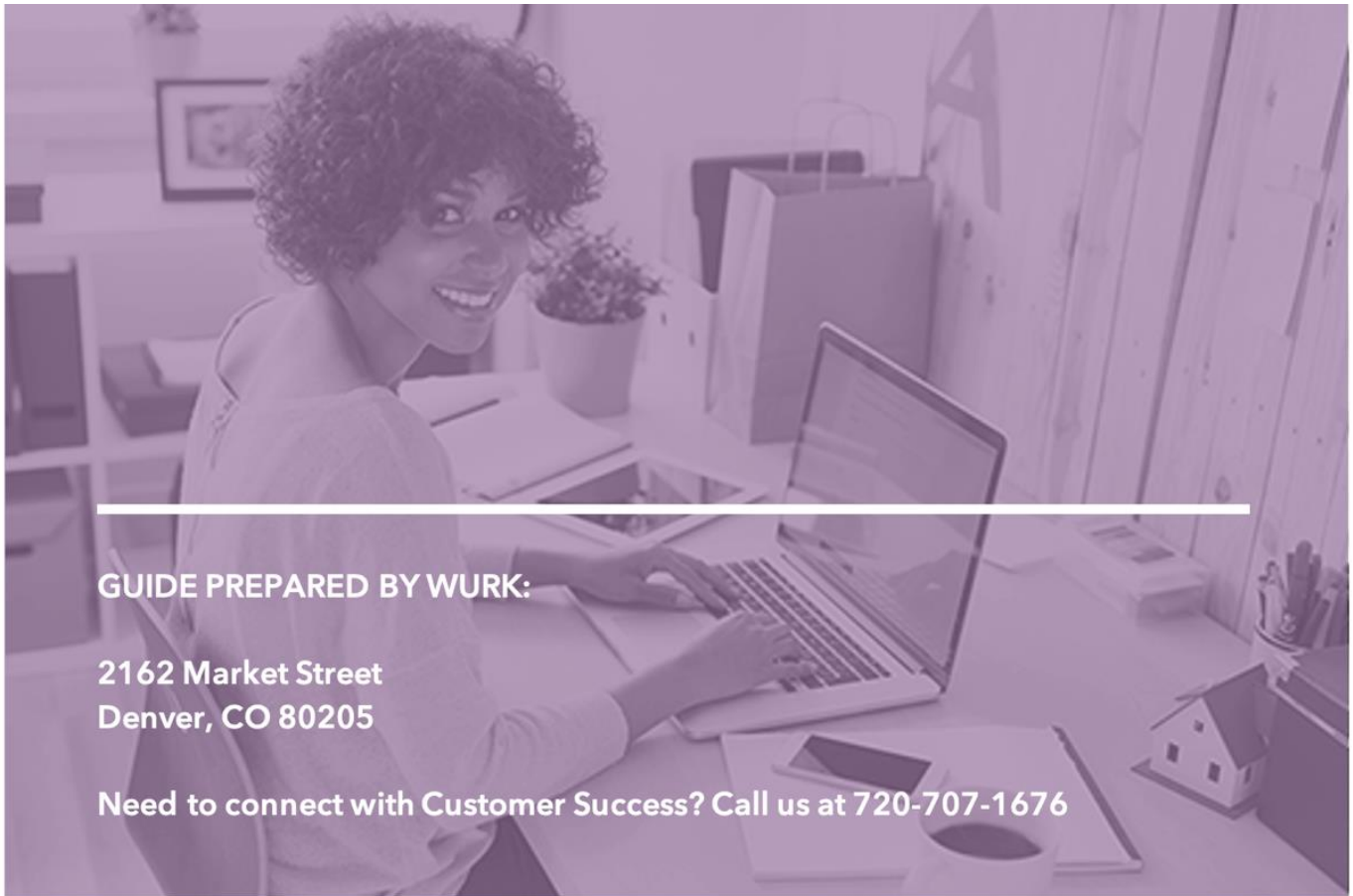




Würk ACA Manager ACA Year End Processing Guide



GUIDE PREPARED BY WURK:

**2162 Market Street
Denver, CO 80205**

Need to connect with Customer Success? Call us at 720-707-1676

OVERVIEW



The information below will guide you through the steps to complete ACA Year End Processing in Work.



