



ACA Elevate

Year-end Filing

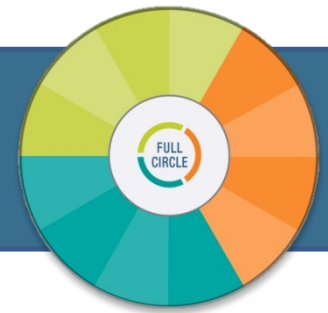
Presented By:



- 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.

Lessons Learned from 2015 & 2016



What were some of the major pain points for employers when it came to ACA reporting in pervious years?

- Information needed for reporting may reside across multiple tracking or software systems. HRIS and Payroll systems don't have all of the required information.
- There may be coordination problems between multiple departments to get the data and getting the data out of the system may be complicated.
- Organizations may not have been gathering all of the data needed for ACA compliance.
- Administratively intensive and employers have to dedicate resources, time and a lot of energy to complete the forms.
- Might have to track employees and have a tracking system in place to determine whether employees are entitled to benefits at end of the measurement period.

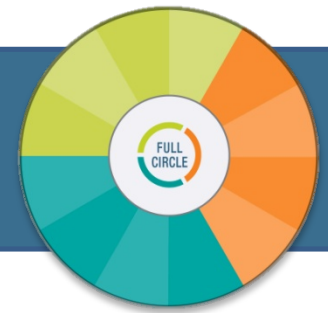
Pay or Play Reporting



- IRS requires insurers and large employers to file reporting forms in order to enforce the pay or play penalties



IRS Enforcement of ACA Penalties for 2015 Reporting Year



- The IRS has started enforcement of the Affordable Care Act's (ACA) employer mandate penalties for 2015
- Employers nationwide have started to receive letters (Letter 226J), to determine whether an ALE may be liable for the Employer Shared Responsibility Payment (ESRP)

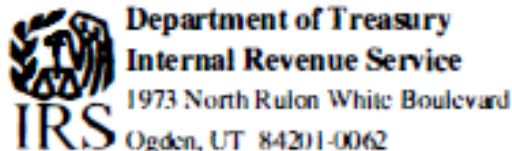
IRS Enforcement of ACA Penalties for 2015 Reporting Year



There are two specific reasons why the ALE may owe the ESRP.

- The ALE did not offer “minimum essential coverage” (MEC) to at least 70% of the full-time employees and one full-time employee bought insurance on the Marketplace and qualified for a subsidy.
- The ALE did offer MEC but the coverage was not “affordable” or did not provide “minimum value”.

IRS Enforcement of ACA Penalties for 2015 Reporting Year



Department of Treasury
Internal Revenue Service
1973 North Rulon White Boulevard
Ogden, UT 84201-0062

COMPANY ABC
Address
City, State, Zip

Tax year:
2015
Letter date:
11/22/2017
Employer ID number:
XX-XXXXXX
Contact name:
 Response Unit
Contact ID number:
XXXXXX
Contact telephone number:
XXX-XXX-XXXX
Contact e-fax number:
.
Response date:
12/22/2017

Dear Employer,

We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

Proposed ESRP **\$254,626.64**

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, and one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with the IRS. Our records also show that for one or more months of the year at least one of the full-time employees you identified on Form 1095-C was allowed the premium tax credit (PTC) on his or her individual income tax return filed with the IRS. Based on this information, we are proposing that you owe an ESRP for one or more months of the year.

Reporting Penalties



- IRS can assess \$260 penalty per return for late, incomplete or incorrect forms
- In addition to filing reports with the IRS, the ACA requires employers to provide certain forms to employees, similar to the existing W-2 reporting requirements. It is important for employers to be aware that the penalties apply separately to both requirements. For example, a failure to file a Form 1095-C with the IRS and a failure to furnish the same Form 1095-C to the employee will result in two penalties of **\$260 each, or \$530 per affected employee.**



No Indication of an Extension for 2017 Reporting Deadlines!!!

- For 2017 and later years 1095-Cs must be distributed to employees by the first business day on or after January 31
- The 1094-C and 1095-Cs must be filed with the IRS
 - Filing by Mail: By the first business day on or after February 28 if filing by mail
 - Filing Electronically: By the first business day on or after April 2 if filing electronically

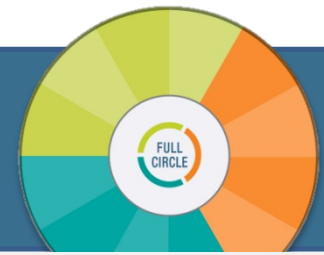
Why ACA Elevate?



