

# Wrangle Health and Welfare Form 5500 Check List

## Getting Started



2023

## KEY MATERIALS TO HAVE ON-HAND

Prior to completing the data points in Wrangle's Dashboard, please have the following information readily available:

- ERISA Plan Document(s) or ERISA Wraparound Plan Document
- A copy of the last filed Health & Welfare Form 5500
- Client Benefit Summary or Enrollment Guide
- Wrangle's Cheat sheets on how to use the Dashboard
  - To request, send an email to Ann McAdam at [amcadam@wrangle5500.com](mailto:amcadam@wrangle5500.com).

## KEY QUESTIONS TO ASK

- Does the employer have 100 or more enrolled employees (EE) + ex-employees/COBRA on the first day of the ERISA Plan Year and is not a Plan under a Trust, or a MEWA? If yes, a 5500 is required.
  - If they have a Wrap Doc in place, check those benefits that are employer paid for the benefit most likely to hit this reporting threshold, e.g., life or EAP
  - If they do not have a Wrap Doc in place, check every benefit/policy for the enrolled EE count
  - Watch for MEWA or Trust filings – those are required to file regardless of their enrolled count
  
- Has a 5500 been filed in the past?
  - Check [www.efast.dol.gov](http://www.efast.dol.gov), and search by EIN
  - If no, were they below the reporting threshold?
  
- If a 5500 is needed, go to [www.dashboard.wrangle5500.com](http://www.dashboard.wrangle5500.com) and click on the Plan Sponsor Tab.
  - Search Plan Sponsors by EIN or Plan Sponsor's Legal Name. If the Plan Sponsor is already there, go to the Plan Sponsor record.

- If they are not there, click on Add Plan Sponsor. You will need:
  - Plan Sponsor Name
  - EIN
  - Address
  - Plan Name
  - Plan Number
  - ERISA Plan Year
  - Employer status: single, multiple, multi-employer or DFE
  - Carrier names with benefits and funding (self or fully insured). See page two for reference.
  
- Once all is created, you will then go to the Plan Sponsor record and add in the policy details
  - Carrier Name
  - Policy Number
  - Policy Start and End Dates
  - Benefit(s) provided
  - Check whether Self-Insured or Fully Insured
  - Provide the carrier contact email address if you have a special carrier contact
  
- Provide other details
  - Signer Name and Email address
  - Counts for the Form 5500
  - Other special notes:
    - Example: Is this to be the final report, is there a collective bargaining agreement, etc.?
    -
  
- Submit to Wrangle by clicking on the green *Submit Plan* button.

Working in the Dashboard for the first time or need a refresher on 5500s? Reach out to Ann McAdam if you have questions or for further guidance at: [amcadam@wrangle5500.com](mailto:amcadam@wrangle5500.com)

## BENEFITS TO CONSIDER

Screen shot taken directly from our Dashboard for you to preview and be aware of your options.

### Benefits Covered

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Medical<br><input type="radio"/> Self-Insured        | <input type="checkbox"/> Life<br><input type="radio"/> Self-Insured      | <input type="checkbox"/> LTC<br><input type="radio"/> Self-Insured                 | <input type="checkbox"/> Hospital<br><input type="radio"/> Self-Insured              |
| <input type="checkbox"/> Medical<br>HMO<br><input type="radio"/> Self-Insured | <input type="checkbox"/> Vol. Life<br><input type="radio"/> Self-Insured | <input type="checkbox"/> BTA<br><input type="radio"/> Self-Insured                 | <input type="checkbox"/> Cancer<br><input type="radio"/> Self-Insured                |
| <input type="checkbox"/> Medical<br>PPO<br><input type="radio"/> Self-Insured | <input type="checkbox"/> AD&D<br><input type="radio"/> Self-Insured      | <input type="checkbox"/> Legal<br><input type="radio"/> Self-Insured               | <input type="checkbox"/> Severance<br><input type="radio"/> Self-Insured             |
| <input type="checkbox"/> RX<br><input type="radio"/> Self-Insured             | <input type="checkbox"/> Vol. AD&D<br><input type="radio"/> Self-Insured | <input type="checkbox"/> FSA<br><input type="radio"/> Self-Insured                 | <input type="checkbox"/> Apprenticeship<br><input type="radio"/> Self-Insured        |
| <input type="checkbox"/> Stop Loss<br><input type="radio"/> Self-Insured      | <input type="checkbox"/> STD<br><input type="radio"/> Self-Insured       | <input type="checkbox"/> HRA<br><input type="radio"/> Self-Insured                 | <input type="checkbox"/> Scholarship<br><input type="radio"/> Self-Insured           |
| <input type="checkbox"/> Dental<br><input type="radio"/> Self-Insured         | <input type="checkbox"/> LTD<br><input type="radio"/> Self-Insured       | <input type="checkbox"/> Telehealth<br><input type="radio"/> Self-Insured          | <input type="checkbox"/> Sup.<br>Unemployment<br><input type="radio"/> Self-Insured  |
| <input type="checkbox"/> Vision<br><input type="radio"/> Self-Insured         | <input type="checkbox"/> EAP<br><input type="radio"/> Self-Insured       | <input type="checkbox"/> Accident<br><input type="radio"/> Self-Insured            | <input type="checkbox"/> Indemnity<br>Contract<br><input type="radio"/> Self-Insured |
|   |  | <input type="checkbox"/> Critical<br>Illness<br><input type="radio"/> Self-Insured |  |

### AVOID A COMMON MISTAKE:

The following benefits are often overlooked to be included as part of the Plan: EAP embedded in a Life/LTD policy, Health FSA and HRA and volunteer benefits even if the employees/participants pay 100% of the premium [but the Plan Sponsor still endorses the benefit(s)].

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