
ACA Reporting 2022

Part I: Employer Info

Please provide the following information to ensure that the data we have on file is correct.

Company Legal Name	
Company Mailing Address	
Employer ID Number (FEIN)	
Company Contact Person	
Contact's Phone Number	
Avg # of employees in 2021 & 2022	

Part II: Data Validation

*Please choose **one** option below.*

Option 1

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*I would like Benefits, Inc. to provide me with a data extract (excel spreadsheet) that contains all of our employee data currently on file. I will look through the data and add missing employees that were employed in the year 2022 and I will also provide termination dates for employees that are no longer active. I will return this excel spreadsheet to Benefits, Inc. by close of business on **December 31, 2022.***

Option 2

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*I would like to send my own excel spreadsheet, matching the format of the provided census template. This spreadsheet will contain all employees that were employed at any time during the calendar year 2022, including terminations. (e.g. Payroll report, HRIS extract) I agree to provide the data requested to Benefits, Inc by close of business on **December 31, 2022.***

Data received after the deadlines above may jeopardize the ACA filing being completed by the IRS deadline, therefore resulting in a late filing.



RELEASE OF LIABILITY AND AGREEMENT TO HOLD HARMLESS

In exchange for the ability to use and access software owned and maintained by Benefits, Inc. known as Employee Navigator/BenefitsLinc, (the software), _____, the company, does hereby agree to the following:

1. The company hereby releases and discharges Benefits, Inc., its employees, agents, and owners from any liability whatsoever from any injuries or damages that may arise through the Company's use or access of the software.
2. In the event, Benefits Inc., its employees, agents or owners enters information into the software provided by the company, then no person affiliated or associated with Benefits, Inc. shall be responsible for ensuring the accuracy or correctness of the information provided, as Benefits, Inc. is not independently verifying that any information provided by the company is correct.
3. The company further agrees to indemnify, hold harmless and defend Benefits, Inc. against any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, and other costs of litigation which may arise in any way, through the company's use of the software.

Printed Name

Signature

Date

Company Name

Title

Estimated 2022 Service Fees *(Pricing is subject to change by Employee Navigator)*

Service	1-50	51-100	101-250	251-500	501-1000	1001+
Federal E-file & Print/Mail Per Form	\$6.04	\$5.02	\$4.02	\$3.19	\$2.31	\$1.81

**Employee Navigator Pricing Schedule. Benefits, Inc. does not charge any additional amount above and beyond that of Employee Navigator. *Peak pricing occurs on the day before and the day of the IRS deadline.*