Payville USA

Health Care Plan Information

Company Name _____

Client/Co # __ __ __ __ __ - __ __

Federal ID# __ __ -__ __ __ __ __ __ __

11/7/2016

Please Complete the Following ACA Information

Measurement Periods	Starting Dates		Ending Dates	
	Month	Year	Month	Year
Benefit Period				
Initial Measurement Period				
Stability Period				
Admin Period				

Company ACA Information		
Standard ACA Hours (For Salaried Employees with Special TOA ONLY)	← Hours per pay period	
Base Average Hours on Processed Payrolls	[___] Yes	[___] No
Calculate Average Hours	[___] Weekly	[___] Monthly
1094C Certification of Eligibility (Select All that Apply)	[___] Qualifying Offer Method [___] Transition Relief	[___] Section 4988H [___] 98% Offer Method

ACA Control Group Questions			
Is your business part of a "Control Group" ?		[___] Yes	[___] No
If YES, then list all FEIN(s) including the aggregate FEIN		← Aggregate/Main FEIN	
1	11	21	31
2	12	22	32
3	13	23	33
4	14	24	34
5	15	25	35
6	16	26	36
7	17	27	37
8	18	28	38
9	19	29	39
10	20	30	40

AFTER FILLING OUT THIS FORM, PLEASE RETURN IT TO PAYVILLE USA FOR PROCESSING !

HEALTH CARE INFORMATION (SEE NEXT PAGE)

Payville USA

Health Care Plan Information

Company Name _____

Client/Co # __ __ __ __ __ - __ __

Federal ID# __ __ -__ __ __ __ __ __ __

11/7/2016

Sample Health Care Information

Plan Name	Type of Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Insurance Company PPO	Employee Only	5.00	7.00
Insurance Company PPO	Employee & Spouse	7.00	10.00
Insurance Company PPO	Employee & Child	10.00	14.00
Insurance Company PPO	Family Plan	14.00	20.00
Insurance Company HMO	Employee Only	7.00	10.00
Insurance Company HMO	Employee & Spouse	10.00	14.00
Insurance Company HMO	Employee & Child	14.00	21.00
Insurance Company HMO	Family Plan	19.00	32.00

Employer Health Care Plan Information

Plan Name	Type of Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period

AFTER FILLING OUT THIS FORM, PLEASE RETURN IT TO PAYVILLE USA FOR PROCESSING !

Payville USA
www.payvilleusa.com

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Oak Brook, Illinois 60523

Phone: (630) 366-2600
Fax: (630) 368-3900

Payville USA

Health Care Plan Information

Company Name _____

Client/Co # __ __ __ __ __ - __ __

Federal ID# __ __ -__ __ __ __ __ __ __

11/7/2016

Employer Health Care Plan Information (Continued)

Plan Name	Type of Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period

AFTER FILLING OUT THIS FORM, PLEASE RETURN IT TO PAYVILLE USA FOR PROCESSING !