

Step 1: log on
Step 2: click on
Withholding Tax

User
KENNETH BETTENHAUSER
ken@hrknowledge.com
+1 (508) 339-1300
Last logged on 01-Nov-2018

Alerts
There are 4 unread letters

I Want To
[Send a message](#)
[Manage payments and returns](#)
[Make a bill payment](#)
[Request a payment plan](#)
[Add an account type/new location/new license](#)
[Go paperless!](#)
[Request a certificate of good standing](#)
[Submit reports](#)
[Submit a bulk file](#)

Accounts Submissions Correspondence Names and Addresses

Accounts [View Accounts](#)




- Business Use Tax**
Annual
USE-11171423-007
HR KNOWLEDGE INC
15 BERKSHIRE RD # B
MANSFIELD MA 02048-1135 USA
- Corporate Excise**
Annual
COR-11171423-002
HR KNOWLEDGE INC
15 BERKSHIRE RD # B
MANSFIELD MA 02048-1135 USA
- Sales Tax**
Annual
SLS-11171423-005
HR KNOWLEDGE INC
15 BERKSHIRE RD # B
MANSFIELD MA 02048-1135 USA
- Withholding Tax**
Depository
WTH-11171423-003
HR KNOWLEDGE INC
15 BERKSHIRE RD # B
MANSFIELD MA 02048-1135 USA



Step 3: Click “File health insurance responsibility disclosure” under “I want to”

[Home](#) > [Withholding Tax](#)

[Contact Us](#) [Frequently Asked Questions](#) [Video Tutorials](#)

 **Account**  **Account Alerts**  **I Want To**


HR KNOWLEDGE INC

✔ There are no alerts

Manage payments

Manage returns

Close my tax account

 [File health insurance responsibility disclosure](#)

[File a dispute](#)

[Print ACH credit layout](#)

Step 4: Review
and click “Next”

Employer Health Insurance Responsibility Disclosure (HIRD) Form - General Information

Per guidelines set forth by the Executive Office of Health and Human Services, you are required to file the HIRD form on MassTaxConnect if

1. You are an employer who currently has (or had) six or more employees in any month during the past 12 months preceding the due date of this form (Nov 30th of filing year).
2. You must complete this Form only for a plan(s) offered to Massachusetts employees for the employer's next upcoming Plan Year (a.k.a. Rate Year), if available. If plan information for the upcoming Plan Year is not available, employers must provide information only for a plan(s) offered to Massachusetts employees for the employer's current Plan Year. The employer's Plan Year (a.k.a. Rate Year) is defined as the effective date of any changes in a group Health Insurance plan during the Open Enrollment Period.
3. Employers must complete all sections of this Form, unless otherwise specified in the instructions.

? Contact and Support Information

For additional information and filing support, including FAQs specific to the HIRD form

Click the "Frequently Asked Questions" link above and choose the "HIRD" tab.

For further questions regarding the HIRD reporting requirement, please contact the Department of Revenue's customer service center at 617-466-3940 and choose the option to speak with a HIRD representative.

Note that any questions submitted in writing directly to the HIRD form web portal itself cannot be responded to.

Save and Close

Cancel

Next >

Step 5: answers the questions to the right

Company's Insurance Profile

Does the employer offer group health insurance? [Click for help.](#)

No Yes

What is the minimum number of scheduled hours per week that the employer requires an employee to work to be considered eligible for health plan benefits? [Click for help.](#)

What is the time period (in months) that a new employee must work before he or she is eligible for health plan benefits? Value must be greater than or equal to 1. [Click for help.](#)

Does employer determine employee eligibility for health plan benefits according to employment based categories for different groups of employees? [Click for help.](#)

No Yes

Does employer offer different health plan benefits / rates for health plan benefits according to employment based categories for different groups of employees? [Click for help.](#)

No Yes

Select the employment-based categories that the employer utilizes. (Select as many employment-based categories as necessary). [Click for help](#)

Regular Full-time	Regular Part-time	Management	Non-Management
<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
Temporary Full-time	Temporary Part-time	Exempt	Non-Exempt
<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
Salaried	Hourly	Wage Based	Intern
<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
Union	Non-Union	Other	
<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	

If the employer answered Yes to "other", describe the "other" employment-based category(ies) and indicate which specific health plan(s) the employees in each "other" category have access to.