Why should employers choose BASIC's Stand-alone Solution: ACA Elevate over their payroll provider or doing it in-house?

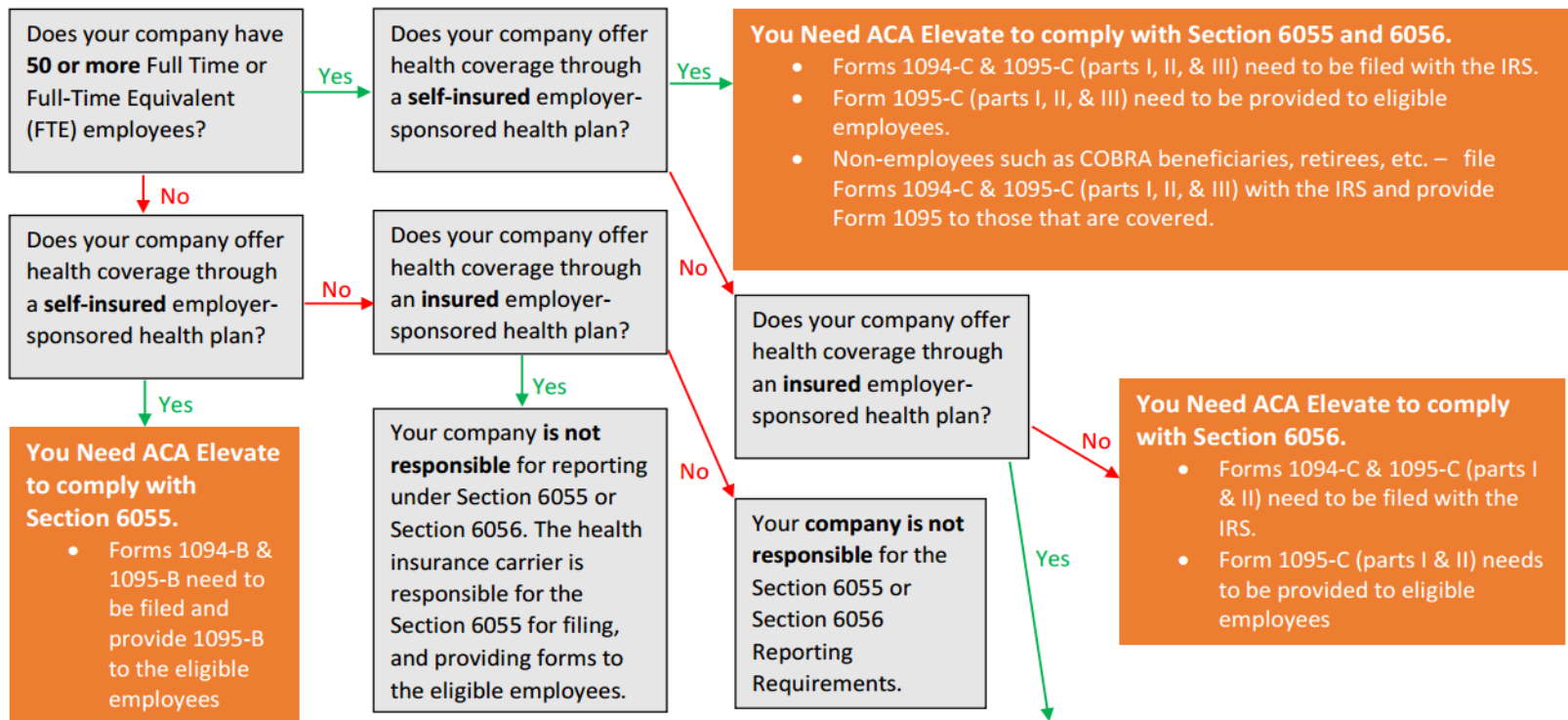
- Accurate forms
- Timely transmissions
- Correct coding for lines 14, 15, 16
- Excellent customer support
- Takes away the stress and complexity of tracking and calculating employee hours with ACA hours tracking and monitoring service
- Assuming the liability for accuracy of the transmittal to the IRS, timing of the employee forms and accuracy of the information — of course we can't be held responsible for the data that you or your carrier provide but if we make the error, then we will make it right.
- BASIC's experienced compliance team is answering your questions and guiding you through the whole process with minimal work involved on Employer's part

Does Your Company Need to Comply?



