

To assist in expediting the Implementation process, please complete the following information.

Employer Contact List

This list will assist us in identifying individuals involved in the implementation and management of ALE reporting services.

If applicable, identify the following employer contacts:

- **Primary Implementation Contact:** The individual responsible for working with VantagePoint to implement this service.
- **Ongoing Administrator:** The individual responsible for ongoing service delivery.
- **Authorized Signee:** The individual Authorized to sign documentation on behalf of the Company

	Implementation Contact	Broker Contact	Payroll Contact
Contact Name			
Title			
Phone			
Email			
Address			
City, State, Zip			

Employer Profile

Providing the following information assists in identifying the scope of services to be provided for ALE Reporting.

Multi-Employer Plan (See Attachment A for details on Multi-Employer Plans)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Full Time/Benefit Eligible Count	
Estimated Part Time or Variable Hour Employee Count	
Dependent Solicitation (required for Self-Insured plans) <input type="checkbox"/> Yes <input type="checkbox"/> No	*If yes, 3-time maximum at \$5/notice

Employer Structure

Provide information for each ALE Member/EIN for the organization. See Attachment B for Instructions

EIN	Company 1 EIN#	Company 2 EIN#
Name		
Street Address		
City, State, Zip		
Primary Contact Name and Phone		
Authorized Signer		

EIN	Company 3 EIN#	Company 4 EIN#
Name		
Street Address		
City, State, Zip		
Primary Contact Name and Phone		
Authorized Signer		

Employee Classifications and Benefits

Are employees offered different employer contribution levels by class?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the employee classifications set up within your company: _____ _____	
Are all employees paid on the same payroll frequency? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate the payroll frequency(ies) currently being utilized: <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Semi-Monthly (24) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Other _____	
How do you determine Benefit Eligible Employees? (# of hours, salaried, etc). _____	

During the Implementation Call, we will discuss all of the different employee classifications and the various medical plans you offer, per EIN. Please complete the following charts to the best of your ability. Here are a few notes to help you with completing the information:

- **Minimum Essential Coverage (MEC):** Refer to Attachment D
- **Minimum Value Plan (MVP):** A plan provides minimum value if the plan pays at least 60% of the costs of benefits for the plan.
- **Affordability Method:** Refer to Attachment E

****Please copy this page to use for additional information, if needed****

EIN #:		Eligible Class:			
Description of Eligible Individuals (ie. F/T, P/T, Retirees, Management, etc):					
Employee Waiting Period: <input type="checkbox"/>		Date of Hire <input type="checkbox"/>		1st of Month Following (circle one): 0 days 30 days 60 days 90 days	
Plan Year:		MEC: <input type="checkbox"/> Yes <input type="checkbox"/> No	MVP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tiers: <input type="checkbox"/> EE <input type="checkbox"/> E/SP <input type="checkbox"/> E/Ch <input type="checkbox"/> Fam	
Affordability:	<input type="checkbox"/> FPL	Rate <input type="checkbox"/> of Pay	<input type="checkbox"/> W2	Single Rate of Lowest Cost Plan \$ _____	Monthly ER Contribution: \$ _____ or _____%
Carrier	Plan Name		Policy #	Insurance Method	
				<input type="checkbox"/> Fully Insured <input type="checkbox"/> Self Insured	

EIN #:		Eligible Class:			
Description of Eligible Individuals (ie. F/T, P/T, Retirees, Management, etc):					
Employee Waiting Period: <input type="checkbox"/>		Date of Hire <input type="checkbox"/>		1st of Month Following (circle one): 0 days 30 days 60 days 90 days	
Plan Year:		MEC: <input type="checkbox"/> Yes <input type="checkbox"/> No	MVP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tiers: <input type="checkbox"/> EE <input type="checkbox"/> E/SP <input type="checkbox"/> E/Ch <input type="checkbox"/> Fam	
Affordability:	<input type="checkbox"/> FPL	Rate <input type="checkbox"/> of Pay	<input type="checkbox"/> W2	Single Rate of Lowest Cost Plan \$ _____	Monthly ER Contribution: \$ _____ or _____%
Carrier	Plan Name		Policy #	Insurance Method	
				<input type="checkbox"/> Fully Insured <input type="checkbox"/> Self Insured	

Authorization

The duly authorized individual identified below agrees that the information provided in this Implementation Worksheet accurately represents the organization's information and wishes to proceed to the implementation phase and agrees that any changes to the information contained herein may result in additional fees for out of scope services.

