

Designation of Government Entity for ACA Reporting

This agreement designates the Texas Comptroller of Public Accounts (Comptroller) as the Designated Government Entity for certain Affordable Care Act (ACA) reporting on behalf of State Agency.

State Agency (This information will appear on Forms 1094-C and 1095-C, except the contact name, which only appears on Form 1094-C.)

Agency name		EIN	Agency number
Address		City	State
			ZIP code
Contact name		Contact phone (Area code and number)	

Designated Government Entity

Agency name Texas Comptroller of Public Accounts		EIN 74-6000089
Address 111 E. 17th Street	City Austin	State Texas
		ZIP code 78711
Contact name Vicki Smith		Contact phone (Area code and number) 512-463-9009

Designation

State Agency designates Comptroller as the entity responsible for reporting under Section 6056, Internal Revenue Code (form 1095-C, Parts I and II) on behalf of State Agency.

Acceptance

Comptroller agrees and certifies that it is the appropriately designated entity under Section 6056(e), Internal Revenue Code. Comptroller is responsible for reporting under Section 6056, Internal Revenue Code, on behalf of State Agency and subject to that section's requirements, including information reporting requirements under Sections 6721, 6722, and 6724, Internal Revenue Code.

Terms and Conditions

Comptroller and State Agency agree as follows:

- This Designation covers all full-time and part-time employees of State Agency.
- State Agency is the entity subject to the requirements of Section 4980H, Internal Revenue Code.
- State Agency will retain a copy of this Designation in compliance with the record retention rules in Section 6103, Internal Revenue Code.
- State Agency certifies that it designated the Employees Retirement System of Texas (ERS) as the entity responsible for reporting under Section 6055, Internal Revenue Code (forms 1094-B and 1095-B). A copy of that designation is attached.
- State Agency will provide all information and all reasonable cooperation requested by Comptroller in its performance of obligations under this Designation.
- Any transfer of confidential information between the parties shall conform to the applicable state and federal laws and regulations regarding data confidentiality, privacy, and security. The duty to protect the confidentiality of confidential information shall survive the termination or expiration date of this Designation.
- Written notices are only effective if (1) hand-delivered or mailed, and (2) received by contact person named at the address above. The parties shall deliver written notice of any contact person changes as soon as practicable.
- This Designation is binding on successors in office or function of the parties.

Term; Termination; Amendment

This Designation shall become effective as of the date of the signature of Comptroller after first having been signed by State Agency. The Designation will cover calendar year 2015 reports due in 2016 only if this Designation is in effect on or before December 31, 2015.

This Designation remains in effect until it is terminated by thirty (30) days written notice by either party. For termination to be effective for a calendar year's reports, it must be received by Comptroller by December 31 of that calendar year. For example, termination for calendar year's 2017 reports that are due in 2018 must be received by Comptroller by December 31, 2017, to be effective. Comptroller shall have no liability whatsoever to any other party, person, agency, or entity upon termination of this Designation for any reason, whether for cause or for convenience.

Comptroller may terminate this Designation effective immediately if State Agency fails to cooperate or provide Comptroller with the information necessary for Comptroller to perform its reporting obligations under this Designation.

This Designation may be amended only in writing by an instrument signed by Comptroller and State Agency; however, Comptroller expressly reserves the right in its sole discretion, to amend this Designation unilaterally with ten (10) days written notice to ensure compliance of this Designation or either party with applicable state or federal law.

Signatories

The undersigned signatories represent and warrant that they have full authority to enter into this Designation on behalf of the respective parties named below.

Agency Head Signature _____	Date _____
Printed name _____	Title _____

Texas Comptroller of Public Accounts

Signature _____	Date _____
Mike Reissig, Deputy Comptroller	