6055 & 6056 Reporting

ACA Elevate: Decision Tree *by BASIC*

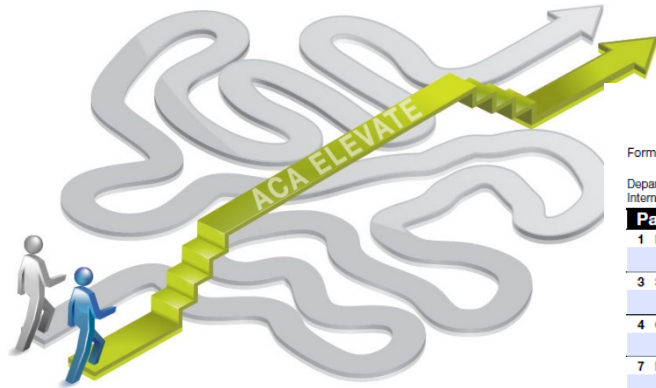


BASIC's ACA Elevate is a stand-alone solution that generates 1094-C & 1095-C Forms and electronic filing with simple uploads of a MS Excel workbook. ACA Elevate offers 2 different solutions to ensure every employer remains compliant with the 6055 and 6056 reporting requirements.

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 & 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

ACA Elevate: 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!

120118

OMB No. 1545-2251

2017

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

Department of the Treasury Internal Revenue Service **► Go to www.irs.gov/Form1094C for instructions and the latest information.**

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 <input type="checkbox"/>			

For Official Use Only

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. Reserved C. Reserved 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.

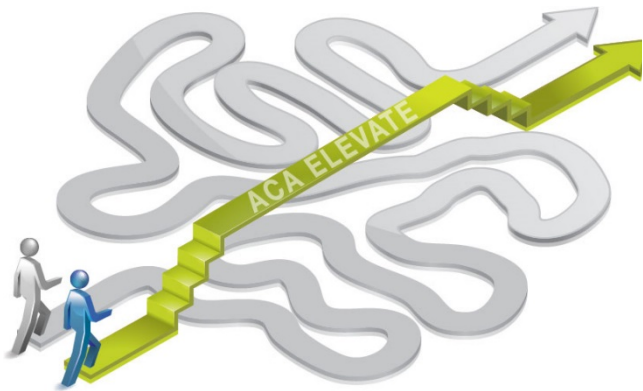
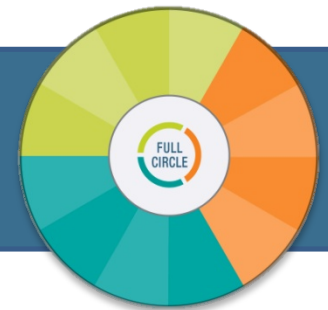
Signature _____ Title _____ Date _____

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

Cat. No. 61571A

Form 1094-C (2017)

ACA Elevate: 6055 and 6056 Reporting for any employer!



Multiple Service Levels to Meet Your Companies Needs: ACA Through BASIC Payroll, Self-Admin ACA, Full-Service ACA Administration and Filing... BASIC has a solution for your company

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED
OMB No. 1545-2251
2017

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 of 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 Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H-1 State Harbor and Other Relief (enter code, if applicable)													

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN 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"/>	<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. 60705M Form **1095-C** (2017)

A Simple Solution to a Complex Problem



1. **ELEVATE: Filing Only- No need for regular feed of data**– BASIC’s file works off of a simple MS Excel workbook upload with employee and coverage data at year-end. Focus on key deliverables for employers with simpler reporting needs. Perfect stand-alone solution for companies who don’t want to pay extra to upgrade their payroll platform
2. **Real Time Access** – Access training videos, your workbook, view draft forms and make changes 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

ACA Elevate: The Process



Input

- Employer Information
- Employee Classifications

Upload

- Employee census
- Dependent Census (if self funded)

