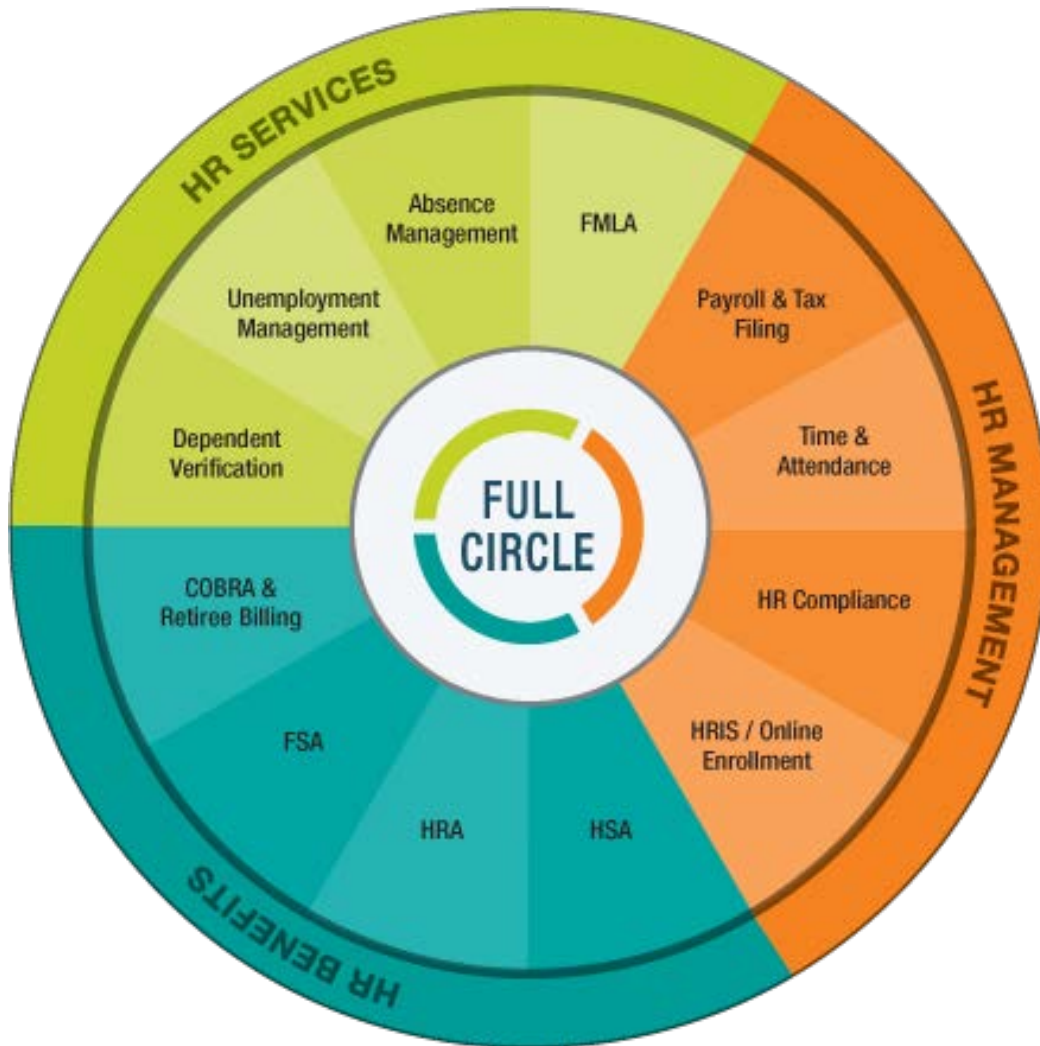
[Request a price quote or proposal for one or more of BASIC's services.](#)

- FMLA
- FSA / HRA / HSA
- COBRA
- Payroll & Timekeeping
- Absence Management

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HR solutions should be simple.
Keep it BASIC.



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