If applicable, describe how the employer defines each employment-based category and the employer's eligibility requirements for health plan benefits according to each category. [Click for help.](#)

Does the employer employ any union members who receive Group Health Insurance through a union rather than through the employer? [Click for help](#)

No Yes

If applicable, list the unions from which the employer's unionized employees receive group health insurance. [Click for help](#)

Step 5 continued:
answers the
questions to the
right

<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="No"/> <input type="button" value="Yes"/>
Union	Non-Union	Other	
<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="No"/> <input type="button" value="Yes"/>	

If the employer answered Yes to "other", describe the "other" employment-based category(ies) and indicate which specific health plan(s) the employees in each "other" category have access to.

If applicable, describe how the employer defines each employment-based category and the employer's eligibility requirements for health plan benefits according to each category. [Click for help.](#)

Does the employer employ any union members who receive Group Health Insurance through a union rather than through the employer? [Click for help](#)

If applicable, list the unions from which the employer's unionized employees receive group health insurance. [Click for help](#)

Open enrollment period: Start Date [Click for help.](#)

Open enrollment period: End Date. [Click for help](#)

Plan year's (a.k.a rate year) Start date [Click for help.](#)

Plan year's (a.k.a rate year) End date. [Click for help](#)

Only if necessary, use this space to report additional information not otherwise captured in this form that is necessary to explain the employer's group health insurance offerings and/or eligibility requirements. [Click for help](#)

Step 6: Click “Add Plan” and Add Details to your Medical Plan

The screenshot shows the Mass.gov website interface for the 2018 Health Information Responsibility Disclosure. The top navigation bar includes the Mass.gov logo, the page title "2018 Health Information Responsibility ...", the user name "Welcome, KENNETH BETTENHAUSER", and links for "Settings" and "Log Off". Below the navigation bar is a breadcrumb trail: "Home > Withholding Tax > 2018 Health Information Responsibility Disclosure". A secondary navigation bar contains links for "Contact Us", "Frequently Asked Questions", and "Video Tutorials". The main content area features a blue header for "HIRD Plans" with an "Add a Plan" button on the right. Below this is a search bar labeled "Name Of The Insurance Plan" with a "Filter" button. A table with one row containing "Plan Name" is visible. At the bottom of the main content area, there is another "Add a Plan" button. The footer contains navigation buttons: "Save and Close", "Cancel", "Previous", and "Next".

Mass.gov

MassTax CONNECT

2018 Health Information Responsibility ... Welcome, KENNETH BETTENHAUSER Settings Log Off

Home > Withholding Tax > 2018 Health Information Responsibility Disclosure

Contact Us Frequently Asked Questions Video Tutorials

HIRD Plans Add a Plan

Name Of The Insurance Plan Filter

Plan Name

Add a Plan

Save and Close Cancel Previous Next

Step 7: Fill in your benefit details about your medical plan

HIRD Plans Plan

Plan Remove a Plan Add a Plan

Plan's Profile

Name of the health insurer and Name of the health plan. [Click for help](#)

Required

Plan group number(s)

Required

Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)? [Click for help](#)

No Unknown Yes

Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan? [Click for help](#)

No Yes

Enter the date on which the following costs and coverage information became or will become effective for this plan. [Click for help](#)

Levels Of Coverage

Which levels of coverage are offered by this plan? [Click for help](#)

Individual

No Yes

Employee Plus One

No Yes

Employee Plus Children

No Yes

Family

No Yes

For each Level of Coverage offered by this plan (i.e., individual, employee plus one, employee plus child/children, family), complete the following information.

Plan's Total Monthly Costs

[Click for help](#)

Employee's Monthly Contribution

[Click for help](#)

Step 7 continued:
Fill in your benefit details about your medical plan. **If you have a second plan (i.e. a PPO), Please click “Add a plan” and enter the details on your second plan**

Individual
 No Yes

Employee Plus One
 No Yes

Employee Plus Children
 No Yes

Family
 No Yes

For each Level of Coverage offered by this plan (i.e., individual, employee plus one, employee plus child/children, family), complete the following information.

