

**Transmittal Memorandum
Discrimination Appraisal
Medical Reimbursement Plan**

Username _____

Password _____

Addressees

Addressee Number 1

Company Name _____ **EIN** _____

Address _____

City _____ **State** _____

Tel. _____ **Fax** _____

Email _____ **Contact** _____

Addressee Number 2

Company Name _____ **ID** _____

Address _____

City _____ **State** _____

Tel. _____ **Fax** _____

Email _____ **Contact** _____

Addressee Number 3

Company Name _____ ID _____

Address _____

City _____ State _____

Tel. _____ Fax _____

Email _____ Contact _____

Plan And Employer Data

Employer _____ ID _____

Address _____

City _____ State _____ ZIP _____

Tel. _____ Contact _____

Type of Organization: Corporate: (Chapter C) _____ (LLC) _____

Church _____ Government _____ Partnership _____

Non-Profit _____ Sole Proprietorship _____ Sub-Chapter S _____

Plan Name _____

Plan Designation: DOL No _____ Other _____ Test Year _____

Funding (FI or SF) _____ Administration (TPA or ASO) _____

Are these parties totally independent: Stop-Loss Carrier? _____

Claims Administrator? _____ MCO (Networking)? _____

Valuation Data

Test Year _____ Valuation Date _____

Addressee Number 1 _____ Number 2 _____ Number 3 _____

Number of Plans: _____

Discrimination Tests

Benefits Test (All Plans)

Does the Plan discriminate in favor of any Highly Compensated Individual with respect to (a) benefits, (b) eligibility, (c) contributions, (d) tenure or (e) compensation? _____

Risk Management Test (All Plans)

Does the Plan discriminate against (a) the protected class (sex, race, religion, national origin, e.g.) (b) the older employee or (c) the disabled or handicapped worker with respect to (a) eligibility, (b) benefits, (c) contributions, (d) tenure or (e) compensation? _____

Does the Plan provide and/or meet all of the relevant federally-mandated benefits and/or provisions? _____

Does the Plan meet all of the mandates of PPAGA (which added three new classes subject to eventual discrimination testing – providers, consumers and insurers)? _____

Does the Plan knowingly violate (a) any of the Federal Trade and Commerce Laws (anti-trust, restraint of trade, price-fixing, anti-competition, unfair trade practices, e.g.) or (b) any risk management principles or practices (an example of which might include significant undisclosed structural conflicted interests). _____

Have any audits have been made of the following issues with respect to this Plan:

Internal: Discrimination? _____

 Unfair Trade Practices? _____

External: Discrimination? _____

 Unfair Trade Practices? _____

Eligibility Test (Self-Funded Plans Only)

Benefits: Medical _____ Rx _____ Dental _____ Vision _____

Employees Designated as Eligible (Defined Population)

Census for Eligibility Test:

Employees in Defined Population _____ A

Excludible Employees _____ B

Eligible Employees A – B _____

Participants

_____C

Other Statutory Discrimination Tests

Are any of the following benefit arrangements offered:

Cafeteria Arrangement? _____ Premium Only Plan? _____

Flexible Spending Account? _____

Dependent Child Assistance Plan? _____