Generate Reports

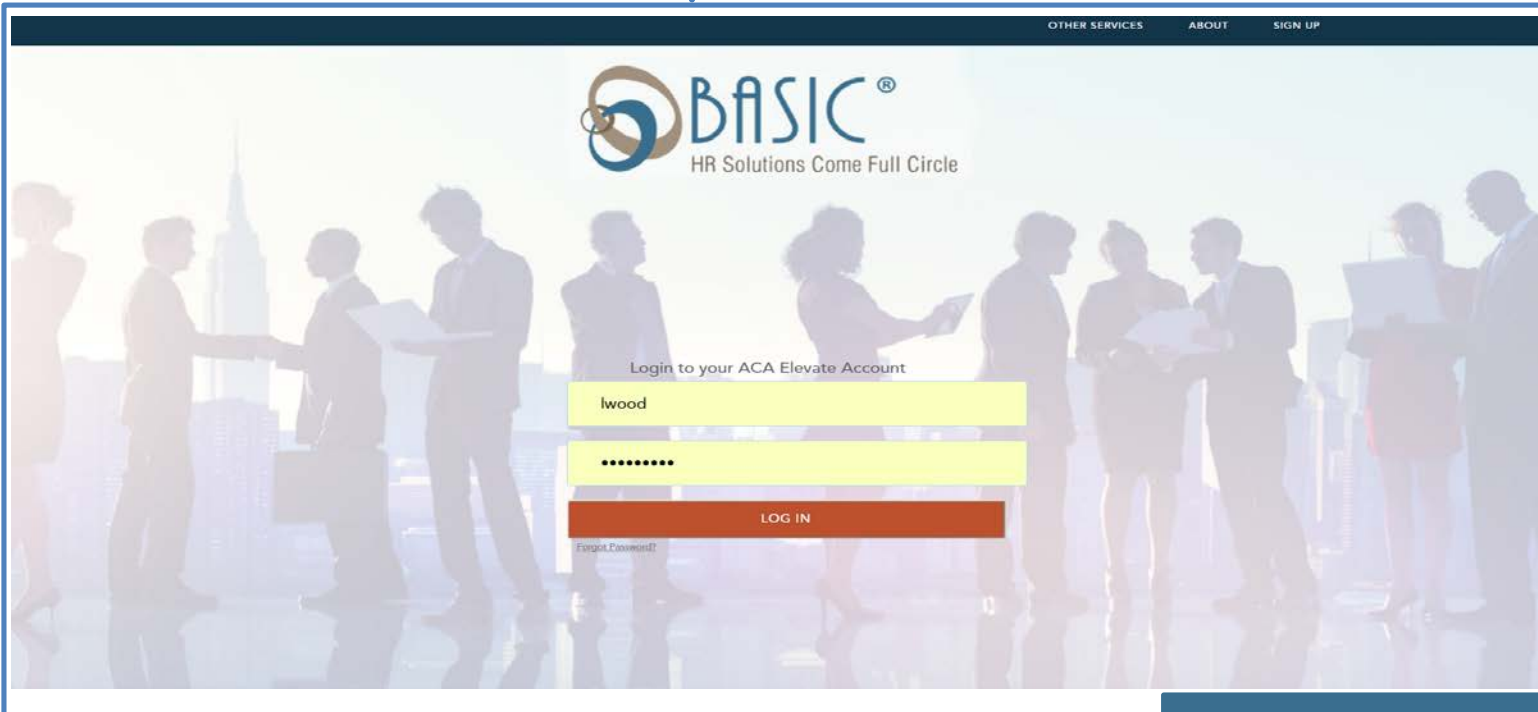
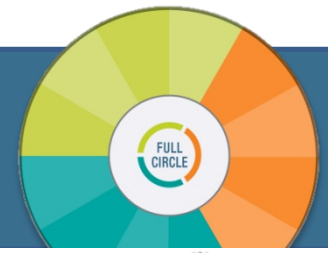
- 1094/95C to PDF
- Generates eFiling format
- Summary report

ACA Elevate Year-end Filing-Responsibilities



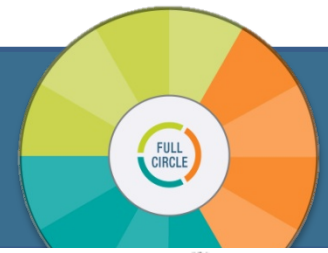
Stage	BASIC	Client
Implementation and Welcome	Set-up client in database. Welcome E-mail sent to Admin user	
System Training	Provide Support	Training sessions available at www.acaelevate.com web landing (log in page)
Data Collection	Provide Support	Upload intake spreadsheet and validate data.
Final Intake & Run	Work with client to update changes and correct errors.	Update data for year-end filing. This can be done with an intake spreadsheet upload or by individual employee within acaeevelate.com
e-Filing and Mailing	eFile to IRS & Mail (if BASIC mail service selected)	“or” BASIC will provide an electronic file to client for distribution to employees