Plan's Total Monthly Costs

[Click for help](#)

Individual

Employee Plus One

Employee Plus Children

Family

Employee's Monthly Contribution

[Click for help](#)

Individual

Employee Plus One

Employee Plus Children

Family

In-Network Annual Deductibles

[Click for help](#)

Individual

Employee Plus One

Employee Plus Children

Family

Annual Out Of Pocket Max Expenses

[Click for help](#)

Individual

Employee Plus One

Employee Plus Children

Family



[Remove a Plan](#) [Add a Plan](#)

[Save and Close](#) [Cancel](#)

[Previous](#) [Next](#)

Step 8: review your entries and acknowledge your entries and Submit

2018 Health Information Responsibility ... Welcome, KENNETH BETTENHAUSER Settings Log Off

Home > Withholding Tax > 2018 Health Information Responsibility Disclosure

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Return Summary

Confirm this information is accurate and then use the **Submit** button to submit your return. If you notice something was entered incorrectly, use the **Previous** button and correct it before submitting.

Summary: Employer Information

Company's Profile And Direct Contact :

[1] Legal name : HR KNOWLEDGE INC

[6] Direct contact name : KEN BETTENHAUSER
[7] Direct contact Phone number : 5083391300
[8] Direct contact Email address : KEN@HRKNOWLEDGE.COM
[9] Mailing address - street name : 15 BERKSHIRE ROAD, SUITE B
[10] Mailing address - city name : MANSFIELD
[11] Mailing address - state : MA
[12] Mailing address - zip code : 02048

Company's Insurance Profile:

[13] Employer offer group health insurance: Yes
[14] Qualifying minimum work hours per week: 30
[15] Qualifying time period in months: 1
[16] Has employmentbased categories for health plan benefits: No
[17] Has employmentbased categories for different health plan benefits rates: No
[18] Employment based categories :
[19] Has union members: No
[20] List of the unions:
[21] Open enrollment period start: 10/1/2018
[22] Open enrollment period end date: 10/31/2018
[23] Plan year start date: 11/1/2018
[24] Plan year end date : 10/31/2019

Summary: Insurance Plans Reported

Plan Number	Plan Name	Group Number	Effect. Date
1	BCBS OF MA HMO BLUE NE \$3,000	6914651	01-Nov-2018
2	BCBS OF MA BLUE CARE ELECT \$	6914550	01-Nov-2018

2 Rows

Declarations: By clicking the Submit button..

I understand that the application once submitted can not be amended.
Please check mark the acknowledgement box before you click Submit button. The application once submitted can not be amended.

Save and Close Cancel < Previous Submit

Step 9: Print your confirmation

Confirmation Welcome, KENNETH BETTENHAUSER [Settings](#) [Log Off](#)

[Home](#) > [Withholding Tax](#) > [2018 Health Information Responsibility Disclosure](#) > [Confirmation](#)

[Contact Us](#) [Frequently Asked Questions](#) [Video Tutorials](#)

[Enter Information](#) > [Review & Submit](#) > **Complete**

2018 Health Information Responsibility Disclosure - Submit Summary

Confirmation Number:	0-445-764-224
Saved Date and Time:	11/1/2018 9:42:46 AM
Taxpayer Name:	HR KNOWLEDGE INC
FEIN:	

Your 2018 Health Information Responsibility Disclosure has been submitted. Please print this page by clicking the *Print* button.

View Your Submitted Submission
This submission is available to be viewed at any time. From the home page, select the **Submissions** tab. The *Submitted* column displays a list of recently saved submissions or you can click the **View All** button and select the **Submitted** tab to view all submitted submissions by confirmation number. The form submission date is the date that the form is considered to be filed.

Contact Us
If you need further assistance, please contact the Department of Revenue at (617) 466-3940 or toll-free in Massachusetts at (800) 392-6089. Business hours are 8:30AM to 4:30PM Monday - Friday.

[OK](#) [Print Confirmation](#)