



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

ACA Reporting and Tracking Service (ARTS) 2026 ARTS Renewal Confirmation Program Agreement HEBP Member: (Pooled Group or ASO)

Program Services

The ARTS program includes the following services:

- *Measurement, Administrative, and Stability Period tracking for 2026 and notification of eligibility for part-time / variable / seasonal employees (can provide tracking back to beginning of Measurement Period if 2025 data was provided by county/district).*
- *Reporting for your county/district regarding the status of potential benefits-eligible employees.*
- *Production of your county/district's 1095C forms, provided electronically* in PDF format*
- *Transmission of your county/district's 1094C and 1095C forms to the IRS.*

*optional: printed forms to employer or direct mail service to employees for additional fee(s)

Program Requirements

- 1) Participants agree to provide employer, payroll, employee and unpaid leave of absence (LOA) files related to the group's Health Benefits Plan in the file format designated by TAC HEBP (ARTS Data File Guide attached):
 - **Payroll data files must be provided for each payroll cycle and should be submitted at least once per calendar month.**
 - **Employee data files must be provided, at a minimum, once per quarter.**
 - **LOA data files may be provided if and when applicable.**

NOTE: *It is critical that we receive the files in the proper format and the correct naming convention. Failure to do so may result in our inability to provide this service to your county or district.*

- 2) Group agrees to pay program fees as described in the **2026 ARTS Fee Schedule** on page 2.

Enrollment and Data Submission Deadlines

- Please refer to the enclosed "**2026 Deadlines for ARTS Files**" document for details.
- Groups who wish to participate in the ARTS program must return the signed documents to TAC HEBP no later than **March 31, 2026** in order to participate.
- Data file transmission to TAC HEBP must begin no later than August 7, 2026, to avoid late fees, however, **we recommend that you continue sending your files after each payroll or at least monthly** to avoid getting backlogged.

 Initials



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ACA Reporting and Tracking Service (ARTS) HEBP Member (Fully Insured or ASO) 2026 Fee Schedule for Renewing Participant

1	<input type="checkbox"/>	ARTS Annual Subscription Fee	*\$4.75 / form	Waived
2	<input type="checkbox"/>	Late fee for service election form (after 3/31/2026)	\$1,500	
3	<input type="checkbox"/>	Late fee for data submission (after 8/7/2026 and/or 1/8/2027)	\$3,000	If applicable, will be billed in 2027 after forms are produced
4	<input type="checkbox"/>	Optional Printed Forms** (group chooses to have TAC print forms and mail to group contact listed on page 3)	\$3 / form	If applicable, will be billed in 2027 after forms are produced
5	<input type="checkbox"/>	Optional Forms Distribution Postage (group chooses to have TAC mail printed forms directly to employees)	\$1.50 / form	If applicable, will be billed in 2027 after forms are produced
		Total Amount Due: (if zero, enter 0.00)	\$ _____	

**Per 1095C form*

**** You are not required to provide printed forms. If you do not, the requirements for making forms available to your employees are:**

- Provide a written notification to your full-time / benefits-eligible employees to let them know that printed forms will not be automatically provided to them.
- Provide a place on your County/District website where employees can request a copy of their 1095-C form.
- Upon receipt of a request, you have 30 days to respond and provide the requested form.

Note: Fees subject to change annually

_____ Initials



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ACA Reporting and Tracking Service (ARTS) Contact Designation Form

Contracting Authority: Clay County (Group Name) hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that any notice to, or agreement by, a Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Group. Each Group reserves the right to change its Contracting Authority from time to time by giving written notice to HEBP.

Name: Danja Bloodworth **Title:** Co Treasurer
Address: 214 N Main St Henrietta Tx 76365
Phone: 940-538-5911 **Fax:** _____
Email: Danja.Bloodworth@co.clay.tx.us

Primary Contact: Main contact for data file and reporting matters pertaining to the ARTS program.

Name: Danja Bloodworth **Title:** Co Treasurer
Mailing Address: 214 N Main St Henrietta Tx 76365
Delivery Address (no PO Boxes): 214 N Main St Henrietta Tx 76365
Phone: 940-538-5911 **HIPAA Secured Fax#:** _____
Email: Danja.Bloodworth@co.clay.tx.us

Other Contact Emails for ARTS correspondence regarding data files, if any:


Signature of County Judge or Contracting Authority

3/9/2026
Date

Mike Campbell Co Judge
Print Name and Title

Payroll Software provider: _____
Software Version #: _____