Step 1: ACA Elevate – Welcome Email



Access BASIC's acaelevate.com portal and logins via your welcome email from our Compliance Department

Step 2: ACA Elevate – Training Resources



BASIC ACA Elevate - Training

BASIC ACA Elevate Training

[ACA Elevate Demo](#)

PDF Documents

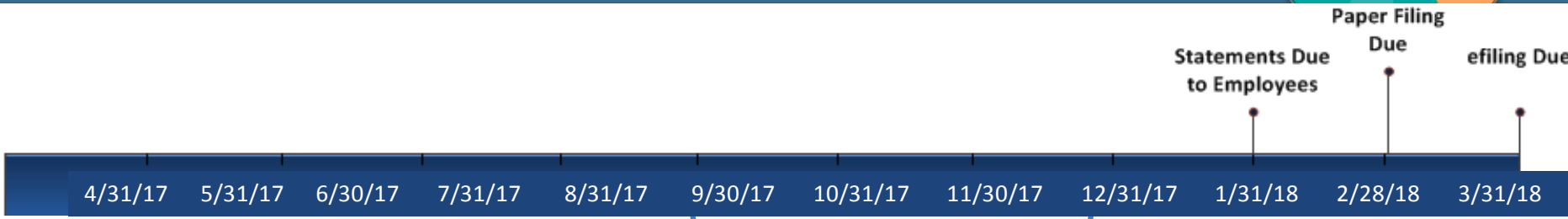
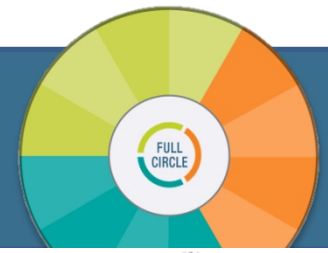
- [ACA Training Guide](#)
- [Home Page Overview](#)
- [Employer Data Review](#)
- [Class Review](#)
- [Workbook Overview](#)
- [Validation](#)
- [Printing & Filing Forms](#)

Videos

- [Home Page Overview](#)
- [Employer Data Review](#)
- [Class Review](#)
- [1095-B Workbook Overview](#)
- [1095-C Workbook Overview](#)

BASIC's ACA Elevate cloud base portal gives the client access to many training resources

Step 3: ACA Elevate - Access & Review



Edit Company BASIC Demo

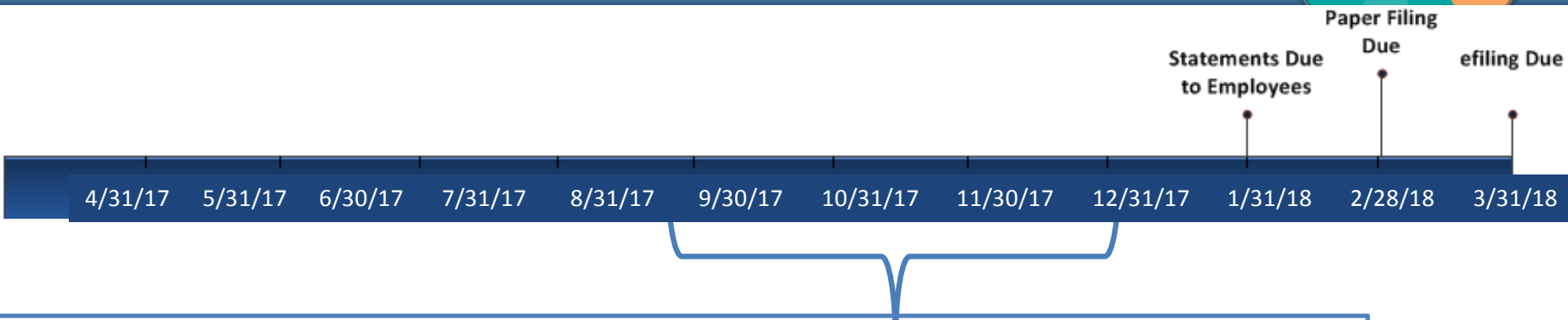
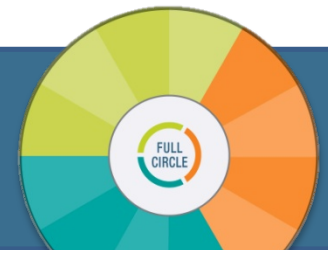
Company Information
[Employer Contact Information](#)
[Provider Information](#)
[Other ALE Members](#)

