

Wrap Document Questionnaire



Employer Information

Employer Company Name

Employer EIN

Employer Organization Type

Corporation, Limited Liability Company, Partnership, S Corporation, Sole Proprietorship, Non-Profit Organization, Estate, Professional Corporation, Governmental Entity or Church

Employer Organization State

Employer Primary Contact Information

Contact Name (First & Last)

Address

Address

City

State

Zip

Phone Number

Email Address

Affiliates

If Applicable, please complete an affiliates questionnaire as well

An affiliate generally means:

- Subsidiaries which are owned (at least 80% ownership) by the plan sponsor
- Other companies which are owned (at least 80% ownership) by a parent company which also owns 80% of the plan

Document Information

Would you like to add a custom appendix item to the table of contents?
(if unsure choose no)

YES / NO

Wrap Questionnaire

Plan Administration Information

Plan Name

Plan Number (501-530)

Plan Administrator (Only if different from Employer)

Name	Address	City	State	Zip

Agent for Service of Legal Process (Only if different from Employer)

Name	Address	City	State	Zip

COBRA Administrator (Only if different from Employer)

Name	Address	City	State	Zip

Named Fiduciary (Only if different from Employer)

Name	Address	City	State	Zip

Wrap Questionnaire

Plan Information

Is this Plan new or a restatement?	New / Restatement
If this is a brand new plan for your company, please select "New." If you are amending and restating a previous plan, please select "Restatement"	
Plan Year Start	mm/dd/yyyy
The Plan Year Start should be consistent with the plan year for all other group benefits if possible. Do not back date a plan year start.	
Plan Year End	mm/dd/yyyy
The date on which this Plan Year ends - typically the end of the calendar year or the end of the 12th month after the Plan Year Start - with the exception of short plan years.	
Original Effective Date (only if Restatement)	mm/dd/yyyy
Amended and Restated Date (only if Restatement)	mm/dd/yyyy
Short Plan Year	YES / NO
Renewal Year Start (only if short Plan year)	mm/dd/yyyy
State the date on which the Plan year that follows the short plan year will start.	
Renewal Year End (only if short Plan year)	mm/dd/yyyy
State the date on which the Plan year that follows the short plan year will end.	

Wrap Questionnaire

Claims Notification Deadlines

Is entity subject to Section 1557 of the ACA?	YES / NO
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If "YES" to above

Civil Rights Coordinator Name

Civil Rights Coordinator Email

Civil Rights Coordinator Phone

Civil Rights Coordinator TTY Phone

Are claims administration/appeals procedures included in each of the underlying certificates or benefit policies?	YES / NO
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If "NO" to above complete the following with the time limit for each:

Notification timing regarding original claim

Urgent Care	(0 - 72 hours)
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Pre-Service	(0 - 15 days)
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Post-Service	(0 - 30 days)
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Notification timing regarding appeals
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Urgent Care	(0 - 72 hours)
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Pre-Service	(0 - 30 days)
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Post-Service	(0 - 60 days)
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Wrap Questionnaire

Employee Eligibility

Include Employees that work _____ hours or more per week.

The PPACA generally states that, beginning in 2015 or 2016, as applicable, all employees working 30 hours or more per week are eligible for Plan benefits. However, the Plan may allow employees who work fewer than 30 hours per week to be eligible for the Plan. Exceptions may also exist for companies with less than 50 employees or for non-group health plan coverage

Include Retirees	YES / NO
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Exclude the following
This pertains to the eligibility of the Plan itself and not for the underlying benefits. Select the employee classes that will not be eligible for benefits under the Plan.

Union	YES / NO
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Non-Resident Aliens	YES / NO
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Hourly Employees	YES / NO
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Salaried Employees	YES / NO
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Leased Employees	YES / NO
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Other Employee Class Exclusions

Post-Hire Waiting Periods

The waiting period for the Health FSA can be up to 3 years. However, the waiting period for the FSA cannot be less than that of the underlying health coverage. For consistency, employers should have the waiting period for the FSA mirror the waiting period for the underlying health insurance plan.

Employee Class	Waiting Period (days)

Entry Into Plan
This requirement must be satisfied before an employee is eligible for Plan entry. Keep in mind that federal regulation generally prohibits an employee to wait longer than 90 days before becoming eligible (i.e., after taking into consideration the date the policy of coverage becomes effective).

Same as Employer's group medical plan,
1st day of the month following date requirements were met,
1st Day of Pay period following waiting period,
Date that conditions of eligibility are met,
Other (provide a description)

Wrap Questionnaire

Employee Eligibility (cont.)

Do you have variable hour employees?	YES / NO
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Will you be using the IRS Look-back measurement method to determine employee status?	YES / NO
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(Answer the following if Yes to both Variable Hour and Look-Back questions.)

