

Benefits and Compensation Training



W-2 Reporting of Health Benefits... What Employers Need to Know

Healthcare reform has many compliance issues, some impacting employers sooner than others. The requirement that employers report the “aggregate cost” of certain employer-sponsored coverage on each employee’s W-2 is one that many employers are facing this year.

Who has to comply? What has to be reported? When does your company have to comply? For answers to these and other questions, join us for a continental breakfast and an overview of the regulations presented by Cathy Graham, our Director of Benefit Services.



This program has been approved for 1.0 general re-certification hours towards PHR and SPHR re-certification through the Human Resource Certification Institute (HRCI). The use of this seal is not an endorsement by HR Certification Institute of the quality of the program. It means that this program has met HR Certification Institute's criteria to be pre-approved for re-certification credit. For more information about certification or re-certification please visit the HRCI homepage at www.hrci.org.

February 28, 2012

Registration: 8:00 am
Program: 8:30 am—9:30 am

The Employers Association Conference Center
Cost: \$35 Member Discount Rate/\$45 Standard Rate



www.employersassoc.com ♦ 704.522.8011

3020 West Arrowood Road, Charlotte, NC 28273 ♦ FAX 704.522.8105

Registration Form for

W-2 Reporting of Health Benefits... What Employers Need to Know

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Registration: 8:00 am

Program: 8:30 am—9:30 am

Conducted at:

The Employers Association Conference Center

Mail, FAX or phone your reservation to:

The Employers Association 3020 West Arrowood Road, Charlotte, NC 28273

PHONE: 704-522-8011

FAX: 704-522-8105

TODAY'S DATE: _____ COMPANY: _____

CONTACT NAME: _____

NAME: _____ NAME: _____

NAME: _____ NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

Payment:

- \$35.00 **Member Discount Rate**
- \$45.00 Standard Rate
- Please Invoice My Company Purchase Order # _____
- Check Enclosed

(Please call if you want to use your credit card but do not feel comfortable completing this section)

- Credit Card (Please circle one) American Express MasterCard Visa

Account Number _____ V- Code _____
(see front or back of card for three/or four digit code)

Expiration Date _____

Signature _____

Address _____
(Needs to be the same as billed to)

Space is limited; therefore registrations are taken on a first-come basis. Cost includes all class material. Substitutions of participants may be made at any time; however, cancellations within five full business days of the program will be responsible for the \$30.00 cancellation fee. No-shows will be charged the full course price.