

Affordable Care Act Information Reporting Penalty (IRP) Appeal Form

PSD-005

TO BE COMPLETED BY HR OFFICE FILING AN IRP APPEAL.

Complete all sections before submitting to SCO.

(APPEALS WITHOUT SUPPORTING DOCUMENTATION WILL NOT BE REVIEWED)

Section 1 - Requester Information (Required)

Full Name:	Phone Number:	Email Address:
------------	---------------	----------------

Department/Campus/DAA Name:	Facility Name (if applicable):	Agency Code:
-----------------------------	--------------------------------	--------------

Section 2 - Employee Information (Required)

Full Name:	Last 4 of SSN:	Date of Request:
------------	----------------	------------------

Section 3 - Reason For Appeal (Required)

Option (**Select only one**)

SCO Mass Update Agency/Campus/DAA Split

SCO Update Other: _____

Section 4 - Correction Year of Appeal (Required)

Correction Year:

Section 5 - Explanation of Appeal (Required)

Provide brief explanation of appeal below:

**SUBMIT ALL SUPPORTING DOCUMENTATION AND APPEAL FORM TO: THE STATE
CONTROLLER’S OFFICE – AFFORDABLE CARE ACT UNIT INFORMATION REPORTING
PENALTY INBOX**

PPSDACAIRP@SCO.CA.GOV

Section 6 – ACA Use Only

Reviewed By:	Date:	Approved/Denied:	Date:
--------------	-------	------------------	-------