Before you begin processing, ensure the following are completed:

1. **ACA Profiles** are assigned and correctly effective dated.
Initial assignment of ACA Profiles are to be assigned to the 1/1/2012 date line. However, when an employee's Employee Type changes during their tenure (i.e. Full-Time to Part-Time / Part-Time to Full-Time), it's critical they are assigned to a different ACA Profile and it's effective dated according to the date of their Employee Type change.
2. **Benefit Profiles** are assigned and correctly effective dated according to the first date the employees' **medical** benefits would begin.

ACA Processing Steps

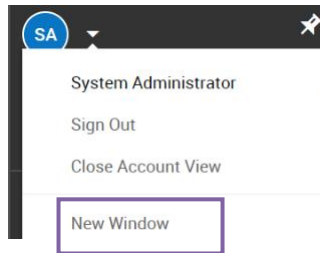
1. Recalculate Employee ACA Timelines

- Team (double person icon) > Benefits > ACA > Employee ACA Actions
- Select all employees > click Recalculate (select 2020)



****Recalculating large amounts of employees could take up to 45 minutes****

- To lessen recalculating time, filter by ACA Profile and recalculate by smaller groups of employees.
- While employee timelines are recalculating, you may open another window and continue working on other items while the recalculations are in process.



2. Locate the **ACA Year End Processing** menu item in the hamburger menu Team (single person icon) > Benefits > ACA > ACA Year End Processing

This Checklist will guide you through the Processing steps to successfully create, populate, finalize, and electronically deliver the 1095-C forms to employees, including creating, populating, and finalizing a 1094-C for each EIN operating within your organization.

- Click the pencil icon next to a line associated to last year and the company you will process for; all EIN's must be processed separately.

← ACA Year End Processing

◀ Page 1 of 1 ▶ 1 - 2 of 2 Rows Saved: [System] ▼

	Id	Year	Last Year End Process Step
	=	=	=
	80920578	2019	
	96411650	2021	

- If last year was not automatically created, click the “Add Tax Year Entry” button.



ADD TAX YEAR ENTRY

▼(0) 📄 ⋮

- Once in the Checklist, it will include all steps needed to complete ACA Processing.

⚠ Incomplete

0%

❗ No 1095-C forms have been opened.
No 1094-C forms have been opened.

⚠ Please note that, ultimately, it is your responsibility to insure the accuracy of IRS For submitting the forms to the IRS or to employees. There may be circumstances in wh If inaccurate forms were to be submitted to the IRS or employees, the company cou conducting a review of the forms, it is important that you answered all of the questi program]. The capitalized terms in these questions are defined terms that are found 1094-C and 1095-C. Please consult your legal advisor if you have any questions on l correctly.

Checklist Steps

Repopulate 1095-C Forms (Optional)

❗ No 1095-C forms have been opened.

[View Employee Forms 1095-C](#)

Finalize 1095-C Forms

[View Employee Forms 1095-C](#)

- Click through the blue hyperlinks to complete each step; when finished, click “Mark as Complete”

3. Populate 1095-C Forms

An Employer must furnish an **Employee Form 1095-C** for each employee who was a full-time employee of the employer for any month of the calendar year, as defined by the employer’s measurement periods.

Note: Forms must be added by clicking “*Mass Add New*” before clicking “*Mass Populate*”

Repopulate 1095-C Forms (Optional) A

❗ No 1095-C forms have been opened.

