

1094/1095

[illegible]

YES, it is still required...AND!!!!!!!!!!!!



Today



1094 & 1095 Reports	Penalties	Small Employers: Level Funded Plans & QSEHRAs
What Are They/What Changed?	Nov 5 th IRS Guidance	The 720 Return—2 nd Quarter
When Are They Due?	Letter 226J	Some TPAs don't do the 1095C
What About Extensions?	Individual Mandate doesn't stop purchases On-Exchange	The QSEHRA dilemma

Healthplan Reporting 1094/1095

TOPIC No.

1



The Big Myth

PRESIDENT Trump's Executive order to
"Minimize burdens" of the ACA on Jan
20th killed off all IRS reporting
Requirements.

This is **FALSE !**

The 1094



120118

Form **1094-C**
Department of the Treasury
Internal Revenue Service

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

☐ CORRECTED

OMB No. 1545-2251

2017

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

For Official Use Only

1111111111

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)

ALE Member Information—Monthly						
	(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
	Yes	No				
12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

1094 Aggregate large employers



Form 1094-C (2017)

Page 3

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40			
41			
42			
43			
44			
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	

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?

If "No," do not complete Part IV.

Form 1094-C

The 1095



Form **1095-A** **Health Insurance Marketplace Statement** ☐ VOID ☐ CORRECTED OMB No. 1545-2232
Department of the Treasury Internal Revenue Service
► Do not attach to your tax return. Keep for your records.
► Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Policy issuer's code
13 City or town	14 State or province	15 ZIP or foreign postal code

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth
16		
17		
18		
19		
20		

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second plan (SL)
21 January		
22 February		
23 March		
24 April		

Form **1095-B** **Health Coverage** ☐ VOID ☐ CORRECTED OMB No. 1545-2232
Department of the Treasury Internal Revenue Service
► Do not attach to your tax return. Keep for your records.
► Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual	2 Social security number (SSN) or other
3 Street address (including apartment no.)	4 City or town
5 State or province	6 ZIP or foreign postal code
7 Reserved	8 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ► ☐

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name	11 City or town	12 State or province
13 Street address (including room or suite no.)	14 City or town	15 State or province

Part III Issuer or Other Coverage Provider (see instructions)

16 Name	17 Employer identification number (EIN)
18 Street address (including room or suite no.)	19 City or town
20 State or province	21 ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(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)
				Jan Feb Mar Apr May
22			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28			<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. 60704B Form **1095-B** (2017)

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage** ☐ VOID ☐ CORRECTED OMB No. 1545-2251
Department of the Treasury Internal Revenue Service
► Do not attach to your tax return. Keep for your records.
► Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee

1 Name of employee	2 Social security number (SSN)	3 Name of employer	4 Employer identification number (EIN)
5 Street address (including apartment no.)	6 Street address (including room or suite no.)	7 Contact telephone number	8 City or town
9 State or province	10 Country and ZIP or foreign postal code	11 City or town	12 State or province
13 Country and ZIP or foreign postal code	14 City or town	15 State or province	16 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 Safe 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2017)

1095C—the Change



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

600117

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 Safe 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. <input type="checkbox"/>																
(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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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

Cat. No. 60705M

Form **1095-C** (2017)

Quiz 1



Who might generate a 1095a Report?

- A. A Large Group Employer
- B. Price Waterhouse Cooper
- C. Quickbooks
- D. Healthcare.gov (“The Marketplace”)

Deadlines to file for 2017



1095 to Employees by January 31st

1094 to IRS by end of Feb if Paper/End of March if Electronic

Automatic Extensions we've seen the past 2 years aren't in play at this time. (last year's notification of the 30 day extension)

The Biggest Job is the 1095—the 1094 is child's play once those are done.

What if we need more time?



There are 2 options to Request an Extension (in case they don't give us the 30 day auto-extension like last year)

« 1095 Extension beyond Jan 31st

- Must request in writing to IRS Prior to Jan 31st (no form available)
- Must give specific reason for request
- Approval not automatic—and you may not know outcome before Jan31st!

« **1094 Extension (Feb 28/Apr 2nd)**

- « Form 8809 mailed to IRS by deadline
- « Automatic 30 day extensions

What about that “best effort”?



