



**ERISA Wrap Document Set-Up Sheet**

Please return by one of the following methods:

Email to [nancy.fee@3pa.com](mailto:nancy.fee@3pa.com)

Fax to 608-779-3009

Mail to 3PAdministrators, P.O. Box 247, Onalaska, WI 54650

**Employer/Plan Sponsor:**

Legal name:

Corporation Description and Type

State of Employer's Principal Place of Business

TIN:

Employer Contact:

Address:

Phone:

Fax :

Email Address:

# of Employees:

Eligibility Requirements: Hours worked:            per            Waiting period:

*If there are different eligibility requirements for plans please note those differences below:*

---

Please List Employees of the Corporation Allowed Access to Protected Health Information

Name	Title



**Plan Information:**

Please check all plans offered that should be included in the Wrap Document and check if they are fully insured (FI) or self-funded (SF). The final columns should be used to indicate the percentage of premium paid by the employer and by the employee.

BENEFIT	BENEFIT OFFERED	FULLY INSURED	SELF FUNDED	% BY EMPLOYER	% BY EMPLOYEE
Medical					
Dental					
Vision					
Group Term Basic Life					
Optional Life and AD&D					
Dependent Life					
Basic AD&D					
Long Term Disability					
Short Term Disability					
Health Reimbursement					
Section 125 Cafeteria					
Prescription (separate)					
Wellness					
Employee Assistance					

A summary of benefits and eligibility requirements for each plan selected above should be submitted with this form. Plan documents are also acceptable.

**Health Plan Status:**

- Grandfathered                       Non--Grandfathered

**Plan Changes:** Were any material changes to benefits made to any plans for the 2014 plan year. A material reduction is any plan change that eliminates benefits, reduces benefits payable, increases premiums, deductibles, coinsurance or co-payments, reduces the service area covered by an HMO, or establishes new conditions or requirements (such as pre-authorization) for obtaining services or benefits.

- Yes                       No

If Yes, please provide a Summary of the Plan Changes or Plan Amendments.

Submitted by Signature:

Date :

***Within 4 weeks of submission of this set up sheet, 3PA will draft a wrap document for your review. The ERISA wrap document that will be provided has been compiled with legal assistance and direction and includes all the components necessary to comply with ERISA requirements as interpreted. 3PAdministrators does not employ lawyers and does not provide legal advice. When you receive the initial draft of the wrap, it is your responsibility to review for accuracy.***



## APPENDIX A APPLICABLE INCORPORATED DESCRIPTIONS

### Checklist of Items to Include for Medical Plan:

- **A detailed schedule of benefits and cost-sharing provisions**
- **Any annual or lifetime caps or other limits on benefits**
- **The extent to which preventive services are covered**  
**Whether (and under what circumstances) existing and new drugs are covered**
- **Details of coverage for medical tests, devices and procedures**
- **Provisions regarding the use of network and out-of-network providers and services**
- **Circumstances under which coverage is provided for out of network services**
- **Conditions or limits on the selection of primary care providers**
- **Conditions or limits on the selection of providers of specialty medical care**
- **Conditions or limits applicable to obtaining emergency care**
- **Terms of Prescription Drug Benefits**
- **Requirements for pre-authorization and utilization review**
- **Circumstances that may result in disqualification or ineligibility under the plan, or in the denial, loss, forfeiture, suspension, offset, reduction, or recovery (e.g., by subrogation or reimbursement rights) of any benefits under the plan]**
- **ID Card Usage terms**

### Dental Benefits:

**[Include terms of coverage, exclusions. Typically, these include descriptions of Preventive Dentistry, Basic Procedures and Major Procedures]**

### Group Short Term Disability Benefits:

**[Include terms of Coverage, Exclusions or Carrier Identification / Group No. / Certificate Identification.]**

### Group Long Term Disability Benefits:

**[Need terms of Coverage, Exclusions or Carrier Identification / Group No. / Certificate Identification.]**

### Group Life and Accidental Death and Dismemberment Benefits:

**[Need terms of Coverage, Exclusions or Carrier Identification / Group No. / Certificate Identification.]**

### Flexible Benefit Plan

**[Include if offering a Section 125 Flexible Benefits Plan].** Pre-tax contributions for Medical, Dental and Vision Benefits and Health Care and Dependent Care Flexible Spending Accounts. Must include details of the Section 125 qualified offerings, the limitations on grace periods and rollovers