

Employer Data Needed

- Legal name of company and Employer Identification Number (EIN)
- Type of Health Coverage offered this year (Fully Insured, Self-Insured, etc.)
- The Renewal Month of your Health Plan
- Did you offer Minimum Value (MV) and Minimum Essential (MEC) coverage to your employees?
- Whom did you offer MEC to? (Employees, spouses, dependents)
- What months did you offer MV and MEC coverage to employees? All months?
- Did you offer conditional coverage to spouse/dependents?
- Lowest cost employee premium(s) per month.
- What was the waiting period for coverage; do you have multiple waiting periods?
- If an employee is terminated, does their coverage end at termination or end of month?
- Length of initial measurement period for Variable hour employees?
- Are you part of a Control/Aggregated group? If so, please have general details regarding other EINs in your group.
- Do you offer an HRA to employees that are not on your medical plan?

Employee Data Needed

For each employee, we will need the following information:

1. Legal first name and last
2. SSN
3. Address
4. Hire date
5. Term date (if applies)
6. Benefits available to employee
7. Status (FT or PT)
8. Start date of benefits
9. End date of benefits (if applies)

Dependent Data Needed (if medical plan is Self-funded)

For each dependent on the medical plan we will need the following information:

1. Legal first name and last
2. SSN
3. Connected employee SSN
4. Start date of benefits
5. End date of benefits (if applies)