

1. DOCUMENT FORMAT

- f. Standard (letter size, single spaced, ragged margin)
- g. Right justified margins

FONT OPTIONS (Please choose from available font/sizes below)
(Default: Arial font)

- h. 10 pt. Arial
- i. 10.5 pt. Times

EMPLOYER INFORMATION

1. Employer Information

- a. _____
(Name)
- b. _____
(Street)
- c. _____ d. _____ e. _____
(City) (State) (Zip)

2. Company subject to the laws of a. _____
(enter the 2-letter state abbreviation; e.g., DC = District of Columbia; FL = Florida)

3. Group Entity

- a. Corporation
- b. Subchapter S Corporation
- c. Partnership
- d. Trust

Trustee Names:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4. Employer referred to as:

- a. Employer
- b. Trust
- c. Plan Sponsor
- d. Other _____

TPA INFORMATION

5. TPA Information

- a. _____
(Name)
- b. _____
(Street)
- c. _____ d. _____ e. _____
(City) (State) (Zip)

6. TPA subject to the laws of a. _____
(enter the 2-letter state abbreviation; e.g., DC = District of Columbia; FL = Florida)

7. TPA referred to as:

- a. TPA
- b. Claims Administrator
- c. Claims Supervisor
- d. Other _____

PLAN ADMINISTRATION INFORMATION

8. This Agreement starts a. _____
(month) (day) (year)

9. This Agreement ends a. _____
(month) (day) (year)

10. This Agreement is subject to the laws of a. _____
(enter the 2-letter state abbreviation; e.g., DC = District of Columbia; FL = Florida)

11. Is this Plan an ERISA Plan?

- a. No
- b. Yes

12. Is this Plan a MEWA?

- a. No
- b. Yes

13. Is the Plan subject to COBRA?

- a. No
- b. Yes

14. Will an arbitration clause be included?

- a. No (skip to 16)
- b. Yes

15. Is the arbitration binding?

- a. No
- b. Yes

16. Are Dependents covered?

- a. No
- b. Yes

17. Who maintains the eligibility records?

- a. Employer
- b. TPA

18. How often is eligibility information given to the TPA?

- (select one)
- a. Weekly
 - b. Every two weeks
 - c. Monthly
 - d. Other _____

19. Would you like an appendix of charges included?

- a. No (do not answer any dollar amount questions)
- b. Yes

20. Enrollment meetings and materials

- (answer all that apply)
- a. Employer administers all enrollment meetings and creates materials
 - b. TPA present at on-site enrollment meetings
 - c. TPA administers initial meeting

- d. TPA administers initial and annual meetings with a
\$ _____ annual fee per ...
1. covered Employee
 2. Plan Participant
- e. TPA creates enrollment forms, with a fee of \$ _____
for creating forms
- f. TPA administers initial and annual meetings for no extra fee

21. Turnaround time for initial decision as to completeness of claim:

- a. _____ working days

22. Turnaround time for follow-up requests:

- a. _____ working days intervals

23. The TPA

..... prepares draft of Plan Document/Summary Plan Description

- a. No
- b. Yes
(select one)
1. Fee of \$ _____ charged
 2. Included in set-up fee
 3. At cost to TPA

..... prepares amendments

- x. No
- y. Yes
(select one)
1. Fee of \$ _____ per hour charged
 2. Included in set-up fee

..... supervises booklet printing

- c. No (Automatically chosen if 19a selected)
- d. Yes, and charges a fee of \$ _____ per booklet
- e. Yes, and charges a fee of \$ _____ per hour

..... charges for time spent in outside audit

- f. No
- g. Yes

..... fills out 5500 forms

- h. No (Automatically chosen if 19a selected)
- i. Yes, and charges \$ _____ annual fee for preparation

..... does COBRA administration

- j. No (Automatically chosen if 19a selected)
- k. Yes, and charges \$ _____ per covered qualified beneficiary per month

..... procures excess loss bids

- l. No
- m. Yes
(answer all that apply)
1. \$ minimum specific level
 2. Incurred/paid limit
 - a. 12/12
 - b. 15/12
 - c. 12/15
 - d. Other _____
 3. Charges acquisition commission
 - a. No, included in set-up fee
 - b. Yes, \$ _____

..... performs precertification

- n. No (Automatically chosen if 19a selected)
- o. Yes, and charges \$ _____ per month per ...
1. covered Employee
 2. Plan Participant

..... sets up second opinion appointments/referrals

- p. No (Automatically chosen if 19a selected)
- q. Yes, and charges \$ _____ per month per ...
1. covered Employee
 2. Plan Participant

..... audits hospital bills

- r. No (Automatically chosen if 19a selected)
- s. Yes, bills above \$ _____, charging:
1. \$ _____ per audit
 2. _____ % of savings

..... pays broker fees

- t. No (Automatically chosen if 19a selected)
- u. Yes, in the amount of \$ _____ per month per covered Employee

..... maintains Physician networks

- v. No (Automatically chosen if 19a selected)
- w. Yes, and charges \$ _____ per month per ...
1. covered Employee
 2. Plan Participant

24. performs specialty (gatekeeper) referrals

- e. No (Automatically chosen if 19a selected)
- f. Yes, and charges \$ _____ per month per ...
1. covered Employee
 2. Plan Participant

..... offers consulting services

- a. No (Automatically chosen if 19a selected)
- b. Yes, at \$ _____ per hour

..... researches special claims history

- (e.g., Medicare secondary payments)
- c. No (Automatically chosen if 19a selected)
- d. Yes, at a rate of \$ _____ per hour

..... generates Certificates of Coverage

- g. No (Automatically chosen if 19a selected)
- h. Yes, and charges \$ _____ per month per ...
1. covered Employee
 2. Plan Participant

25. The Employer

..... gives notification of Plan revisions to TPA within

- a. _____ working days

..... funds the Claims Payment Account every:

- b. month
- c. two weeks
- d. week
- e. working day
- f. Other _____

..... maintains a Minimum Funding Balance

- g. No (Automatically chosen if 19a selected)
- h. Yes, and \$ _____ is the amount of such balance

26. Other TPA Charges to Employer

- a. What is the initial set-up fee? \$ _____
There is a maintenance fee of:
- b. \$ _____ per month per ...
1. covered Employee
 2. Plan Participant
- c. \$ _____ per year
- d. Run-in claims _____% of total claims paid

Record storage and forwarding

(answer all that apply)

- e. \$ _____ annual fee
- f. \$ _____ final fee for forwarding records to Employer
- g. \$ _____ final fee for magnetic tapes to Employer

Termination/Conversion -- Processes IBNR

- h. No (Automatically chosen if **19a** selected)
- i. Yes, and charges:

(select one)

1. \$ _____ one-time fee
2. _____% per claim

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SIGNED

(Required)