

Basic Info - Company Information		Tool Tip
Company Name (must match SS-4)	Legal Name of Company	
EIN (##-#####)	Employer Tax ID Number	
Company DBA (if applicable)	if using a "Doing Business As" name	
Average Employee Count	Average number of total employees	
Select Company Type	Structure of Company	
Nature of Business	What type of business (eg. Hospital)	
NAIC/SIC Code	6 digit code used to classify industry	
Does your company have an International Address?	Is your parent company located outside of the United States	
Select your Timezone	Time Zone of Company	
Company Address	As listed on corporate tax returns	
Company Address (line2)	As listed on corporate tax returns	
Phone Number	As listed on corporate tax returns	
City	As listed on corporate tax returns	
State / Province / Region	As listed on corporate tax returns	
Zip Code	As listed on corporate tax returns	
Agent for service of process	Who should be notified if a lawsuit is started? The employer or agent such as an attorney or attorneys office.	
Plan Sponsor	A plan sponsor is a designated party, usually a company or employer, that handles day to day administration of the plan	
Civic Rights Coordinator	The Civil Rights Compliance Coordinator should be sufficiently knowledgeable about the requirements under civil rights laws, regulations, and guidance to advise the employer about its policies, procedures, and practices and to investigate complaints alleging discrimination	
Governing State Law	<b>The governing law</b> provision in a contract allows the parties to agree that a particular <b>state's laws</b> will be used to interpret the agreement, even if they live in (or the agreement is signed in) a different <b>state</b>	
Do you need to upload a corporate structure graph?	This would allow you to show to NHCR your corporate ownership in either PDF or Word format	
Contact Information		Tool Tip
Role: <input type="checkbox"/> Primary , <input type="checkbox"/> Secondary , <input type="checkbox"/> AuthSgn, <input type="checkbox"/> Billing , <input type="checkbox"/> Broker	Role associated to Contact	
First Name	First Name of Contact	
Last Name	Last Name of Contact	
Email Address	Email Address of Contact	
Title	Contact's title within company	
Phone Number	business phone number of contact	
Select your Timezone	Timezone of contact	
<i>Additional EINs</i>		
	<i>PK;auto-increment</i>	
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Will this EIN be enrolled in NavigateHCR Services	Answer No if only listing for inclusion on 1094; Answer Yes if enrolling in services along with parent company	
Core - Company Information		Tool Tip

Are other employees participating in this plan?	Answer this question if you have multiple EINs in ONE plan
Controlled Group	A controlled group is any two or more corporations connected through ownership
Do you have a wellness program that provides incentives for participant's?	Yes if wellness program is mandatory or if it provides benefit savings types of incentives
How many hours per week, on average, must an employees work to be eligible for coverage?	The law states 30 or more, employers may adopt fewer hours but not more
Must employees complete an orientation period to be eligible for coverage?	Orientation period is the period prior to waiting period
( if yes ^) How many days is the orientation period?	
When does plan coverage begin?	On the date of hire, on the day after orientation period ends, on the day after the ending of the waiting period, on the first day of the calendar month after the end of the waiting period, other
Do you have a self-insured policy?	Self-Insured coverage is a type of policy for which the employer takes on a large portion of claim payments before a carrier will cover
Do you currently have a Section 125 Plan in place?	Employer must be able to provide documentation that it is pre-taxing applicable employee payroll deductions for benefits
Are deductions for benefits taken pre-tax?	Are you currently pre-taxing applicable benefits from employee payroll
Do you curenly have a POP in place?	Documentation on file showing that you are pre-taxing applicable employee payroll deductions for benefits
Do you currently offer a Flexible Spending Account?	Also know as "FSA"
Do you offer a Health Savings Account?	Also known as "H S A"
Do you offer a Health Reimbursement Account?	Also know as "HRA"
Do you offer benefits to (Select all that apply)?	Do you allow employees to add any of the following (regardless of cost)
<input type="checkbox"/> Dependents	Child by birth or by law
<input type="checkbox"/> Conditional Offer to Dependent	Condition of employer that a dependent cannot be added if dependent has offer of benefits from their employer
<input type="checkbox"/> Spouse	Legally married spouse
<input type="checkbox"/> Conditional Offer to Spouse	Condition of employer that a spouse cannot be added if spouse has offer of benefits from their employer
<input type="checkbox"/> Civil Union	Legally recognized union
<input type="checkbox"/> Common Law Partner	Two adults in a relationship and living together for more than 6 months as recognized by state law
<input type="checkbox"/> Domestic Partner	Shares residence with a partner without a legally recognized union
<input type="checkbox"/> Same Gender Partner	Shares residence with same sex partner without a legally recognized union
<input type="checkbox"/> Other	
Are buisness owners on medical plan?	Business owner participates in the plan as an employee
Name of firm handling your payroll	Payroll done in house (self) or provide vendor name if outsourced
Name of Benefit Administration System	Benefits done in house (self) or provide vendor name if outsourced
Name of COBRA Administrator	Cobra administration done in house (self) or provide vendor name if outsourced
Name of FMLA Administrator	FMLA/Leave administration done in house (self) or provide vendor name if outsourced
Do Employees work for more than one employer of your Aggregated ALE Group?	Do employees work for multiple EINs within an aggregated ALE?