No announcement of GOOD FAITH COMPLIANCE for this upcoming filing



-
- « Last year IRS extended “Good Faith” on Nov 18th.
 - « No announcement as of yet
 - « It avoided penalties if you could show efforts were made to comply

What is the cost of not filing?



For Late Filers and Non-Filers, there of course are consequences a.k.a. Penalties.

These are different from the ACA Penalties which we'll touch on next.

Employers who didn't file for 2015 or 2016 are facing a \$250 and/or \$260 per form penalty

You've missed all the lower penalties for late filing

- \$50 if filed 30 days late
- \$100 if filed more than 31 days late but before Aug. 1st

I don't want to cause a problem if they don't

★ ★ ★ ★ ★ ★ ★ ★
notice
We hear this a lot.

Yes, the IRS had issues matching up large employers to 1094 returns and Marketplace penalty triggers. They've been fixing those!

"Willfully" refusing to file triggers a double penalty.

Company has 125 employees in 2016 and hasn't filed yet.

That's \$500 per form for 2015 and \$520 for 2016.

If they are late because they tried= $\$260 \times 125 = \$32,500$

Willfully Refused= \$65,000

Quiz 2



What is the deadline for 1095's in 2018 ?

- A. January 31st
- B. January 15th
- C. January 2nd
- D. April 2nd

Pay or Play Penalties----- The FAQ updates

TOPIC No.

2



"Late 2017"

Questions 55-58 shed light on your
deepest fears

Letter 226J is introduced to the world

226J



Department of the Treasury
Internal Revenue Service
Group 2219
7300 Turfway Road, Suite 410
Florence, KY 41042

Tax year:

Letter date:

Dear

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

Proposed ESRP \$ [XXXXXX]

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

Penalties can only be assessed by
the IRS through Letter 226J

**YOU ONLY HAVE 30 DAYS TO
CONTEST a 226J Notice!!!!!!!!!!!!!!!!!!!!**

The Marketplace notices were a
good “heads-up”, but not penalties

Crash Course on Penalties



Penalty Type	“No Coverage”	“Unaffordability”
Description	Coverage not offered to 95%** of full-time employees	Coverage offered, but unaffordable or is not minimum value
2018	\$2,320	\$3,480
2017	\$2,260	\$3,390
2016	\$2,160	\$3,240
2015	\$2,080	\$3,120
2014*	\$2,000	\$3,000

*No employer shared responsibility penalties will be assessed for 2014.

Tom's King of Wings No-offer in 2015



15 stores averaging 11 true Full-Time Employees.

$$11 \times 15 = 165 \text{ Full Times}$$

For 2015—No offer of coverage:

165 Full Time Employees minus ~~30~~ 80* "Freebies" =
85 Emp @ \$2080 that is a \$176,800 penalty "A" for
Not Offering Coverage if just one employee receives
a Subsidy

Tom's King of Wings Offered a MEC in 2016



15 stores averaging 11 true Full-Time Employees.
 $11 \times 15 = 165$ Full Times

For 2016—Offered MEC Plan:

- 130 Enrolled in the MEC plan that Tom's paid for in full.
- 20 Employees opted out due to Spouse Coverage
- 15 Employees got coverage on Healthcare.gov with a subsidy.
- 15 x \$3240 "B" Penalty @ \$46,800 due to IRS



*2016 No Offer penalty
would have cost \$291k*

*MEC Ins. @ \$187k +
Penalty @ \$47k =
\$234k*

Crash Course on Penalties



Penalty Type	"No Coverage"	"Unaffordability"
Description	Coverage not offered to 95%** of full-time employees	Coverage offered, but unaffordable or is not minimum value
2018	\$2,320	\$3,480
2017	\$2,260	\$3,390
2016	\$2,160	\$3,240
2015	\$2,080	\$3,120
2014*	\$2,000	\$3,000

*No employer shared responsibility penalties will be assessed for 2014.

Quiz 3



For what year of the ACA's
Employer Shared Responsibility
were no penalties applicable?