New Employees
(Initial Measurement Period and Administrative Period may not exceed 13 months)

Initial Measurement Period	(3 - 12 Months)
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Administrative Period	(1 - 90 Days)
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Stability Period	(6 - 12 Months)
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Ongoing Employees

Standard Measurement Period Start Date	MM/DD/YYYY
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Standard Measurement Period Duration	(3 - 12 Months)
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Administrative Period	(1 - 90 Days)
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Stability Period Start Date	MM/DD/YYYY
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Stability Period Duration	(6 - 12 Months)
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Wrap Questionnaire

Benefit Contributions

How Are Employee Contributions Made?	Payroll Deductions / Other
Typically, employee contributions are made via payroll deductions on a pre-tax or post-tax basis. If employees can contribute to the Plan with another option, select "other" and provide a description of that option.	
Employer Makes Contributions	YES / NO
Employees Make Contributions	YES / NO
Include FMLA Provision in this document	YES / NO
A covered employer is a private-sector employer, with 50 or more employees in 20 or more work weeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer; Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or Public or private elementary or secondary school, regardless of the number of employees it employs.	
Include COBRA Provision	YES / NO
Include Subrogation Provision	YES / NO
Subrogation rights are generally included in the Plan Document to give a self-insured Plan the legal authority to seek recovery of any third-party insurance payments made or to be made to an individual for medical or other claims that were already paid for by the Plan. Select "NO" if it has been determined that all benefits under this Plan are fully-insured and do not require a subrogation provision.	
Do you have any Medicare Eligible participants (active, retired, COBRA, or Disabled), or any of their dependents, enrolled in your group health plan or prescription drug plan?	YES / NO
If your Group Health Plan or Rx Benefit is "Creditable" with Medicare, which notices are to be included in the document?	None / Creditable / Non-Creditable / Both

Wrap Questionnaire

HIPAA Benefits

If Employer decided to include the HIPAA provision, answer the following:

Are the Benefits Subject to HIPAA Fully-Insured or Self-Insured?	Fully-Insured / Self-Insured / Both
If all benefits that are covered by this plan are fully-insured, select "Fully-Insured." If there are only self-funded plans covered under this plan, select "Self-Funded." If there is a combination of both fully-insured and self-funded plans covered under this plan, select "Both."	
If Fully-Insured, would you like to include a full HIPAA provision in the document?	YES / NO
If Fully-Insured, would you like all "Self-Insured Plans" language to be Removed?	YES / NO
If Self-Insured or HIPAA provision is included, List Job Titles of Your HIPAA-Designated Employees	

Please list the titles of all employees or classes of employees (or others under the control of the Plan Sponsor) who receive or use Protected Health Information (PHI) in connection with the Plan Administration in the normal course of Plan operations.

Wrap Questionnaire

Plan Benefits - Definitions

Policy Identifying Number

Enter the policy number exactly as it appears on the policy information or the certificate of coverage provided by the carrier of the benefit.

Carrier Providing Benefit

Enter the name of the carrier providing the coverage of this benefit.

Effective Date for Benefit

Enter the effective date on which the benefit was active for your employees (note: this may be different from the Plan Year effective date for the Plan as a whole).

Type of Benefit

Generic name of this benefit (e.g., Fully-Insured Health Plan has a benefit type of "Medical," Short-Term Disability has a benefit type of "Disability," etc.).

PPACA Compliance

Under the Patient Protection and Affordable Care Act of 2010 ("PPACA"), a "group health plan" must provide minimum coverage to all eligible individuals. There are certain benefits that are "excepted" or not subject to certain requirements that otherwise apply to group health plans:

1. Benefits that are generally not considered health coverage (such as auto insurance, accidental death and dismemberment benefits or workers compensation coverage);
2. Limited excepted benefits which are excepted based on meeting certain requirements (such as limited scope vision or dental coverage, long term care benefits or nursing home care);
3. Non-coordinated excepted benefits (such as cancer coverage or fixed indemnity plans); and
4. Supplemental excepted benefits that are offered as a separate policy and supplemental to Medicare, Armed Forces coverage or (in very limited circumstances) group health coverage (such as a Medicare Supplemental Plan).

Benefit Administrator

If your Benefit Administrator is the same as the Plan Administrator for this Plan, check the box to "auto fill" with Plan Administrator information.

If your Benefit Administrator is different from the Plan Administrator for this Plan, uncheck the box and provide the information about the Benefit Administrator for this benefit.

Wrap Questionnaire

Wrap Plan Benefit

Benefit Type	Accidental Death and Dismemberment / Business Travel Accident Plan / Dental / Employee Assistance Program (EAP) / Group-Term Life for Employees / Health Flexible Spending Account (FSA) / Health Plan (Fully-Insured) / Health Plan (Self-Funded) / Health Reimbursement Arrangement (HRA) / Long-Term Disability / Short-Term Disability (insured) / Short-Term Disability (self-funded) / On Site Clinic / Pharmacy / Vision / Wellness Plan / Other		
Carrier			
Policy ID			
Benefit Type			
PPACA Excepted	YES / NO		
Effective Date for Benefit			

Administrator (Only if different from Plan Admin)

Name			
Address	City	State	Zip

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