Which type of employees do you have? (Select all that apply)	Types of employees at any given time during the year
<input type="checkbox"/> Full Time	Employee hired as full time or working more than 130 hours per month
<input type="checkbox"/> Variable Hour	Employee not hired as full time, could be considered part-time
<input type="checkbox"/> Union	Union Employees are part of your work force
<input type="checkbox"/> Seasonal	Employee working during certain seasons only
<input type="checkbox"/> Adjunct Faculty	Hired by college to teach but is not a full member of faculty
<input type="checkbox"/> Religious Order	employee services performed in exercise of duties required by religious order

<input type="checkbox"/> Temporary Staffing Firm	Employees brought in from a temporary staffing firm
<input type="checkbox"/> Volunteer	Unpaid employees on a volunteer basis
<input type="checkbox"/> Student (For Credit)	High School or College student as intern or for credits
<input type="checkbox"/> H-2A Visa	Foreign national performing temporary agricultural jobs
<input type="checkbox"/> H-2B Visa	Foreign national performing temporary non-agricultural jobs
<input type="checkbox"/> Temporary	Employee with a defined temporary assignment of less than 3 months
<input type="checkbox"/> Other	any other type of employee not defined above
Do you want to include NavigateHCR Helpline as the contact on your employee's 1095 form?	Included if enrolled in Helpline
Does your FMLA run concurrent with your Workers Compensation Coverage?	Does leave tracking run the same as a work comp leave
Do you require employees to use paid sick or PTO time during all leaves?	This is at employer discretion
Current FMLA Tracking Type?	
<input type="checkbox"/> Rolling Forward	The 12-month period measured <b>forward</b> from the date any employee's firstFMLA leave begins
<input type="checkbox"/> Rolling Backward	The 12-month period measured backward from the date any employee's firstFMLA leave begins
<input type="checkbox"/> Calendar	Any 12 month period designatred and used for all employees
<input type="checkbox"/> Unknown	Tracking has not been established and need assistance in establishing
<input type="checkbox"/> N/A	Employer not required to comply with FMLA
Do you have multiple waiting periods for full-time employees?	Different types of employees have different benefit eligible waiting periods
Waiting Period:	Amount of time an employee must wait to be benefit eligible
( if yes to multiple ^ ) Define Waiting period class	
<input type="checkbox"/> Actual Date of Hire   <input type="checkbox"/> Waiting Period   <input type="checkbox"/> First of the month following a certain number of days after hire date	Which best describes your waiting period for benefit eligibility
( if waiting period ^ ) Ask for waiting period length in days	How many days must an employee wait before benefit eligible; exact day scenario
( if first of the month ^ ) Ask for period length	Employee must wait till the first of the month following a certain number of days
Select default waiting period	
Do you have Key Employees?	Key employee has major ownership and/or decision making role
(if yes^ ) Approximately how many key employees do you have	
Do you have Highly Compensated Employees (HCE's)?	HCE owns more than 5% of business during preceding year or received compensation of more than \$120,000
(if yes^ ) Approximately how many HCE's do you have	
Are you an employer subject to "Pay or Play" provisions?	Pay or Play provision refers to employer with 50 or more full time equivalents as a single employer or aggregated employer in a controlled group
<input type="checkbox"/> Yes, look-back measurement method   <input type="checkbox"/> Yes, monthly measurement method   <input type="checkbox"/> No   <input type="checkbox"/> N/A	
Do you have variable hour employees?	Variable hour is when an employer cannot determine whether the employee is reasonably expected to work an average of at least 30 hours per week because of variable hours.
