

Complete this checklist to document the steps you are taking to meet best practices of a compliant Welfare Benefit Program

1. Is your current health benefit plan considered grandfathered?
Not Applicable _____ Yes _____ No _____
2. If yes, have you determined whether it will maintain its status for the current plan year?
Not Applicable _____ Yes _____ No _____
3. If your plan is not considered grandfathered, have you confirmed that the plan has all of the patient rights and benefits required by the Affordable Care Act for non-grandfathered plans?
Not Applicable _____ Yes _____ No _____
4. Have you reviewed your plan's cost-sharing limits to ensure it complies with the ACA's limits for the current plan year?
Not Applicable _____ Yes _____ No _____
5. Have you analyzed your obligations for HIPAA certifications?
Not Applicable _____ Yes _____ No _____
6. Have you determined your ALE (Applicable Large Employer) status for the current plan year?
Not Applicable _____ Yes _____ No _____
7. If you maintain a non-calendar year plan, have you determined whether you qualify for transitional relief that allows you to delay complying with the pay or play rules until the start of your current plan year?
Not Applicable _____ Yes _____ No _____
8. Have you modified your definition of a full-time employee to reflect the ACA's ruling of a minimum of 30 hours per week, or 130 hours of service in a calendar month?
Not Applicable _____ Yes _____ No _____
9. If you are considered an ALE, have you determined your look back, measurement, administration, and stability periods?
Not Applicable _____ Yes _____ No _____

10. Have you reviewed your health plan to ensure it provides minimum value based on the definition as outlined in the Affordable Care Act?

Not Applicable _____ Yes _____ No _____

11. If you are an ALE, have you begun preparations to file a Section 6055 and 6056?

Not Applicable _____ Yes _____ No _____

12. Is there a current Summary Plan Description for all welfare benefit lines?

Not Applicable _____ Yes _____ No _____

13. Has the SPD been distributed to all eligible employees?

Not Applicable _____ Yes _____ No _____

14. Have you adopted a Section 125 plan and communicated this information to employees?

Not Applicable _____ Yes _____ No _____

15. If you maintain an FSA, have you confirmed your plan will not allow employees to make pre-tax contributions in excess of \$2,650 for the current plan year?

Not Applicable _____ Yes _____ No _____

16. If you maintain a HSA, have you elected to administer the plan through the Section 125 plan? If so has the HSA been adopted as part of the Plan Document?

Not Applicable _____ Yes _____ No _____

17. Have you updated your COBRA notice to comply with new disclosures as required under the Affordable Care Act?

Not Applicable _____ Yes _____ No _____

18. Has the 5500 Annual Filing been completed where applicable?

Not Applicable _____ Yes _____ No _____

19. Has the Section 105 (h) testing been completed?

Not Applicable _____ Yes _____ No _____

20. Is there a control group of employers, and if so has testing and federal reporting been completed?

Not Applicable _____ Yes _____ No _____

21. Have the following employee notices been distributed:

- **Patient Protection Model Notice**

Not Applicable _____ Yes _____ No _____

- **Annual Employer CHIP Notice**

Not Applicable _____ Yes _____ No _____

- **Summary of Material Modification**

Not Applicable _____ Yes _____ No _____

- **Dependent Age 26 Notice Exchange Notice Michelle's Law**

Not Applicable _____ Yes _____ No _____

- **Newborn's and Mothers' Health Protection Act (NMHPA)**

Not Applicable _____ Yes _____ No _____

- **Women's Health and Change Rights Act (WHCRA)**

Not Applicable _____ Yes _____ No _____

- **Initial/General COBRA Notice**

Not Applicable _____ Yes _____ No _____

- **COBRA Election Notice**

Not Applicable _____ Yes _____ No _____

- **Disclosure Notices for Creditable or Non-Creditable Coverage**

Not Applicable _____ Yes _____ No _____

- **Family and Medical Leave Act (federal FMLA) General Notice**

Not Applicable _____ Yes _____ No _____

- **Genetic Information Non-discrimination Act (GINA) General Notice**

Not Applicable _____ Yes _____ No _____

- **Has registration with Centers for Medicare and Medicaid Services (CMS) been completed for employees 65 and older?**

Not Applicable _____ Yes _____ No _____

- **Have employees benefit waiver authorization forms been received and posted with insurance carriers?**

Not Applicable _____ Yes _____ No _____

- **Have you established a process to administer FMLA?**

Not Applicable _____ Yes _____ No _____

- **Have health insurance Summaries of Benefits and Coverages (SBCs) been distributed to employees?**

Not Applicable _____ Yes _____ No _____

- **Have Section 125 health, dental, and/or vision election forms been received from employees authorizing pre-tax payroll deductions?**

Not Applicable _____ Yes _____ No _____

Signature of Plan Administrator

Date