Company Information

COMPANY NAME (ALE MEMBER)	EIN
<input type="text" value="BASIC Demo"/>	<input type="text" value="12-3456789"/>
STREET ADDRESS	
<input type="text" value="1575 44th Street SW"/>	
<input type="text" value="Suite 400"/>	
CITY	
<input type="text" value="Wyoming"/>	
STATE	ZIP
<input type="text" value="Michigan"/>	<input type="text" value="49509"/>
MAIN PHONE	EXTN
<input type="text" value="(888) 602-2742"/>	<input type="text"/>
FAX	EXTN
<input type="text"/>	<input type="text"/>
FILING TYPE	
<input type="radio"/> 1094/95B	
<input checked="" type="radio"/> 1094/95C	
ALE MEMBER (EMPLOYER NUMBER)	
<input type="text" value="3"/>	

Edit Tab will allow you to update Company Information, add additional company contacts for access, update provider information and add additional ALE Members. Majority of the Company Information will already be pre-populated into the system.

Step 4: ACA Elevate - Set-up



Class

Class: FT | EE Class Number: 1

Class Information

CLASS TYPE

- Eligible Full Time - 30+ Hours
- Eligible Full Time - 30+ Hours
- Non Eligible Part Time/Seasonal/Variable
- Non Eligible in Measurement Period
- Eligible Part Time Self Funded - <30 Hours
- COBRA/Retiree Partial Year
- COBRA/Retiree Full Year
- Eligible No Offer - 30+ Hours
- MultiEmployer Interim Relief (Union)

TERMINATION OF BENEFITS

Date of Termination: [Dropdown]

NON CALENDAR YEAR RELIEF:

WAIT TYPE

1st of Month After Wait: [Dropdown]

WAIT DAYS: 60

AGE BANDED:

[Delete]

Class Details

+ Add Mid Year Plan Changes

Month	Low Cost	Offer Of Coverage Code	Safe Harbor Code
April	85.00	1A	2H

[Edit]

Classes Tab will give you the ability to setup class codes and types, effective dates and add a mid-year plan changes

Step 5. ACA Elevate - Download Workbook & Run Initial Validation Test



ACA Census Workbook Transfer
Client Name: BASIC Demo Company/Member Name: BASIC Demo

Download A New Excel Template

Click here to download Workbook Template → (Note: The file may fail to upload if you change the formatting in the file, or insert or remove any columns.)

Upload Your Excel Data ← **Click "Select" to upload your excel Data file.**

Click here to Validate and Save your workbook. →

Download Your Processed Workbook

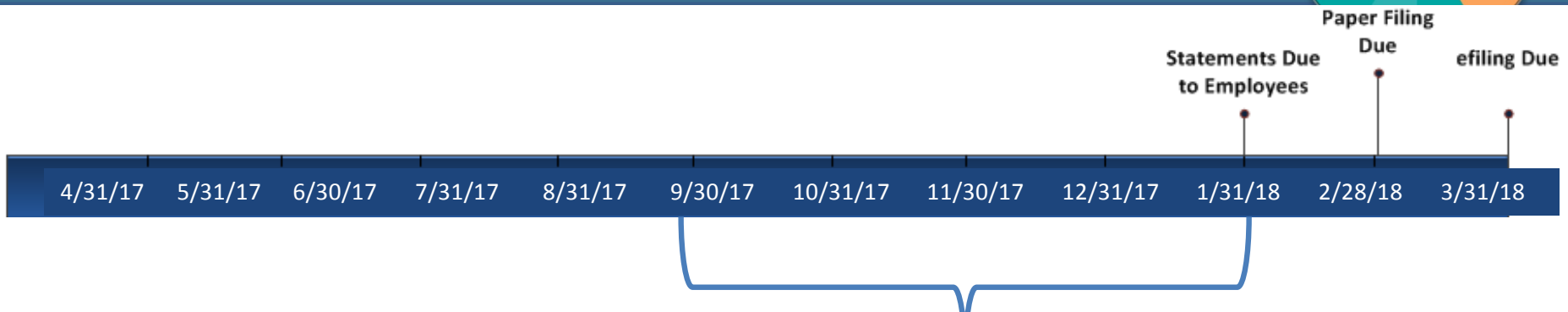
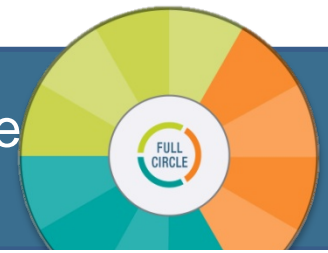
Click here to To download your processed Workbook.