A	From the Checklist, click Repopulate 1095-C Forms (Optional) to create and populate forms 1095-C for employees.
B	Click Add New or Mass Add New to create new forms.
C	Click Mass Populate to auto-populate values in the selected forms.
D	Click the View Form 1095-C icon to view an individual form.

E	Click Mass View to open selected forms for editing and review.
F	Click Mass Edit to edit fields for multiple forms using the same values.
G	Click Back to return to the checklist.

The screenshot shows the 'Form 1095-Cs' interface. At the top left, a blue box labeled 'G/J' points to the back arrow. At the top right, a blue box labeled 'B' points to the 'Add New' button, and a blue box labeled 'E' points to the 'Mass View' button. On the right side, a dropdown menu is open, with blue boxes 'C', 'F', and 'I' pointing to 'Mass Populate', 'Mass Edit', and 'Mass Finalize' respectively. On the left side, a blue box labeled 'D' points to the first row of the table. The table has columns for checkboxes, edit, delete, and link icons, followed by 'Employee Id', 'First Name', and 'Last Name'. The data rows are as follows:

				Employee Id	First Name	Last Name	
<input type="checkbox"/>				1018	Luis	Melton	
<input type="checkbox"/>				1024	Scott	Jacobs	Active
<input type="checkbox"/>				1025	Ted	Atkins	Active
<input type="checkbox"/>				1026	Carlos	Hudson	Active
<input type="checkbox"/>				1027	David	Martin	Active
<input type="checkbox"/>				1028	Janet	Preston	Active
<input type="checkbox"/>				1029	Todd	Montgomery	Active

4. Finalize 1095-C Forms

A checklist item is shown with a blue box 'H' pointing to the text. The item is 'Finalize 1095-C Forms' with an unchecked checkbox. Below it is a red warning icon and the text: 'There are 8 open (not finalized) 1095-C forms.'

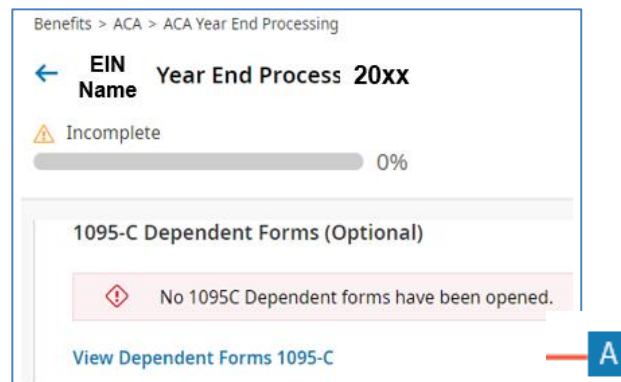
H	From the Checklist, click Finalize 1095-C Forms to finalize forms 1095-C for employees.	J	Click Back to return to the checklist.
I	Click Mass Finalize to finalize the selected forms.		

5. 1095-C Dependent Forms (Optional) – Self-Insured Only

Dependent Forms 1095-C are used for individuals who do not appear in the company, but are still due a Form 1095-C for a self-insured plan. A typical example is a former spouse or just aged dependent child who enrolls in a **self-insured COBRA plan**. **This will need to be manually populated.**

A	From the Checklist, click View Dependent Forms 1095-C to create and populate forms 1095-C for dependents.
B	Click Add New to create new forms.
C	Complete the pop-up 1095 Questionnaire Confirmation fields with the EIN & reason for 1095-C. This will automatically fill out portions the form.
D	Click OK .

E	Fill out the remainder of the form details.
F	Click Finalize Form
G	Click Back twice to return to the checklist or add additional 1095-C Dependent forms.



Benefits > ACA > Forms > Dependent Forms 1095-C

← Dependent Forms 1095-C



ADD NEW

Page 1 of 1 0 Rows Saved: [System]

	Id	Dependent Name	Finalized	Company EIN	Is Corrected	Created
	=	=	All	=	All	=

No Data to Display

Benefits > ACA > Forms

← Form 1095-C Dependent

DOWNLOAD PDF UNFINALIZE FORM FINALIZE FORM POPULATE FORM SAVE

1095C Questionnaire Confirmation

Company EIN *

Reason for 1095-C *

Other

COBRA Reporting

Other

exists for the individual in the reporting year please open the existing Form 1095-C and adjust as needed.

