



**Implementation Request Form**

**Affordable Care Act (ACA) Section 6055/6056 Reporting Services**

*DEADLINE for Submission: September 22, 2021*

**District Number:** \_\_\_\_\_ **District Name:** \_\_\_\_\_

Do you plan to utilize SDCOE services for producing IRS Forms 1095-C (Return) & Form 1094-C (Transmittal)?

YES: \_\_\_\_\_

NO: \_\_\_\_\_ (Vendor name): \_\_\_\_\_

**Please provide the 1094C information requested below:**

Approximate **2021** Form 1095-C Count: \_\_\_\_\_

Certification of Eligibility: (circle one)

A. Qualifying Offer Method

D. 98% Offer Method

Lowest Cost Minimum Essential Coverage Value (monthly): \$ \_\_\_\_\_

**District Contact for ACA Reporting:**

*Note: This person will be the primary liaison for all ACA reporting inquiries, data collection questions, and approvals.*

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- District agrees that failure to approve draft or final versions of forms by deadlines may result in SDCOE being unable to complete ACA Section 6055/6056 Reporting Services of behalf of District.

**Required Authorized Signatures:**

Assistant Superintendent of Business

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Superintendent of Human Resources

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed forms via Email to:**

Payroll Services  
 Email: [PayrollSvcs@sdcoe.net](mailto:PayrollSvcs@sdcoe.net)