



ACA Compliance

Step-By-Step 2026 Zoom Webinar

Featuring Guest Presenter: **Marilyn Monahan, Monahan Law Office**

Wednesday, February 4, 2026, 10 am – 12:15 pm Pacific Time



The rules surrounding the ACA's §4980H shared responsibility penalties and IRS Forms 1094/1095 reporting are complex, and the consequences of getting the rules wrong are significant. The IRS is sending out penalty notices (226J letters) and good faith penalty relief is no longer being offered, so employers need to be prepared. Feel the need for a refresher? Feel the need to review what you have been doing so far to ensure you are on the right track? What's new for the 2025 filing in 2026? This program will provide "applicable large employers" (ALEs) with a step-by-step compliance plan and an overview of how the §4980H penalties work, how to measure employee hours, what ALEs need to do to avoid penalties, what the IRS is looking for when it reviews the 1094/1095 forms, and how ALEs should audit their compliance practices to ensure they are following the rules. Common pitfalls and best practices will also be discussed in this annual ACA update and training.

This program has been pre-approved for 2 Hours of HRCI General Credit toward aPHR®, aPHRI™, PHR®, PHRca®, SPHR®, GPHR®, PHRI™ and SPHRI™ recertification through HR Certification Institute® (HRCI®)



Webinar Fee \$35 (Clients and Broker Co-Op Members are Complimentary)

Register at: advancedbenefitconsulting.com/events/ACAStepByStep26

PAYMENT OPTIONS

- Check enclosed. **Make Check Payable to: *Advanced Benefit Consulting*** and Mail to: Seminar Reservations, Advanced Benefit Consulting, PO Box 6677, Fullerton, CA 92834.
- Bill my credit card and mail to address above, or register online.

American Express No. _____ Exp. Date: _____

MasterCard Card No. _____ Exp. Date: _____

VISA Card No. _____ Exp. Date: _____

Security Code _____

AMOUNT ENCLOSED: _____

SIGNATURE: _____

YES! I want to attend:

- Please register me for Zoom attendance \$35 each. Number of attendees: _____
- I am an ABC Group Benefits Client with complimentary registration (subject to verification)
- I am an ABC Broker Co-Op Member with complimentary registration (subject to verification)
- Discount Code: _____

Name: _____

Title: _____

Company Name: _____

Phone: (____) _____ Extension: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Additional Attendees from same firm:

Email Addresses for All Registrants:

