

2023

# Wrangle's Platform Intake Guide

By gathering the data points in this Guide, you will be well on your way to successfully starting a project within Wrangle's Platform.

Presented by



## WRAP INTAKE HELPFUL HINTS

Prior to completing the Wrap Document intake in Wrangle's ERISA Desk Platform, please have the following information readily available

## PLAN SPONSOR DETAILS

- Basic plan sponsor information – Legal entity name, address, etc.
- Is group a controlled group?
- Tax Year End Date
- Entity Type

## PLAN SPONSOR CONTACT

- Contact Name
- Contact Email
- Contact Phone
- Job Function – HR Contact/Wrap Signer/Other
- Contact Title

## PLAN DESIGN BASICS

- Wrap Plan Name – it is helpful to reference the prior Wrap Plan document and most recently filed 5500 to ensure consistency in the Plan name
- ERISA Plan Number – restatement plan number or new plan number
- Effective Date
- Existing Plan Restatement Date – existing wrap five-year shelf-life is ending or has ended
- New Plan Effective Date – there is no current wrap document
- Plan Admin Contact – if the plan sponsor is not the plan administrator, enter plan administrator information
- Participating Affiliated Orgs – the following information will be needed when entering Affiliated Organizations:
  - o Legal Company Name
  - o EIN
  - o Address
  - o Phone Number
  - o Tax Year End
  - o Type of Business
  - o Related to Adopting Employer – Yes or No
  - o Benefit Election – enter the benefits available to the Affiliated Org
  - o Effective Date – Participation or Cessation effective date

## COMPLIANCE INFORMATION

- Is plan subject to FMLA?
- Are any plans grandfathered?
- HIPAA Special Enrollment – 30 days/31 days/Other after Qualified Life Event (QLE)
- Agent for Legal Process – Plan administrator or if "Other", you will need:
  - o Agent Contact Name
  - o Agent Address and Agent Phone Number

## ELIGIBILITY RULES

### Employee Classes – enter the information for each class of employees:

- Class Name – Full-Time, Part-Time, etc.
- Minimum Weekly Hours – required hours to be worked per week for applicable benefits
- Benefits – select all applicable benefits for the class of employees
- Waiting Period – when are employees eligible for benefits?
- Termination Policy – when do benefits term?

*\*Note that termination policy may vary based on the line of coverage. For example, Medical may term on the last day of the month following termination and Disability may term on the date of termination. In this case, you would enter two classes indicating the benefits offered that apply to the termination policy for those lines of coverage.*

### Rehire Rule - Options:

- None
- 13 Weeks Rehire Rule
- Refer to Component Plan Documents
- Other

### ACA Variable Hour Eligibility – Options:

- Employer has NOT adopted the ACA Look-Back or Monthly Measurement Procedures
- Add General Measurement Method Rules that incorporate the procedures by reference.
- Employer has adopted the ACA Look-Back or Monthly Measurement procedures and would like the full provisions included.

*\*Please note that if the sponsor has adopted the ACA Look-Back or Monthly Measurement procedures, the Optional ACA section of the intake will need to be completed. See ACA section included at the end of this document.*

### Eligibility Rules for Dependents – are dependents eligible to participate?

### Eligibility Rules for Domestic Partners and/or Civil Union Partner – Options:

- Yes, Domestic Partners and Civil Union Partners are eligible to participate
- Yes, Domestic Partners are eligible to participate
- Yes, Civil Union Partners are eligible to participate
- No, Domestic Partners and/or Civil Union Partners are not eligible to Participate

### Dependent Definitions – indicate if the wrap should include full dependent definitions or refer to Component Plan Documents. If full dependent definitions is selected, two additional questions will require you to enter the dependent spouse and dependent children options.

- State Limiting Age Rules (fully insured) – Select from Options or enter custom rules:

Select All

None

Florida - Age 30

New Jersey - Age 31

New York - Age 30

Pennsylvania - Age 30

Wisconsin - Age 27

*\*Please note that if one or more states are selected, you will also enter the benefits subject to the State limiting age rules.*

- Working Spouse/Domestic Partner Coverage Limitation – Options:

Select All

None

Employees pay a surcharge for spouses with other coverage

Spouses with other coverage are ineligible for plan benefits

- Domestic Partner COBRA Rights – Options:

None

Domestic Partners have no independent COBRA rights but can continue coverage if EE elects coverage

Employer extends independent COBRA-like rights to DPs (similar to a spouse)

## BENEFIT POLICY DETAILS

- Insurance Carrier/TPA Name – if you do not locate the carrier/vendor name, you can manually add a new carrier or vendor.
- Benefit Type – select the benefits available under the carrier/vendor. The following benefits are often overlooked:
- EAP integrated with medical, life or disability
  - Telehealth integrated with the medical plan(s)
  - Wellness integrated with the medical plan(s)
  - HRA integrated with the medical plan(s)
  - Prepaid Legal
  - Flexible Spending Plan
  - Business Travel Accident

- Funding Type – select the funding type for the lines of coverage
- Policy or Contract Number – if no policy or group number is assigned, enter “N/A”

OPTIONAL: PLAN TRUSTEE

- If the plan trustee is different from the Employer, enter trustee contact information

OPTIONAL: RETIREE ELIGIBILITY

- If retirees are included, enter eligibility information

OPTIONAL: FULL WELLNESS PROGRAM PROVISIONS (see next page for definitions)

