



INDIVIDUAL COVERAGE HRA (ICHRA) - CLIENT INFORMATION FORM

Company Profile

Legal Name of Organization: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Executive Officer (signer): _____
Title: _____ Email Address: _____
Telephone: _____ Business Activity: _____
Employer Fed Tax ID#: _____ Tax Year Start Date: _____
Date of Organization: _____ State of Organization: _____
Affiliated Employers (*list*): _____ ☐ None

Organization Type (*please check*): ☐ Non-Profit Organization ☐ Government Agency
☐ Partnership* ☐ Sole Proprietorship* ☐ LLC (*Limited Liability Company*)*
☐ Sub-chapter "C" Corporation ☐ Sub-chapter "S" Corporation* ☐ Other _____

POP

You will need a Premium Only Plan (POP). If you currently have a POP it will need to be amended to allow for individual Premium Reimbursements through the plan.

ABG can create your POP if needed. Please complete and submit our POP form linked here

https://www.amben.com/demos/ClientInfoForms/Client_Info_Form_POP.pdf

Form Submittal by Printed Name

Form Submittal by Signature

Form Submitted Date

We _____ are requesting American Benefits Group to administer an ICHRA (Individual Coverage HRA) for our employees, or class(es) of employees. We understand that in order to be treated as a tax preferred benefit this account is subject to regulations established by the IRS, DHHS and the DOL (84 FR 28888) effective 8/19/2019.

This HRA can only be offered to a qualifying class of our employees who are not covered by your group health plan.

We understand that we must provide employees who are to receive this ICHRA coverage, with the required ICHRA notice 90 days prior to the first day of the plan year, but that for plan years starting within the first 6 months of 2020, there is a safe harbor that will be met for these purposes as long as the notice is provided to your employees prior to the first day of the plan Year.

Our employees must provide ABG with documentation showing they are enrolled in an individual health plan and show the cost of the monthly premium for this plan, they must also sign an attestation along with the claim for their monthly premiums stating that they are covered and will retain this coverage throughout the plan year.

Important Information about the ICHRA

Are you currently offering a group health plan? ☐ Yes ☐ No

If No. You are not required to meet the minimum class sizes

If Yes. Please see the class size requirements below

Note you must meet the required minimum class sizes:

Size of Employer	Class Size Minimum
Less than 100 employees	10
100-200 employees	10% of employees rounded to nearest whole #
22 + employees	20

From the available list of classes below, please select the class of employees to whom you wish to offer an ICHRA and confirm that any member of a class selected are NOT eligible for your group health plan

- ☐ Full-time
- ☐ Part-time
- ☐ Employee located in a specific Geographic Region
- ☐ Seasonal Employees
- ☐ Collectively Bargained
- ☐ Within a 90 day waiting period
- ☐ Nonresident aliens with no US Based income
- ☐ Salaried
- ☐ Non-salaried
- ☐ Employees hired for temporary Placement
- ☐ Employees who are in combination of two or more the above classes i.e. full-time employees covered by a particular collective bargaining agreement

Affordability

How many Full-time employees or full-time equivalent employees do you have? _____

If you have 50 or fewer employees, you do not need to be concerned with meeting the affordability requirements of the ACA, however, if you have 50 or more full-time or FTEs then you will need to make sure that your ICHRA is “affordable” to avoid an penalties associated with the mandate.

(Affordability is determined based on the lowest cost silver plan and is a calculation of this cost minus 9.75* the employees household income)

Safe Harbors for Affordability

- Location – the calculation of the lowest cost silver plan can be based on the location of the employees’ primary work address rather than home address
- Age Based Bands - providing rates that take into account employees’ age—there is more information forthcoming on how this should be handled
- Prior Plan Year Rates – Use prior rates

ICHRA Plan Design

Funding

The ICHRA funding must be distributed fairly to all employees who fall into a specific class, you may, however, differentiate on funding amounts based on age and family size.

Plan Effective Date: _____

Participation in the ICHRA (*please check*):

- ☐ As of date of hire
- ☐ From date of hire: ☐ 30 days ☐ 60 days ☐ 90 days
- ☐ First of the month following: ☐ DOH ☐ 30 days ☐ 60 days ☐ 90 days
- ☐ Other (*please explain*): _____

How are the funds in the HRA made available to your plan participants?

- ☐ 100% at the beginning of the plan year
- ☐ Posted monthly on the first of each month

ICHRA Plan Design (continued)

High Deductible Health Plan (HDHP) Comptable: ☐ Yes ☐ No

Funding Amounts by Age Range:

From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Single: \$ _____	Single: \$ _____	Single: \$ _____	Single: \$ _____
2 Person: \$ _____	2 Person: \$ _____	2 Person: \$ _____	2 Person: \$ _____
Family: \$ _____	Family: \$ _____	Family: \$ _____	Family: \$ _____

Are the funds pro-rated? ☐ Yes (upon date of entry) ☐ No

Will funds carryover into the new Plan Year? ☐ Yes ☐ No

If Yes. How much of the funds will carryover: ☐ 100% ☐ Other _____

COBRA

Please note that Health Reimbursement Arrangements are governed by ERISA; HIPAA and COBRA regulations. With a COBRA qualifying event an HRA participant must be offered COBRA on their HRA benefit.

What are the COBRA premium rates for your HRA?

Employee Only _____ *Employee plus one* _____ *Family* _____ *Flat Rate* _____

- ☐ The COBRA premium rate is a bundled rate for both the Integrated Health Plan and the HRA.
- ☐ There will be separate premium for the Group medical plan and the integrated

Nondiscrimination Testing

In order to qualify for tax-favored status, self-insured medical plans must not discriminate in favor of highly compensated employees (HCEs) and key employees with respect to eligibility, contributions, and benefits. In order to evidence compliance, annual tests must be performed and the results documented for each benefit plan.

Under the 2007 proposed regulations, Code Section 105h nondiscrimination tests are to be performed as of the last day of the plan year, taking into account all non-excludable employees who were employed on any day during the plan year.

Per your Admin Agreement:

Testing Fees for Non-Assisted Testing run by client or broker through our NDX Testing Portal:

First two NDX test sets per Plan Year **Waived**

Additional NDX test sets per Plan Year \$395

Testing Fees for Assisted Testing run by ABG:

Per NDX test set \$495

To perform the required tests please complete the **Nondiscrimination Testing Request Form** linked here
https://www.amben.com/demos/NondiscriminationTesting/ABG_NondiscriminationTestingRequestForm.pdf