- A. 2020
- B. 2017
- C. 2015
- D. 2014

Small Employers

TOPIC No.

3



Can I Save-MONEY?

The Rise of “Level-Funded”

- Insurers Can Medically “Underwrite”
- Most now offering down to 5 Enrolled
- 30% lower than ACA Small Group
- Self-Funded, but completely Turn-Key

PCORI Taxes



All Self-Funded plans are subject to the PCORI Taxes---Yes, even Small Group “Level-Funded” plans.

While most “Level-Funded” plans have their 1094/1095 completed and filed on their behalf by the Insurer or TPA—not so much on PCORI

And it’s due so far after they launch the plan—they forget about it.

720 due in 2nd quarter filing for PCORI



Form **720**
(Rev. April 2017)
Department of the Treasury
Internal Revenue Service

Quarterly Federal Excise Tax Return
▶ See the Instructions for Form 720.
▶ Information about Form 720 and its separate instructions is at www.irs.gov/form720.

OMB No. 1545-0023

Check here if:
☐ Final return
☐ Address change

Name
[]
Number, street, and room or suite no.
(If you have a P.O. box, see the instructions.)
[]
City or town, state or province, country, and ZIP or foreign postal code
[]

Quarter ending
[]

Employer identification number
[]

FOR IRS USE ONLY

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Part I

IRS No.	Environmental Taxes (attach Form 6627)	Tax	IRS No.
18	Domestic petroleum oil spill tax		18
21	Imported petroleum products oil spill tax		
98	Ozone-depleting chemicals (ODCs)		
19	ODC tax on imported products		
	Communications and Air Transportation Taxes		
22	Local telephone service and teletypewriter exchange		
26	Transportation of persons by air		
28	Transportation of property by air		
27	Use of international air travel facilities		
	Fuel Taxes		
60	(a) Diesel, tax on removal at terminal rack		
	(b) Diesel, tax on taxable events other than removal		
	(c) Diesel, tax on sale or removal of biodiesel (not at terminal rack)		
104	Diesel-water fuel emulsion		

Part II

IRS No.	Patient - Centered Outcomes Research Fee (see instructions)	(a) Avg. number of lives covered (see inst.)	(b) Rate for avg. covered life	(c) Fee (see instructions)	Tax	IRS No.
	Specified health insurance policies					
	(a) With a policy year ending before October 1, 2016		\$ 2.17			
	(b) With a policy year ending on or after October 1, 2016, and before October 1, 2017		\$ 2.26			
133	Applicable self - insured health plans					133
	(c) With a plan year ending before October 1, 2016		\$ 2.17			
	(d) With a plan year ending on or after October 1, 2016, and before October 1, 2017		\$ 2.26			

QSEHRA Plans



Qualified Small Employer HRA Plans

Part of the 21st Century Care Act---Their formation essentially nullified the \$100 per day Excise Tax penalty if an employer paid for an employee's Individual Health Plan.

Some states (Texas for example) still have Insurance Regulations outlawing employers to pay for Individual Health plans either directly or through Pre-Tax funds like a QSEHRA—Do you're research.

Bret's Big 3 Take Aways



- « Watch intently for the 226J form and don't delay any responses....
- « Make sure your clients have an efficient and well thought out system for collecting the 1095 data.
- « If no "Good Faith Compliance" relief is granted for 2017, be utterly clear how important meeting deadlines and providing clean data are from your clients.

Quiz 4



Which of these groups would be considered a “Small Employer” ?

- A. 500 Full Time Employees
- B. 5 Full Time Employees & 35 Part-Timer Employees in the company
- C. 101 Employees in the company
- D. 1999 Employees in the company

Where did they find me??



www.linkedin.com/in/bretbrummitt

This is where you can find me and my network of peers sharing Ideas and Insight into Insurance, HR & Technology

www.agiainc.com/BLOG

Our team posts 5 to 6 times per month with Insurance or HR ideas and practical action steps.

www.twitter.com/bretbrummitt

Mostly Business. I manage all my own tweets mainly a "Mobile" experience with an eye towards understanding the millennial

Oh, and I do sell Benefits and Payroll through Benefitmall too.....

Wrap up



Q & A Time