- If a stand-alone Wellness Plan (subject to ERISA) is offered, provide details:
  - Wellness Program Description/Details
  - Effective Date of Program
  - Eligibility Requirements
  - Spouse Eligibility
  - Penalty or Reward for Employee
  - Penalty or Reward for Spouse (if applicable)
  - Opportunity to Earn Reward for Employee
  - Opportunity to Earn Reward for Spouse (if applicable)

OPTIONAL: ACA VARIABLE HOUR ELIGIBILITY

If the employer has adopted the look-back or monthly measurement procedures, complete the ACA Section. This table indicates the information you will be asked to provide:

ACA Measurement Method:	<input type="checkbox"/> Look-Back Measurement Method <input type="checkbox"/> Monthly Measurement Method		
ACA-FT Benefits Offered:	<input type="checkbox"/> Medical Only <input type="checkbox"/> All Plan Benefits <input type="checkbox"/> Other:		
ACA-FT Employee Classes:	<input type="checkbox"/> Variable Hour <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other:		
ACA-FT Start Date of IMP:	Initial Measurement Period begins on <input type="checkbox"/> Date of Hire <input type="checkbox"/> FOM following date of hire		
ACA Initial Stability Period:	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other:		
Breaks in Service Rule:	<input type="checkbox"/> 13 weeks <input type="checkbox"/> Rule of Parity <input type="checkbox"/> Plan Sponsor is educational org & uses 26-week rule		
Non-Hourly Hours of Service:	<input type="checkbox"/> Same method used for non-hourly employees <input type="checkbox"/> Days worked equivalency method <input type="checkbox"/> Weeks worked equivalency method		
Employment Transfer:	<input type="checkbox"/> Continue to use the method used in the first position <input type="checkbox"/> Recalculate hours of service in the first position using hours of service in the second <input type="checkbox"/> No recalculation required, the employee is eligible for coverage prior to determination of Employee full-time status following transfer in employment status		
<b>ACA Look-Back Periods:</b>	<b>New Hire Initial Periods</b>	<b>Ongoing EE Standard Measurement Periods</b>	
Measurement Periods used to calculate ACA-FT Status:	New Hire: Enter no. of months:      Ongoing: Enter applicable months w/in the Plan Year: E.g. "12 mo. Measurement" ...      From: E.g. "Nov. 1" ...      to: E.g. "Oct. 31" ...		
Administration Periods for assessing above hours of service:	New Hire: Enter no. of months:      Ongoing: Enter applicable months w/in the Plan Year: E.g. "1 month Admin" ...      From: E.g. "Nov. 1" ...      to: E.g. "Dec. 31" ...		
Stability/Coverage Periods for eligibility/ineligibility:	New Hire: Enter no. of months:      Ongoing: Enter applicable months w/in the Plan Year: E.g. "12 mo. Stability" ...      From: E.g. "Jan. 1" ...      to: E.g. "Dec. 31" ...		
<b>IMPORTANT LOOK-BACK MEASUREMENT RULES:</b>			
– New Hire Periods: a) Initial Measurement Period <u>plus</u> Initial Admin Period cannot exceed 13 plus a partial month; b) Initial Measurement Period can only be shorter than Initial Stability Period by 1 month (e.g. 11 months vs. 12 months); c) Initial Admin Period cannot exceed 90 days. – Ongoing EE Periods: a) Standard Measurement Period begins on the same day of the month each year and must be the same length as the Standard Stability Period; b) Standard Admin Period cannot exceed 90 days; c) Standard Stability Period usually tracks with the 12-month medical policy year.			

## Wellness Program

- ❑ It is subject to ERISA if either of the following apply:
  - Wellness program provides medical benefits such as counseling by medical professionals, shots, screenings, etc.
  - Wellness program is linked to the employer's group health plan, such as by rewarding employees for participation in the program with group plan premium discounts, premium holidays, or deductible credits.
  
- ❑ For a Wellness Program that is subject to ERISA, under HIPAA it falls into one or more of the following HIPAA-defined program type(s):
  - Outcome-Based Program: Participants must attain or maintain a specific health outcome to receive the reward (e.g. not smoking, a certain BMI or cholesterol level, etc.)
  - Activity-Based Program: Participants must perform an activity or complete an activity related to a health factor to receive the reward (e.g. walking or exercise program or diet program)
  - Participatory Program: The incentive/reward is based on participation only, rather than on any specific health outcomes (e.g. a free health education seminar, completion of a health risk assessment regardless of the results, a premium holiday for enrolling in a smoking cessation program regardless of whether the individual stops smoking, etc.).
  
- ❑ A Wellness Program is subject to ADA/GINA if it includes disability-related inquiries (health risk assessment questionnaire) or medical exams (health risk assessment, biometric testing, etc.)

Special note: If the full wellness program provisions are to be added to the Wrap document, additional fees may apply.

## REVIEW AND FINALIZE

If there are required text fields and you are unsure of your selection, enter "TBD" to save and continue and then revisit your intake when the information needed has been obtained. Upon completion of the intake, you will submit your project for review.



## NEED FURTHER HELP?

If you have any questions and need assistance, please feel free to reach out to our ERISA Desk Team via email (see below)

Also, we have available an *Informational Guide* on the Platform that can assist on the technical side of this application. It points out various attributes such as learning how to generate a PDF of the information input or reviewing status reports on progress. If you need our *Informational Guide*, feel free to reach out to the ERISA Desk (see below) for assistance.

ERISA Desk: [ERISADeskInfo@ascensus.com](mailto:ERISADeskInfo@ascensus.com)