Please be prepared to provide the following inputs for document sets to be produced.

Who should email the completed documents to?: {{ email }}

What is the company's full legal name? e.g., Acme Products, Inc. or Acme LLC. : {{ company_name }}

In what state is the company's main operations located?: {{ state }}

What is the company's address?: {{ company_address }}

Is the company going to be the plan sponsor?: {{ company_sponsor }}

What is the name of the plan sponsor?: {{ Plan_Sponsor }}

What is the plan sponsor's address?: {{ plansponsor_address }}

What is the name and address for the company's agent for service of process?: {{ company_service }}

What is the name and address for the plan sponsor's agent for service of process?: {{ plansponsor_agent }}

What is the company's EIN?: {{ company_EIN }}

What is the plan sponsor's EIN?: {{ plansponsor_EIN }}

Are employees covered under a CBA eligible to enroll in this ICHRA?: {{ CBA }}

Is the company or a third-party administrator going to administer the ICHRA?: {{ TPA }}

What is the name and address of the TPA?: {{ TPA_info }}

Is the initial plan year going to be a short plan year (e.g. less than 12 months?: {{ short_plan_year }}

What is the first day of the short plan year?: {{ short_plan_start }}

What is going to be the last day of the initial (short) plan year?: {{ short_plan_end }}

What is the first day of the normal plan year? (month and day only): {{ normal_plan_start }}

What is the last day of the normal plan year? (month and day only): {{ plan_year_end }}

Are all employees eligible to participate in the ICHRA?: {{ ichra_all }}

Which groups of employees are eligible to participate in the ICHRA?: {{ eligible_groups }}

How are full-time employees defined? (e.g., work both at least 30 hours per week and 12 months per year).: {{ fulltime_definition }}

Are employees' family members eligible to participate?: {{ family_eligible }}

Will all contributions be uniform?: {{ uniform_contributions }}

What is the amount of maximum annual employer contribution for self-only?: {{ contribution_selfonly }}

Will contributions vary based upon:: {{ contributions_varying }}

Describe the contribution amount for each class: {{ contribution_class }}

Describe the contribution amount for each different group (e.g. single, single +1, single +2, family, etc.): {{ contribution_family }}

Describe the contribution amount for each age group (Note: the maximum amount available to the oldest class participant cannot be more than three times more than the maximum amount available to the youngest class participant): {{ contribution_age }}

Are there any rules for proration of the maximum dollar amount to any participant that is not eligible to participate for the entire plan year?: {{ proration }}

What are the proration rules?: {{ proration_rules }}

When may participants opt out of the plan?: {{ opt_out_time }}

How do participants opt out of the plan?: {{ opt_out_how }}

At termination of employment, is the participant's HRA forfeited or is the participant given the chance to opt out at that time?: {{ termination_option }}

When will employer contributions be available for reimbursement?: {{ contribution_available }}

What medical expenses will be reimbursed by the ICHRA?: {{ reimburseable_expenses }}

Is there a waiting period for newly eligible employees (such as new hires or those that become full-time) to enroll?: {{ waiting_period }}

What is the waiting period? (e.g. 30 days upon becoming eligible): {{ waiting_period2 }}

When does participation begin for those that become eligible less than 90 days before the plan year (for new hires, special enrollees, etc.) (e.g. immediately upon enrollment, next day upon becoming eligible, or first of month following satisfaction of the Plan Document eligibility waiting period): {{ start_late_enrollee }}

When is annual substantiation of enrollment in health coverage required?: {{ annual_substantiation_when }}

Who should participants provide the annual substantiation to?: {{ annual_substantiation_who }}

Who should participants contact to get more information regarding this ICHRA? (name/title and phone number, at a minimum): {{ contact_ichra }}

Are all of the following conditions met? 1. An employee's purchase of any individual health insurance is completely voluntarily. 2. The employer does not select or endorse any particular insurance carrier or insurance coverage. 3. Reimbursement for non-group health insurance premiums is limited solely to individual health insurance coverage. 4. The employer does not receive any cash, gifts or other consideration in connection with an employee's selection or renewal of any individual health insurance.: {{ ICHRA_erisa }}