Workbook Tab will give you the ability to download the workbook template, upload the workbook once data is inputted, validate the data and save the workbook to the system

ACA Elevate: System Calculates Correct Codes



Step 6. ACA Elevate - Continuously Update Employee Demographics



Company: BASIC Demo

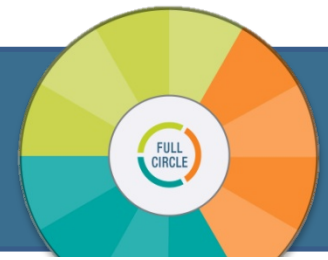
[Add New Employee](#)

First Name	Middle Initial	Last Name
James	H	Bond

[Back](#)

Employee Tab will show all company employees where their demographics and employee classes can be easily updated

Step 7. ACA Elevate - Final WB Upload



ACA Census Workbook Transfer

Client Name: BASIC Demo Company/Member Name: BASIC Demo

Download A New Excel Template

Click here to download Workbook Template → (Note: The file may fail to upload if you change the formatting in the file, or insert or remove any columns.)

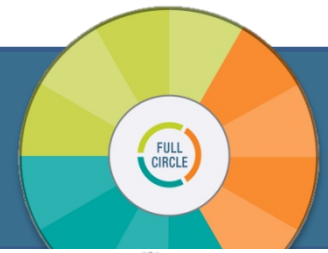
Upload Your Excel Data ← **Click "Select" to upload your excel Data file.**

Click here to Validate and Save your workbook. →

Download Your Processed Workbook

Click here to To download your processed Workbook.

Year-end Filing
client can upload their final workbook for year-end filings with complete and validated data



Step 8. ACA Elevate - Generate Reports



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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-2031
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 Employer identification number (EIN)
9 Street address (including room or suite no.)
10 Contact telephone number
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 received code)												
15 Employee (Name of Lowest Cost Monthly Premium, or Self-only Minimum Value Coverage)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable (Section 49802(a) State Water/other code if applicable)												

Part III Covered Individuals

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

17 Name of covered individual	18 EIN	19 DOB (if SSN is not available)	20 Covered all 12 months	21 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. 607004A Form 1095-C (2015)

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-2031
2015

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

For Official Use Only

17 Retained

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. 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.

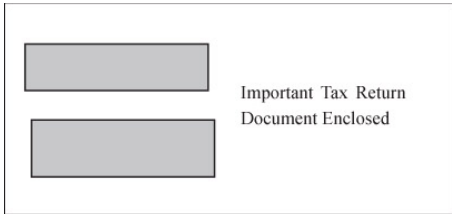
Signature _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 61071A Form 1094-C (2015)

Step 9. ACA Elevate – Form Filing and Distribution



Mail Option*

A screenshot of the IRS Form 1095-C, "Employee-Provided Health Insurance Offer and Coverage". The form includes sections for "Part I Employee", "Part II Employee Offer and Coverage", and "Part III Coverage Information". It contains various fields for employee information, employer details, and a grid for listing covered individuals and their coverage status by month.

- ✓ Print and mail to employees home

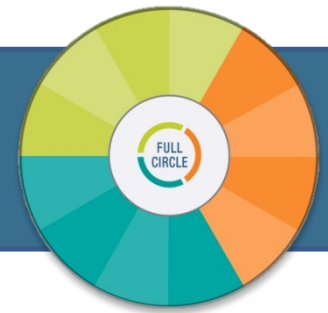
eFiling to IRS (automatically included with ACA Elevate)



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

*Additional Cost

Available Now – ACA Transact



BASIC ACA Transact will be ideal for larger employers (300+ employees) who have the resources and internal staff to gather the necessary data and assign coding on a BASIC's workbook. However, they need assistance with transporting that data from an excel workbook to the appropriate forms.



