



Human Resources and Development COUNTY OF TULARE AGENDA ITEM

BOARD OF SUPERVISORS

KUYLER CROCKER
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

EDDIE VALERO
District Four

DENNIS TOWNSEND
District Five

AGENDA DATE: September 10, 2019

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

CONTACT PERSON: Rhonda Sjostrom PHONE: 636-4900

SUBJECT: Approve Payment to Hourglass Systems, Inc. for Preparation of IRS 1094C/1095C Forms for 2018

REQUEST(S):

That the Board of Supervisors:

Approve payment to Hourglass Systems, Inc. in the amount of \$18,670 for preparation and filing of IRS Forms 1094C/1095C for 2018.

SUMMARY:

The Affordable Care Act requires large employers (employers with 50 or more full-time equivalent employees) to file and furnish annual information returns and statements relating to the health insurance that the employer offers to its full time employees and their dependents.

Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, and Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, were to be filed with the IRS by March 31, 2019 for electronic filing. The same information was to be provided to employees by March 4, 2019. Form 1095-C is used by the employee to report the healthcare coverage offered to them by his or her employer. The IRS uses the information on it to determine whether the employee or the employer are to pay a fine for failing to meet the healthcare coverage requirements under the ACA.

Human Resources & Development (HRD) contracted Hourglass Systems, Inc. (Hourglass) to produce and transmit the 1095 Forms. Hourglass provided this service to the County for the 2018 plan year and has done so since 2015. The 1095C Forms were provided to HRD Staff and mailed to employees by March 4, 2019 and

SUBJECT: Approve Payment to Hourglass Systems, Inc. for Preparation of IRS
DATE: 1094C/1095C Forms for 2018
September 10, 2019

Hourglass electronically transmitted the information to IRS by the deadline of March 31, 2019.

There was no purchase order, purchasing agreement, or other standing agreement with Hourglass that would allow for the Forms for 2018 to be paid. Going forward, we have taken the corrective action of having a purchasing agreement in place for 2019.

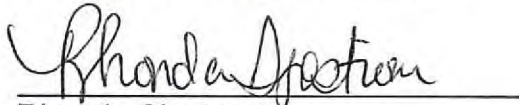
FISCAL IMPACT/FINANCING:

The Cost for the production of the 2018 1095 Forms is \$18,670 and is accrued in the HRD department budget for FY 2018-19.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

Strategic initiative 4 – Organizational Performance calls for the County to promote an organization that continuously demonstrates the value of its employees in fulfilling the County mission.

ADMINISTRATIVE SIGN-OFF:



Rhonda Sjoström
Human Resources Director

cc: County Administrative Office
Auditor-Controller
County Counsel
GSA Purchasing
Hourglass Systems, Inc.

Attachment(s): Invoices from Hourglass Systems, Inc.

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE)
PAYMENT TO HOURGLASS SYSTEMS, INC.) Resolution No. _____
FOR PREPARATION OF IRS 1094C/1095C) Agreement No. _____
FORMS FOR 2018)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD SEPTEMBER 10, 2019,
BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

That the Board of Supervisors:

Approved payment to Hourglass Systems, Inc. in the amount of \$18,670 for preparation and filing of IRS Forms 1094C/1095C for 2018.

**HOURGLASS
SYSTEMS INC**

TIME IS EVERYTHING



Tulare County
Atn: Lupe Garza
2500 W. Burrel
Visalia, CA 93291

Invoice Date: May 2, 2019

Due Date: Net 15

Invoice No.: TC-2018-1095C

Group	Service	Headcount	Fee/Rate	Total
Tulare County	1094C/1095C Preparation and Filing	5186	\$3.60	\$18,669.60

Total Due: \$18,669.60

Please remit payment to:

Hourglass Systems, Inc.
2307 N. Fine Avenue
Fresno Ca, 93727

Phone 559-453-2410

Payments may also be made via ACH Transfer to the following:

Bank: United Security Bank, N.A.
Name: Hourglass Systems, Inc.
Routing No.: 121141495
Account No.: 002117398
Email deposit notifications to: lkinder@admindirect.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Morrison Insurance Assoc. Inc. 2420 Jensen Ave Sanger CA 93657	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> CONTACT NAME: Christina Ray </td> <td style="width: 50%;"> PHONE (A/C, No, Ext): (559) 875-7555 </td> <td style="width: 50%;"> FAX (A/C, No): (559) 875-3774 </td> </tr> <tr> <td colspan="3"> E-MAIL ADDRESS: tinaray99@comcast.net </td> </tr> </table>	CONTACT NAME: Christina Ray	PHONE (A/C, No, Ext): (559) 875-7555	FAX (A/C, No): (559) 875-3774	E-MAIL ADDRESS: tinaray99@comcast.net																	
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INSURED HOURGLASS SYSTEMS, INC. 2307 N. Fine Ave Fresno CA 93727	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td style="width: 50%;">INSURER A :</td> <td colspan="2">The Hartford</td> </tr> <tr> <td>INSURER B :</td> <td colspan="2">Sequoia Insurance Company</td> </tr> <tr> <td>INSURER C :</td> <td colspan="2"> </td> </tr> <tr> <td>INSURER D :</td> <td colspan="2"> </td> </tr> <tr> <td>INSURER E :</td> <td colspan="2"> </td> </tr> <tr> <td>INSURER F :</td> <td colspan="2"> </td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	The Hartford		INSURER B :	Sequoia Insurance Company		INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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COVERAGES **CERTIFICATE NUMBER:** CL195203762 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		72 SBA VC6777	04/18/2019	04/18/2020	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	QWC1064518	09/01/2018	09/01/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
	Certificate Holder is named as Additional Insured as respects to work performed by Insured on behalf of Certificate Holder. Primary & Waiver of Subrogation are included if required thru contract.						
	CERTIFICATE HOLDER County of Tulare 2500 West Burrel Ave Visalia CA 93291						

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christina Ray

Hourglass Systems, Inc.
2307 N Fine Ave
Fresno CA 93737
Tel: 559-559-453-2410

Contact: Greg Kinder (gkinder@admindirect.com)
Accounting Contact: Leslie Kinder (lkinder@admindirect.com)

Scope of Work: Production, printing, stuffing, and mailing of 2018 1095 Forms, as well as electronic transmittal of data to the IRS, per requirements under the ACA and in compliance with mailing and data transmission dates established by the IRS . Deadlines for the mailing of 2018 forms has been established as 03-04-2019 and data transmission to the IRS 03-31-2019.

Work will be performed at vendor's site and/or through vendor's contracted mailing house.

Vendor will not be using any County property or equipment in the fulfillment of the contract duties.

Contract period: 01-01-2019 – 06-01-2019

Cost estimate: Production of forms	\$3.60 per form
Printing, stuffing, mailing of forms	\$0.85 per form

Estimated number of forms to be produced = 4,000

Contract maximum: \$19,000