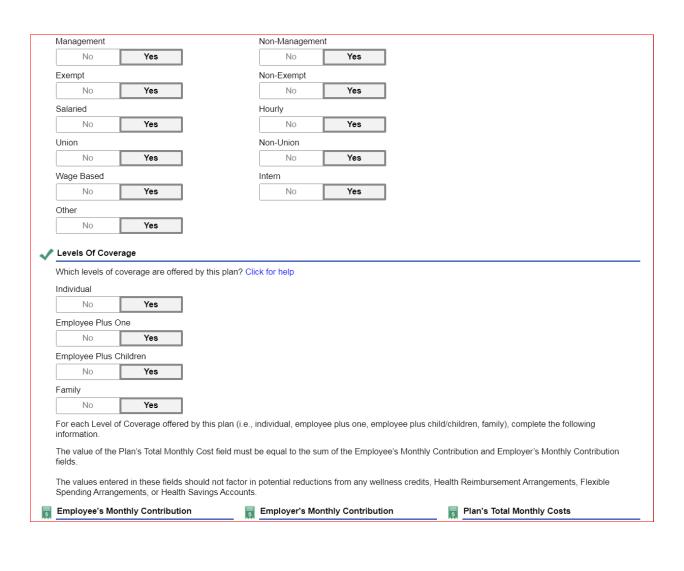
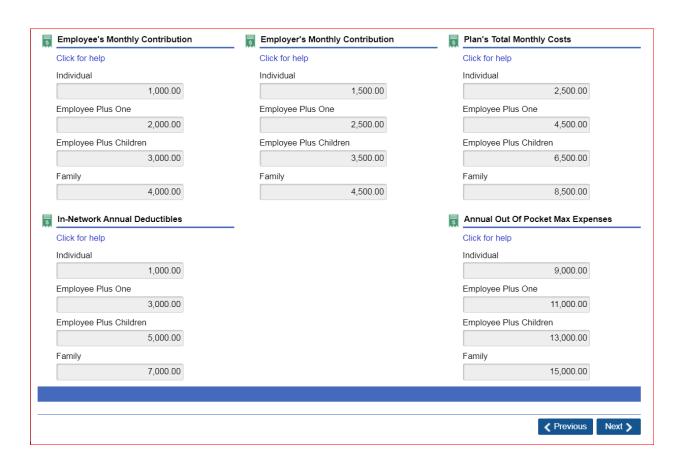


Joes the employer offer gro	up health insurance? Click for help				
No Yes					
penefits? Click for help	er of scheduled hours per week tha	t the employer requires an e	employee to work to be	considered eligible for he	ealth plan
4	40.00				
What is the time period (in m o 1, and less than or equal	nonths) that a new employee must to 24. Click for help	work before he or she is elig	gible for health plan ben	efits? Value must be gre	ater than or e
Does employer determine er or help	mployee eligibility for health plan be	enefits according to employr	ment based categories	for different groups of em	nployees? Cli
No Yes					
No Yes Select the employment-base Regular Full-time	ed categories that the employer util Regular Part-time	izes. (Select as many emplo Manager		s as necessary). Click fo	
	No	Yes	O Yes	No	
No Yes					Yes
	Temporary Part-time	Exempt		Non-Exempt	Yes
No Yes Temporary Full-time No Yes		Exempt No.	Yes	Non-Exempt No	Yes
Temporary Full-time					
Temporary Full-time No Yes	No Hourly	Yes	sed	No	
Femporary Full-time No Yes Salaried No Yes	No Hourly	Yes Now Wage Ba	sed	No Intern	Yes
Temporary Full-time No Yes Salaried	No Hourly No Non-Union	Yes No. Wage Ba	ssed Yes	No Intern	Yes
No	No Hourly No Non-Union No es to "other", describe the "other" er	Yes No Wage Ball No Other Yes No Other	ssed O Yes O Yes	No Intern No	Yes

according to each category. Clicitest 2		ent-based category and the employer's eligibility requirements for health plan benefits
Does the employer employ any	union members who receive Gr	oup Health Insurance through a union rather than through the employer? Click for help
No Yes		
f applicable, list the unions from	which the employer's unionized	d employees receive group health insurance. Click for help
· · · · · · · · · · · · · · · · · · ·	ate Click for help	Plan year's (a.k.a rate year) Start date Click for help
01-May-2020		01-Jul-2020
01-May-2020 Open enrollment period: End Da		
01-May-2020 Deen enrollment period: End Da 31-May-2020 Only if necessary, use this space	ate Click for help	01-Jul-2020 Plan year's (a.k.a rate year) End date Click for help 01-Jun-2021 n not otherwise captured in this form that is necessary to explain the employer's group he
01-May-2020 Open enrollment period: End Da 31-May-2020 Only if necessary, use this space nsurance offerings and/or eligib	ate Click for help	01-Jul-2020 Plan year's (a.k.a rate year) End date Click for help 01-Jun-2021 n not otherwise captured in this form that is necessary to explain the employer's group he
01-May-2020 Deen enrollment period: End Da 31-May-2020 Only if necessary, use this space assurance offerings and/or eligib	ate Click for help	01-Jul-2020 Plan year's (a.k.a rate year) End date Click for help 01-Jun-2021 n not otherwise captured in this form that is necessary to explain the employer's group he
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01-May-2020 Open enrollment period: End Da 31-May-2020 Only if necessary, use this space nsurance offerings and/or eligib	ate Click for help	01-Jul-2020 Plan year's (a.k.a rate year) End date Click for help 01-Jun-2021 n not otherwise captured in this form that is necessary to explain the employer's group he
Open enrollment period: Start D. 01-May-2020 Open enrollment period: End Da 31-May-2020 Only if necessary, use this space insurance offerings and/or eligib test 4	ate Click for help	01-Jul-2020 Plan year's (a.k.a rate year) End date Click for help 01-Jun-2021 n not otherwise captured in this form that is necessary to explain the employer's
nt period: End Da	ate Click for help	01-Jul-2020 Plan year's (a.k.a rate year) End date Click for help 01-Jun-2021 n not otherwise captured in this form that is necessary to explain the employer's group he

HIRD Plans PLAN	
LAN	
Plan's Profile	
Name of the Health Insurer. Click for he	elp
INSURER	
Name of the Health Plan. (Only report	comprehensive health insurance plans; do not report dental or vision plans) Click for help
PLAN	
Plan group number(s)	
A123 B456	
Do the benefits provided under the hea	alth insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)? Click for help
No Unknown Yes	
Most health plans offered in Massac	chusetts satisfy the Minimum Creditable Coverage requirements.
Does the employer offer its employees	wellness credits that may reduce the employee contribution to the premium for this plan? Click for help
No Yes	
Enter the date on which the following c	osts and coverage information became or will become effective for this plan. Click for help
01-Jul-2020	
• • • • • • • • • • • • • • • • • • • •	ories that have access to this plan (Select as many employment-based categories as necessary). Click for help
Regular Full-time	Regular Part-time
No Yes	No Yes
Temporary Full-time	Temporary Part-time
No Yes	No Yes
N.1	Non-Management
Management No Yes	No Yes





Return Summary

Confirm this information is accurate and then use the Submit button to submit your return. If you notice something was entered incorrectly, use the Previous button and correct it before submitting.

Summary: Employer Information

Company's Profile And Direct Contact

- [1] Legal Name: HIRD TEST
- [2] Trade name doing business as if applicable: DBA 1 DBA 2
- [3] Federal Employer Identification Number: 44-444444
- [4] Direct Contact Name: CONTACT
- [5] Direct Contact Phone number: 5555555555
- [6] Direct Contact Email address: TEST@HIRD.COM [7] Mailing address Street Name: 90 EVERETT AVE
- [8] Mailing address City Name: CHELSEA
- [9] Mailing address State: MA
- [10] Mailing address Zip Code: 02150

Company's Insurance Profile

- [11] Employer offer group health insurance: Yes
- [12] Qualifying minimum work hours per week: 40
- [13] Qualifying time period in months: 6
- [14] Has employment-based categories for health plan benefits: Yes
- [15] Has employment-based categories for different health plan
- benefits rates: Yes
- [16] Employment based categories: test 2
- [17] Has union members: Yes
- [18] List of the unions: test 3
- [19] Open enrollment period start: 5/1/2020
- [20] Open enrollment period end date: 5/31/2020
- [21] Plan year start date: 7/1/2020
- [22] Plan year end date: 6/1/2021

Summary: Insurance Plans Reported

Plan Number	Plan Name	Group Number	Effect. Date
1	PLAN	A123 B456	01-Jul-2020

Declarations: By clicking the Submit button:

I understand that the HIRD form is considered final and complete once submitted. If you later realize you made a mistake, you may amend your electronic submission by logging in to your MTC withholding account and selecting the "Amend health insurance responsibility disclosure" hyperlink under the 'I Want To' section. You may only submit one amended HIRD form per day.

I declare under the penalties of perjury that I examined the information that I am submitting and it is, to the best of my knowledge and belief, true and complete

Save and Close

Cancel

∢ Previous

Settings

Welcome, a

Submit

Log Off



Home > Withholding Tax > Health Information Responsibility Disclosure > Confirmation

Contact Us Frequently Asked Questions Video Tutorials

Complete

Health Information Responsibility Disclosure - Submit Summary

Confirmation Number: 0-887-717-888 Saved Date and Time: 11/14/2019 2:17:20 PM

HIRD TEST Taxpayer Name: FEIN: 44-444444

Your Health Information Responsibility Disclosure has been submitted. Please print this page by clicking the Print button.

View Your Submitted Submission

This submission is available to be viewed at any time. From the home page, select the **Submissions** tab. The Submitted column displays a list of recently saved submissions or you can click the View All button and select the Submitted tab to view all submitted submissions by confirmation number. The form submission date is the date that the form is considered to be filed.

Contact Us

If you need further assistance, please contact the Department of Revenue at or toll-free in Massachusetts at (800) 392-6089. Business hours are 8:30AM to 4:30PM Monday - Friday.

Print Confirmation