By: _____ (Print Name)

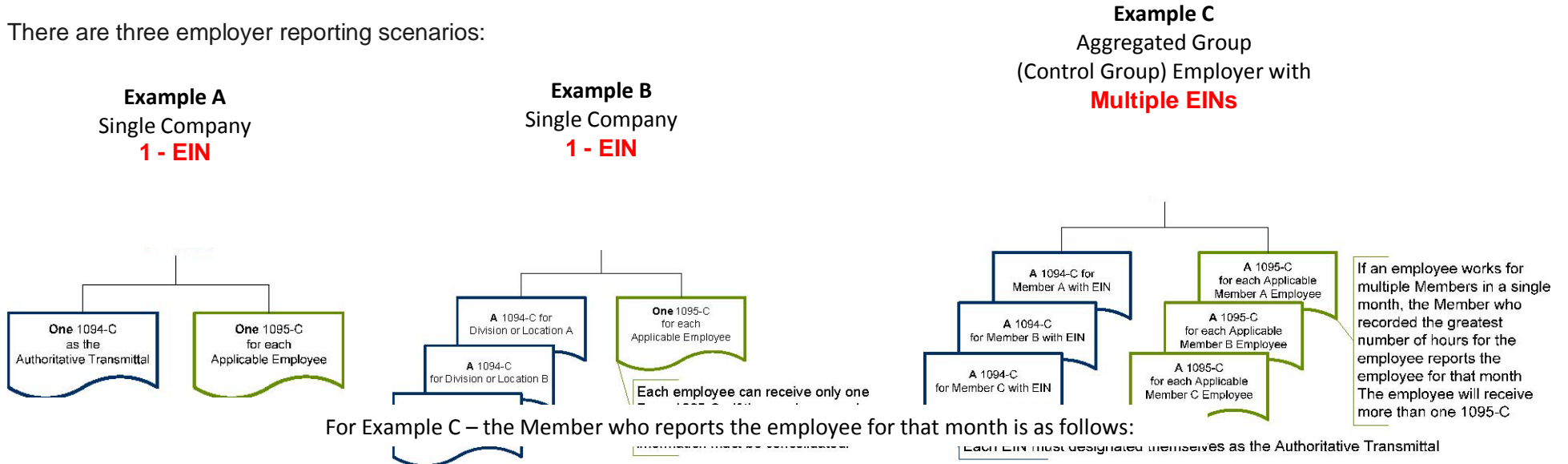
Signed: _____ Date: _____

Attachment A – Definition of a Multi-Employer Plan

An employer is treated as offering health coverage to an employee if the employer is required by a collective bargaining agreement or related participation agreement to make contributions for that employee to a multi-employer plan that offers, to individuals who satisfy the plan’s eligibility conditions, health coverage that is affordable and provides minimum value, and that also offers health coverage to the individual’s dependents.

Attachment B – Employer Reporting Structure

There are three employer reporting scenarios:



Aggregated Member	Jan	Feb	Mar	Apr	May
Member A – Hours Worked	30	50	20	0	30
Reporting Responsibility	X	X			Select One
Member B – Hours Worked	10	0	40	60	30
Reporting Responsibility			X	X	Select One

Attachment C – Rules for Certification of Eligibility

Certification of Eligibility	
A	<p>Using Qualified Offer Method: To be eligible, the employer must certify that it made a Qualifying Offer to one or more of its full-time employees for all months during the year where the employee was considered full-time, and the employer shared responsibility payment could apply. A “Qualifying Offer” is an offer that satisfies all of the following: an offer of minimum essential coverage that provides minimum value; the employee cost for employee-only coverage for each month does not exceed 9.56% of the mainland single FPL divided by 12; and an offer of minimum essential coverage is also made to the employee’s spouse and dependents (if any).</p>
B	<p>Qualifying Offer Method (2015) Transition Relief: To be eligible, the employer must certify that it made a Qualifying Offer for one or more months of calendar year 2015 to at least 95% of its full-time employees.</p>
C	<p>Section 4980H Transition Relief: This transition relief drives employer reporting requirements on 1094-C, Lines 23-35, columns (a) and (e); and employer relief from penalty for the 2014 plan if the employee receives a qualifying offer on the first day of the 2015 plan year 1095-C, Line 16, Code 2I.</p> <p>Enter A use if EIN is eligible for the 50-99 Transition Relief</p> <p>Enter B use if the EIN may be subject to penalty (a) because the EIN is not making an offer of MEC (see definition of MEC in Attachment C) during at least one month in 2015 and wish to take advantage of the 80 employee reduction (rather than the standard 30)</p>
D	<p>98% Offer Method: To be eligible, an employer must certify that, taking into account all months during which the individuals were employees of the employer and were not in a Limited Non-Assessment Period, the employer offered affordable health coverage providing minimum value to at least 98% of its employees for whom it is filing a Form 1095-C employee statement, and offered minimum essential coverage to those employees’ dependents. The employer is not required to identify which of the employees for whom it is filing were full-time employees, but the employer is still required, under the general reporting rules, to file Forms 1095-C on behalf of all its full-time employees who were full-time employees for one or more months of the calendar year.</p>