If no Form 1095-C already exists for the individual please click OK below and proceed with manually filling out the form as needed.

CANCEL OK

Form 1095-C
Department of the Treasury
Internal Revenue Service

Part I Employee

1 Name of employee (first name, last name, and middle initial)
2 Street address (including apartment, suite, or unit number)
3 City or town
4 State or province
5 ZIP Code

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)
15 Employee Required Contribution (see instructions)
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)
17 ZIP Code

For Privacy Act and Paperwork Reduction Act purposes, please see instructions.

600120
VOID
CORRECTED
2020
OMB No. 1545-2251
Eligible Large Employer Member (Employer)
8 Employer identification number (EIN)
10 Contact telephone number
12 State or province
13 Country and ZIP or foreign postal code
Plan Start Month (enter 2-digit number):
July Aug Sept Oct Nov Dec
Cat. No. 60706M Form 1095-C (2020)

i The Form 1095-C instructions state that there should only be one Form 1095-C reported for each individual by ALE. If a Form 1095-C already exists for the individual in the reporting year please open the existing Form 1095-C and adjust as needed.

If no Form 1095-C already exists for the individual please click OK below and proceed with manually filling out the form as needed.

würk 11:11 AM (Mountain)

Benefits > ACA > Forms

← Form 1095-C Dependent

DOWNLOAD PDF UNFINALIZE FORM FINALIZE FORM POPULATE FORM

1095C Questionnaire Confirmation

Company EIN *

Reason for 1095-C *

COBRA Reporting

Individual already has a form 1095-C for this reporting year.

Individual listed in part I of the form was enrolled in COBRA for at least one month in the reporting year.

i This option should be selected when the individual who you will enter in Part I was not an employee of the ALE listed in Part II at any point in the reporting year.

COBRA plan is Self-Insured *

Yes

Individual was enrolled for the following months.

All Months

January February

March April

May June

July August

CANCEL OK

Form 1095-C
Department of the Treasury
Internal Revenue Service

Part I Employee

1 Name of employee (first name, last name, and middle initial)
2 Street address (including apartment, suite, or unit number)
3 City or town
4 State or province
5 ZIP Code

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)
15 Employee Required Contribution (see instructions)
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)
17 ZIP Code

For Privacy Act and Paperwork Reduction Act purposes, please see instructions.

600120
VOID
CORRECTED
2020
OMB No. 1545-2251
Eligible Large Employer Member (Employer)
8 Employer identification number (EIN)
10 Contact telephone number
12 State or province
13 Country and ZIP or foreign postal code
Plan Start Month (enter 2-digit number):
July Aug Sept Oct Nov Dec
Cat. No. 60706M Form 1095-C (2020)

6. Deliver Electronic 1095-C Forms

Note: This step does not need to be completed as part of ACA Processing if you do not want to provide employee's electronic access to their 1095-C or if you want to release at a separate time.

Wurk will file with the IRS (and applicable states) and all paper forms will be mailed by the federal and state deadlines. Mark your calendar to return to the *ACA Year End Processing* and complete this step to Deliver Electronic Forms at a later time.

- A** Click **Share 1095-C forms to employees and send email notifications.**
- B** Click **OK.**

Deliver Electronic 1095-C Forms

! There are 8 finalized (not shared) 1095-C forms.
[Share 1095-C forms to employees and send email notifications.](#)

A

Leave this unchecked so all employees have the option to view their 1095-C's only *after* providing their electronic consent in Wurk.

Warning

Do you want to share 1095-C forms to employees and send email notifications?

Send to employees with Electronic Consent only.