(if yes^ ) Do you have a measurement period established for variable hour employees?	system of measurement and stability periods to determine, in advance of a coverage period, which employees qualify as full time
(if yes^ ) Do you have multiple measurement periods for variable hour employees?	More than one measurement period in place by employee classification or other
(if yes^ ) Employee Classification:	What are the different employee classifications used
<input type="checkbox"/> Hourly   <input type="checkbox"/> Salary   <input type="checkbox"/> Union   <input type="checkbox"/> Non-Union   <input type="checkbox"/> State Specific	
Date of Lookback	First date measurement period commenced

( ) 6 months ( ) 12 months ( ) Other	Length in months of measurement period
New Hire Employee Measurement period	Length in months of measurement period for newly hired employee who has not completed one full measurement cycle
New Hire Employee Administration period	Administrative period after measurement period ends but before actual benefit start date for new hires
New Hire Employee Stability period	Length of time employee may remain on benefits, usually matches measurement period length
Ongoing Employee Measurement period	Length in months of measurement period for employees hired more than 12 months ago
Ongoing Employee Administration Period	Administrative period after measurement period ends but before actual benefit start date for employees hired more than 12 months ago
Ongoing Employee Stability Period	Length of time employee may remain on benefits, usually matches measurement period length
Affordability calculation	Method used to determine employee contribution is deemed affordable by law
( ) Have not established   ( ) Federal Poverty Level   ( ) W-2/Annual Determination   ( ) Varies by Employee Classification   ( ) Rate of Pay   ( ) N/A	
Have Not Established	Company has not established and needs assistance to determine.
Federal Poverty Level	For 2018, the maximum monthly premium contribution that meets the FPL safe harbor will be 9.56 percent of the prior year's federal poverty level (\$12,060 in most states for 2017) divided by 12, or \$96.08.
W-2 Annual Determination	The employee's W-2 wages—as reported in Box 1—generally as of the first day of the plan year
Varies by Employee Classification	Different classes of employees having different contribution levels or percentages - not equal
Rate of Pay	The employee's rate of pay—hourly wage rate x 130 hours, as of the first day of the plan year
N/A	IRS Filing does not apply to your business
Certificate of Eligibility	Method used for Section 4980h Transition Relief
<input type="checkbox"/> Qualifying Offer Method	Minimum Value and Federal Poverty Level offer to eligible employees PLUS minimum essential offer to spouse and dependents
<input type="checkbox"/> 98% Offer Method	Certification that for all months, 98% of employees received an offer of Minimum value and affordable coverage plus minimum essential coverage to dependents
<input type="checkbox"/> Unknown	IRS Filing does not apply to your business
Do you have any 1099 contractors?	Contractor who is not employed as a traditional employee
Is the worker free from control and direction of the hiring entity in connection with the performance of the work, both under contract for the performance of the work and in fact?	
Does the worker perform work that is outside the usual course of the hiring entity's business?	
Is the worker customarily engaged in an independently established trade, occupation or business of the same nature as the work performed?	
Do you have any employees paid on a non-hourly or non-salary basis?	Employees paid on a piece work or per diem basis
<b>Benefit Plans</b>	
<b>Tool Tip</b>	
Which plans do you provide? (Indicate the number of each type of plans offered)	Indicate all plans offered to employees on a group basis
Medical	Group medical plans - list base/lowest cost plan first

Dental	Group dental plans
Vision	Group vision plans
PBX	Self Insured Pharmacy Benefits separate from a medical plan administered by third party
Third Party	Third party used for claims or rental of network
Life	Group life plans
AD&D	Group accidental death & dismemberment plans (not integrated in life plan)
STD	Group short term disability plans
LTD	Group long term disability plans
Other ERISA	Other such as flexible spending, dependent day care, transportation, qualified small employer health reimbursement arrangement
EAP	Employee Assistance Plans
Voluntary Life	Voluntary group life plans
Voluntary DI	Voluntary group disability plans
Plan Administrator	Third Party Admin used for benefits, legal services, Cobra, Leave etc.
