

Questionnaire

Discrimination Appraisal

Medical Reimbursement Plan

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)? _____

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? _____

By _____
Eligible User

Title _____

Firm _____

Date _____