B

7. Populate 1094-C Forms

Employers must create and Populate a 1094-C for each EIN in scope for ACA Filing.


Note: Forms must be added by clicking "**Add New**" before clicking "**Populate**"

- A** From the Checklist, click **Repopulate 1094-C Forms (Optional)** to create and populate form 1094-C for your company.
- B** Click **Add New** to create a new form.
- C** Click **Populate Form** to auto-populate values in the form.
- D** Complete the pop-up **1094 Questionnaire Confirmation** fields. This will automatically fill out the form.

- E** Click **OK.**
- F** Click **Save** after reviewing all form fields.
- G** Click **Download PDF** to save or print a copy of the form.
- H** Click **Back** twice to return to the checklist.

Repopulate 1094-C Form (Optional)

A

 No 1094-C forms have been opened.

H

← Form 1094-Cs Add New Mass View

Employer Form 1094-C Saved: [System] ▼

Page 1 of 1 1 - 1 of 1 Rows Selected Year: 2017 (1) Mode: [icon] [icon]

	Created	Finalized	Company EIN	Company Name
<input type="checkbox"/> [edit] [delete]	09/20/2018		12-3456789	

B

H

← 1094-C Save Populate Form Finalize Form [icon]

Unfinalize Form
Download PDF G

Form 1094-C

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) GKTCS Solutions		2 Employer identification number (EIN) 12-3456789
3 Street address (including room or suite no.) 101 West Washington Street		
4 City or town Indianapolis	5 State or province IN	6 Country and ZIP or foreign postal code 46204
7 Name of person to contact Max Blackburn		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		

For C [QR code]

F

C

G

D 1094 Questionnaire Confirmation X

This is the authoritative transmittal for this ALE Member

ALE Member is a member of an Aggregated ALE Group for at least one calendar year month

i ER is part of an Aggregated ALE Group for the following months X

All Months

ER qualifies for the 98% Offer Method

Yes

Qualifying Offer Method

Yes

A Minimum Essential Coverage (MEC) plan was offered to at least 95% (70% in 2015) of full time employees and dependents

All Months

E

CANCEL OK

- Complete the 1094 Questionnaire to populate the form. Please review the [IRS Instructions for Forms 1094 & 1095](#) if you are unsure how to answer the Questionnaire.
- **The only manual adjustment you may need to make is adjusting the form counts in Line 18 & 20 for any Dependent 1095-C that need to be included.**

8. Finalize 1094-C Forms

A	Click Finalize 1095-C Forms to finalize forms 1094-C.
B	Click the View Form 1094-C icon to open a form 1094-C.

C	Click Finalize Form .
D	Click Back twice to return to the checklist.

Finalize 1094-C Form **A**

! There are 1 open (not finalized) 1094-C forms.

← Form 1094-Cs Add New Mass View

Employer Form 1094-C Saved: [System] ▾

Page 1 of 1 1 - 1 of 1 Rows Selected Year: 2017 (1) Mode: [B] ▾ ...

	Created	Finalized	Company EIN	Company Name
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	09/20/2018		12-3456789	

B

D

C

← 1094-C Save Populate Form Finalize Form ...

Unfinalize Form
Download PDF

Form 1094-C

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](http://www.irs.gov/Form1094C) for instructions and the latest information.

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) GKICS Solutions		2 Employer identification number (EIN) 12-3456789
3 Street address (including room or suite no.) 101 West Washington Street		
4 City or town Indianapolis	5 State or province IN	6 Country and ZIP or foreign postal code 46204
7 Name of person to contact Max Blackburn		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		

For C

9. Update Support Ticket

- **Once ACA Year End Processing has been completed for all EIN's within your company, update the ACA Processing 20xx Support Ticket to notify Wurk of completion.**
- Wurk will then pull an XML file and upload to the IRS for e-filing the 1094-C and for 1095-Cs to be distributed via mail.