<b>Benefit Plans - Medical</b>	
<b>Tool Tip</b>	
( ) PPO   ( ) EPO   ( ) HMO   ( ) CDHP   ( ) HSA   ( ) HRA   ( ) Self-Insured   ( ) Non-Integrated HRA   ( ) Self-Insured Plan with HRA   ( ) CDHP with HRA   ( ) CDHP with HSA   ( ) Other	
Add 2 radio buttons	Base Plan or Buy Up Plan (can only select one option) just on Medical
Applicable Plan Type	
One Participant Plan	Group plan with only one enrollee
Single Employer Plan	Group plan for a single employer
Multi Employer Plan	Group plan with multiple company's employees
Foreign Plan	Plan for foreign employees
Amended Return	Applicable to 5500 amendments to previous year filings
Short Plan Year	Plan year less than 12 months
Policy Number	Policy or Group Number of Plan
Effective Date of Plan	Date plan starts
Add Expiration Date of Plan	Date plan ends
At employee termination, when does coverage end?	Coverage ends on date of termination or end of month following termination
Carrier Name	Insurance Carrier Name
Estimated number of participants (not including dependents) at beginning of year	Estimated number of employees January 1st of current year
Estimated number of participants (not including dependents) at end of year	Estimated number of employees December 31st of current year
Employee Lowest Contribution to the lowest cost (base) plan	Lowest monthly amount an employee contributes for employee only coverage
( ) Varies by Employee   ( ) Varies by Age	Employee contribution differs by employee class or by employee age
Is there a different waiting period for this plan?	Indicate yes if this plan has a different waiting period than other benefit plans
(if yes) Actual number of days in waiting period	Waiting period days are traditionally 30, 60 or 90 days
(if Yes above) Benefit start date	On the date of hire, on the day after orientation period ends, on the day after the ending of the waiting period, on the first day of the calendar month after the end of the waiting period, other
Benefit end date	End of month of termination; day of termination
Is this plan state specific?	Employees residing in other states enroll in this plan
State	If state specific plan, which state does it apply to
Is this a union plan?	Plan is a union only plan
Are there any excluded classes of employees for this plan?	Class of employee not eligible to be offered this plan
(if Yes above) Define excluded class	

Agent for service of process	Who should be notified if a lawsuit is started? The employer or agent such as an attorney or attorneys office.
Agent for service of process	Who should be notified if a lawsuit is started? The employer or agent such as an attorney or attorneys office.
ERISA plan number	Unique three digit number assigned to all ERISA plans
Is this a mandatory benefit?	Employee must enroll and has no option for waiver
(if No) Employee options: Opt up; Opt down; Opt Out	Opt up: buy up to a better option; Opt down: elect a lesser option; Opt out: decline completely
May employee contribute on a pre-tax basis for this plan?	Certain employee contributions to a benefit plan may be done on a pre-tax basis
Are there COBRA Beneficiaries on this plan?	Cobra beneficiaries are enrolled on this plan
Does this carrier direct bill COBRA participants?	The carrier collects premium payments from cobra participant
Are there retirees on this plan?	Retired employees are enrolled on this plan
Are there members of a controlled group on this plan?	employees from parent and children EINs are enrolled in this plan
Does this plan have Age-Banded rates? (rate based on age of each employees)	Rates are based on the age of the employee
Does this plan have Composite Rates? (one rate averaged for all employees)	Rates are based on Employee Only, Employee & Spouse, Employee & Child and Family
( if yes ^ ) shows table to add rates	
Employee Composite Rate	
Employee + 1 Composite Rate	
Employee + 2 or more Composite Rate	
Employee + Spouse/Dependent Composite Rate	
Employee + Child Composite Rate	
Employee + Children Composite Rate	
Employee + Family Composite Rate	
Is this a grandfathered plan?	Health plan in place prior to 3/23/2010
Is this a grandmothered plan?	Health plan in place after March 2010 but before October 2013
Do you offer benefits from this plan to employees working fewer than 30 hours per week?	The law states 30 or more, employers may adopt less hours but not more
Does this plan meet MEC (Minimum Essential Coverage) rules?	Any insurance plan that meets the ACA requirement for having health coverage
Does this plan meet MV (Minimum Value) rules?	Health plan that is designed to pay at least 60% of total cost of medical services and includes substantial coverage of physician and inpatient hospital services