Attachment D – Definition of Minimum Essential Coverage

The answer can be Yes for any month that the employer:

- Offered employees a qualifying medical plan and the opportunity to enroll or decline enrollment at least once per year.
- Offered a qualifying medical plan for every day in the month marked.
 - Exception for 2015 = For non-calendar year plans as long as MEC was offered on the first day of the 2015 plan year, the employer can mark Yes.
 - Exception = Employer made contributions to a multi-employer plan, other ALE member, MEWA, or staffing agency can mark Yes.
 - For a staffing agency or PEO, to be considered an offer of coverage, the EIN must pay more to the PEO for the employee who elected coverage.
- Offered a qualifying medical plan to at least 95% of all full-time (30 hours) employees who are not in a Limited Non-Assessment Period.
 - Exception for 2015 = If coverage is offered to at least 70% the employer can mark Yes.
- At least one medical plan was offered to dependent children through the end of the month of the dependent’s 26th birthday.
 - Exception for 2015 = If the employer working to implement this rule by the end of the plan year, the employer can mark Yes.

Attachment E – Affordability Method - Assigning Safe Harbors for Affordability

A health plan is considered affordable for an employee if the employee's required contribution does not exceed 9.56% of the employee's household income. Because it is difficult to know an employee's household income, employers are able to use three safe harbors to determine affordability. It is important to note that safe harbors must be applied consistently to a reasonable grouping of employees. The three options to choose from are as follows:

Federal Poverty Line (FPL) Safe Harbor

The Federal Poverty Line safe harbor uses the federal poverty line for the year (\$11,770 in 2015), and treats coverage as affordable if the employee contribution for the year does not exceed 9.5% of the federal poverty line value.

How the Safe Harbor Works

- Employer-provided coverage offered to an employee is affordable if the employee's monthly cost for self-only coverage under the plan does not exceed 9.5% of the federal poverty level for a single individual divided by 12 (to convert the poverty level from an annual to a monthly amount).

Rate of Pay

The Rate of Pay safe harbor uses the employee's rate of pay and treats coverage as affordable if the employee contribution for the year does not exceed 9.5% of the employee's rate of pay.

How the Safe Harbor Works

- For an hourly employee, the employer uses an assumed rate of 130 hours per calendar month multiplied by the employee's rate of pay.
- The affordability calculation under the rate of pay safe harbor is not altered by a leave of absence or reduction in hours worked. Thus if an hourly employee earns \$10 per hour in a calendar month but has one or more calendar months in which the employee has a significant amount of unpaid leave or otherwise reduced hours, the employer may still require an employee contribution of up to 9.5% of \$10 multiplied by 130 hours (\$123.50).
- This safe harbor cannot be used for tipped employees or for employees who are compensated solely on the basis of commissions. In those situations, employers must use FPL or Form W-2 wages.

W-2 Method

The W-2 safe harbor uses the employee's annual W-2 wages (Box 1 value) and treats coverage as affordable if the employee contribution for the year does not exceed 9.5% of the W-2 value.

How the Safe Harbor Works

- Application of this safe harbor is determined **after the end of the calendar year and on an employee-by-employee basis**. The employer would determine whether it met the affordability safe harbor for 2015 for an employee by looking at that employee's W-2 wages for 2015 (as reported in Box 1) and comparing 9.5% of that amount to the employee's required 2015 employee contribution. **If the employer calculates incorrectly, the employer will be subject to a penalty.**