1. Access to ACA Transact portal
2. Complete workbook, upload through portal validation
3. Access to view and edit forms within the portal
4. Ability to print final forms in PDF forms as well as eFile electronically with the IRS through the portal
5. 2 1095 form mailing options available (bulk mail to employer or mail directly to employees) *additional fees apply

Self-Admin
Solution for 1/3rd
the Cost



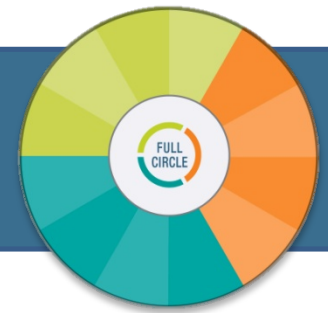
Questions



- 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



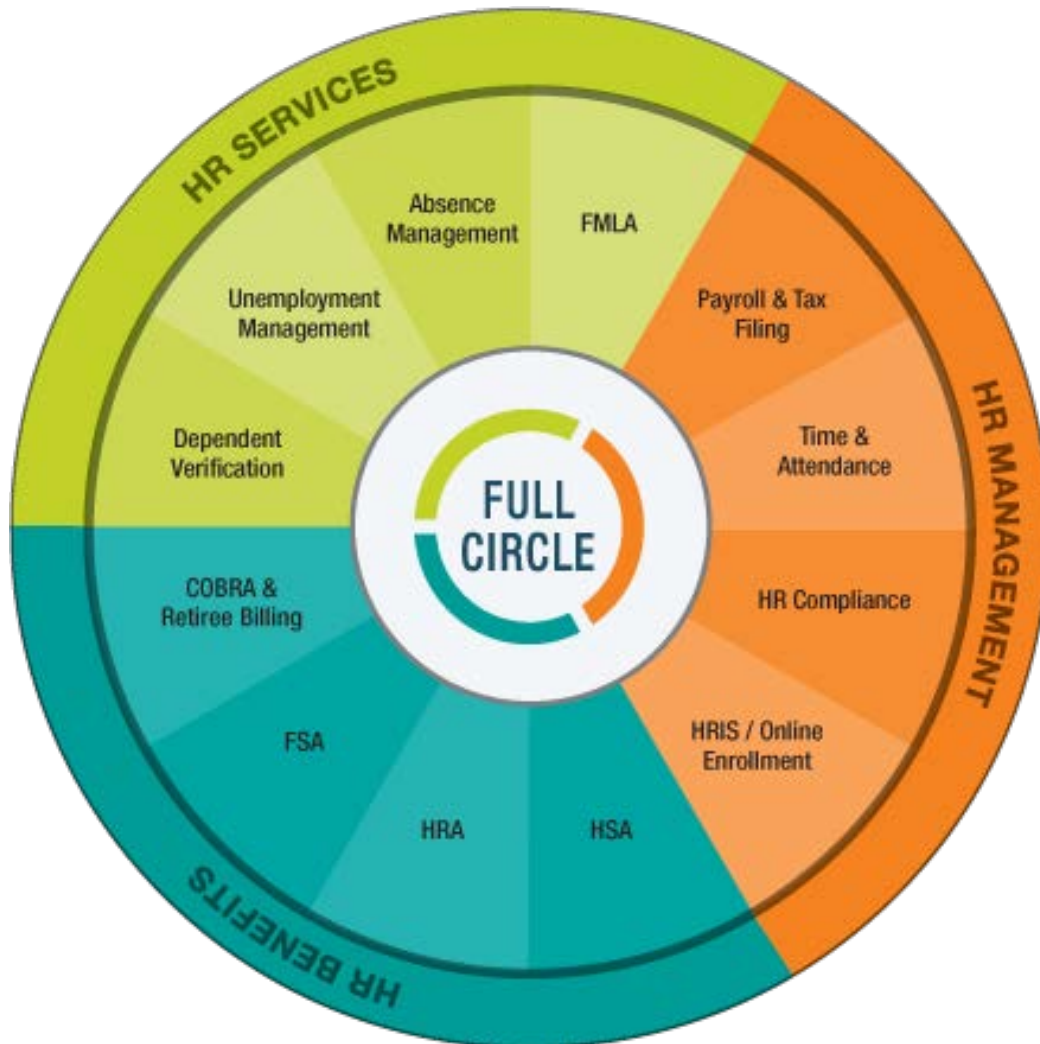
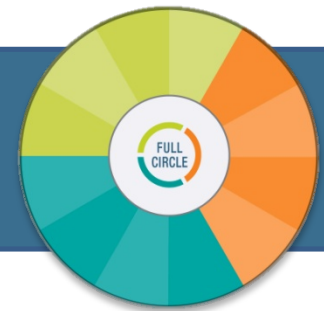
[Request a price quote or proposal for one or more of BASIC's services.](#)

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

**Learn more about
BASIC's Employer
Compliance
Service**

- [ERISA Essentials](#)
- [ACA Elevate](#)

Contact Us



HR solutions should be simple.
Keep it BASIC.



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