

# IMPORTANT -- NEW INFORMATION REQUIRED FOR 2014

Business Name:

2014	Businesses	<b>Affordable Care Act Questionnaire</b>	Page 1 of 1
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**1** Did your business have a "Qualified" \*\* Group Health Plan in 2014? **NO**  **YES**   
\*\* If unsure, please contact your group health plan administrator.

If **NO**, please continue on to **question 2**.

If **YES**, Did your business pay for **OR** reimburse directly the cost of any individual health insurance coverage for **any** employees (Other than through a qualified group insurance plan)?

**NO**  If **NO**, Stop Here. Please sign, date below and return form to our office.

**YES**  If **YES**, please continue to **question 3**.

**2** Did your business pay for **OR** reimburse directly the cost of any individual health insurance coverage for **more than one** (1) employee?

**NO**  Stop Here. Please sign, date below and return form to our office.

**YES**  Please continue on to **question 3**.

**3** Did you include these reimbursements as wages on the employees' W-2 for 2014?

**NO**  You may be in violation of the Affordable care Act and subject to heavy fines. Please contact our office to discuss potential corrective actions as soon as possible.

**YES**  Please continue on to **question 4**.

**4** If yes, have you ceased making any such reimbursements in 2015?

**NO**  You may be in violation of the Affordable care Act and subject to heavy fines. Please contact our office to discuss potential corrective actions as soon as possible.

**YES**  Stop here. Please sign, date below and return form to our office.

Call our office

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_