

COMPLIANCE AUDIT DISCOVERY DOCUMENT

Contact Name:	Contact Email:						
Firm Name:							
Client Name:	Date of BOR:						
Please briefly explain the client's industry or business purpose:							
Client is: <input type="checkbox"/> Subject to ERISA <input type="checkbox"/> Church Plan <input type="checkbox"/> Government Employer <input type="checkbox"/> Unsure							
Controlled group or affiliated service group? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Total employee headcount:	Full time employees:	Part time employees:					
Total enrolled in major medical:	Total enrolled in employer-paid GTL:						
The major medical plan is:	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self- / Level-Funded					
Plans offered for major medical include:	<input type="checkbox"/> PPO	<input type="checkbox"/> HDHP	<input type="checkbox"/> HMO	<input type="checkbox"/> EPO			
Does the plan offer a premium differential for tobacco, vaccination, well-care, or screenings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Does the employer sponsor an EAP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
The EAP is offered:	<input type="checkbox"/> As part of medical	<input type="checkbox"/> As part of disability	<input type="checkbox"/> Separate stand-alone offering				
Other benefits offered include (check all that apply):							
<input type="checkbox"/> Dental / