

Client Name: _____

Total # EE's: _____

1	Do your employees pay for their share of their premiums (medical, dental, vision) on a pretax basis, thus making you subject to a Section 125 Premium Only Plan (POP) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do your employees pay for their personal HSA contributions on a pre-tax basis? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you have a federal ERISA wrap plan document (SPD) in place and updated SMM's for each Health & Welfare benefit offered, even if just one employee participates on one group-sponsored plan? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have over 100 participants on any benefit plan on day 1 of your plan year, thus making you subject to ERISA reporting requirements of filing a Form 5500 for Health and Welfare benefits? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you individually distribute required DOL Health Care Reform and PPACA Notices to participants if you offer a group-sponsored health plan? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you offer a group-sponsored Prescription plan, thus making you subject to Medicare Part D CMS reporting and notice distribution? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Did you employ 20 or more employees in the prior year, thus making you subject to federal COBRA regulations? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are you a private-sector employer with 50 more employees in 20 or more weeks of the current or preceding calendar year; or a public agency of any size, thus requiring you to offer FMLA to your employees? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are you an Applicable Large Employer (ALE) under the Employer Shared Responsibility Mandate of the ACA, thereby needing to comply with ACA Employer Reporting and Forms 1094 and 1095? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you offer a self-funded health plan, HRA or FSA administered through a third-party administrator, thus making you subject to HIPAA Security and Privacy Policies? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Do you offer a self-funded health plan, HRA plan or non-excepted FSA which is subject to PCORI fees? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you need assistance with stand-alone Non-Discrimination Testing for Cafeteria Plans, Dependent Care Plans, Health FSA's, HRA's or Self-insured Medical Plans? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	If you are located in a city (or have employees working in a city) which requires Transit Benefits to be offered (Washington DC, New York, San Francisco), do you offer a compliant service? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TASC can help!

Contact your TASC RSD, for additional information pertaining to these service requirements and obligations.

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