

Company Name _____

Form Completed By _____ Date _____

Please complete all sections in their entirety.

YOUR EMPLOYEES	Answer
<p>1. Enter # of Full Time (30 or more hours per average week) Employees. (Do not include Seasonal, Temporary or Variable Hour Employees). (If "0", SKIP to Question 2)</p> <p>What is the monthly wage of your lowest paid Full Time Employee? (1.1)</p>	<p>_____</p> <p>_____</p>
<p>2. Enter # of Part Time (fewer than 30 hours per week) Employees. (Do not include Seasonal, Temporary, or Variable Hour Employees). (If "0", SKIP to Question 3)</p> <p>What is the average number of hours worked during an average work week by your Part Time Employees (fewer than 30 hours per week)? (2.1)</p>	<p>_____</p> <p>_____</p>
<p>3. In an average year, how many Seasonal, Temporary or Variable Hour Employees will you hire to work 120+ consecutive calendar days per year? (If "0", SKIP to Question 4)</p> <p>Of those Seasonal, Temporary or Variable Hour Employees, how many will work 30 or more hours during an average work week? (3.1)</p>	<p>_____</p> <p>_____</p>
YOUR HEALTH INSURANCE PLAN	Answer
<p>4. Do you offer an employer sponsored insurance plan to any of your employees? (If No, SKIP to Question 5)</p> <p>Does the plan meet "ACA Minimum Value" requirements? If unsure check with your carrier or broker. (4.1)</p> <p>What is the employee monthly premium cost for your lowest cost "Single only" insurance offering? (4.2)</p> <p>Is your plan considered "grandfathered" under the provisions of the PPACA? (4.3) (If No, SKIP next question)</p> <p>If "grandfathered", are you providing the required disclosures to employees and performing the recordkeeping requirements? (4.3.1)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

How many hours must employees work per week to be eligible for health insurance? (4.4)	_____
How many of the Full Time Employees are eligible to join your health insurance plan? (4.5)	_____
How many of your eligible Full Time Employees participate in the health plan? (4.6)	_____
After hire, how many days must an employee wait before becoming eligible to join the employers health plan? More Info (4.7)	_____
Are eligible employees enrolled in an insurance plan the first day of the next month or the day after they meet the waiting day period? (4.8)	_____
Are adult children under 26 years of age permitted to remain on, or gain entry to the parental plan without any other requirement? (4.9)	_____
Are employee health plan premiums paid pre-tax or post tax from the employee's wage?(4.10) (If Post Tax, SKIP next 3 questions)	_____
Do you conduct an annual non-discrimination test ? (4.10.1)	_____
Do all classes of employees have the same enrollment eligibility requirements? (4.10.2)	_____
Do all employees have the same benefits within the same plan or do benefit levels vary by employee class? (4.10.3)	_____
Does the employer contribute <u>equally to all</u> classes of employees or do the contributions <u>vary</u> depending on employee type or class? (4.11)	_____
Is this plan " fully Insured " (claims paid by the insurance carriers assets) or "self-funded" (claims paid from the employers/sponsors assets)? (4.12)	_____
Is a copy of the Summary of Benefits Coverage (SBC) given to all participants upon initial eligibility, at open enrollment, and anytime upon request? (4.13)	_____
Do you have a ERISA compliant Summary Plan Description and has it been updated to be in compliance with the PPACA? (4.14)	_____
Are you using the updated COBRA notice informing eligible employees of their right to enroll in a health insurance Marketplace plan? (4.15)	_____
Does the business file an annual Form 5500 with the Department of Labor for its Health Plan? (4.16)	_____
RECORDKEEPING PRACTICES & OTHER CONTRIBUTIONS	Answer
5. Do you offer a Flexible Spending Account (FSA) or a Health Reimbursement Arrangement (HRA) to your employees?	_____

RECORDKEEPING PRACTICES & OTHER CONTRIBUTIONS**Answer**

6. Is the business a governmental or recognized religious entity? [More Info](#)

7. Do you distribute the "[Marketplace Coverage Notice](#)" to new employees within 14 days of their hire date?

8. Have you started to report the cost of insurance on your [employee's W2 form](#)?

9. Are you capturing the information required for filing [IRS Form-1095 reporting as required by IRS Section 6056](#)?

10. Are you capturing the information required for filing [IRS Form-1094 reporting as required by IRS Section 6055](#)? **(Only answer if plan is "Self-funded")**
