

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 <b>Premium Only Plan (POP)</b> ?	<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 <b>ERISA</b> 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 <b>Form 5500</b> for Health and Welfare benefits? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you individually distribute required DOL <b>Health Care Reform and PPACA Notices</b> 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 <b>Medicare Part D</b> 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 <b>COBRA</b> 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 <b>FMLA</b> 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 <b>ACA Employer Reporting</b> 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 <b>HIPAA</b> 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 <b>PCORI</b> fees? Current Solution: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you need assistance with stand-alone <b>Non-Discrimination Testing</b> 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 <b>Transit Benefits</b> 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.**

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661

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