

## ***Line Instructions for Form PSD-005 ACA Information Reporting Penalty (IRP) Appeal Form***

***\*All fields are required***

### **Section 1 – Requester Information**

**Full Name**

Enter the name of the HR office representative submitting the appeal form

**Phone Number**

Enter the HR representative's phone number

**Email Address**

Enter the HR representative's email address

**Department/Campus Name/District Agricultural Association (DAA)**

Enter the name of the department, campus, or DAA submitting the appeal form

**Facility Name (if applicable)**

Enter the facility name

**Agency Code**

Enter the three-digit agency code

### **Section 2 – Employee Information**

**Full Name**

Enter the name of the employee you are appealing in the space provided

**Last 4 of SSN**

Enter the last four digits of the employee's Social Security Number

**Date of Request**

Enter the date of appeal submission

### **Section 3 – Reason for Appeal**

Check only one of the following options:

- **SCO Mass Update** – Check this option if the appeal is due to an SCO Mass Update. ACAS will indicate SCO Mass Update in the “Updated By” field
- **SCO Update** – Check this option if the appeal is due to an update made by SCO. ACAS will indicate SCO Update in the “Updated By” field
- **Agency/Campus/DAA Split** – Check this option if there is a split. A split is considered when multiple agencies, campuses, or DAAs are equally at fault for the penalty
- **Other** – Check this option only if appeal is due to:
  - Previous and/or another department/campus/DAA 100% at fault or,
  - Any other scenario not mentioned above that qualifies for an appeal

Late entries and voids in ACAS are not acceptable appeals and will be denied automatically.

### **Section 4 – Correction Year of Appeal**

Enter the correction year for which you are appealing.

### **Section 5 – Explanation of Appeal**

Provide a brief explanation for the appeal and why the HR office should not be responsible for the assessed penalty, based on the selection option made in the “Reason for Appeal” section. Attach all documentation which supports the reason for appeal with submission of the PSD-005.

## **Section 6 – ACA Use Only**

ACA unit use only. Do not complete.

### **Supporting Documentation**

Any appeal submitted will need supporting documentation for the appeal to be reviewed. Without supporting documentation, the appeal will not be reviewed, and the appeal will be denied. The following are examples of supporting documentation that must be submitted with the appeal form:

- ACAS Screenshot (Redact confidential employee information. Example: include only last four of employee's social security number)
- EH screenshot (Redact confidential employee information. Example: include only last four of employee's social security number)
- Other:
  - Any applicable forms/documentation that supports your appeal (Redact confidential employee information. Example: include only last four of employee's social security number and exclude employee's address)

**\*\*Documentation must be included to support the appeal. Appeals submitted without supporting documentation will be denied.**

**SUBMIT ALL SUPPORTING DOCUMENTATION AND APPEAL FORM (PSD-005) TO:  
THE STATE CONTROLLER'S OFFICE – AFFORDABLE CARE ACT UNIT INFORMATION  
REPORTING PENALTY INBOX:**

**PPSDACAIRP@SCO.CA.GOV**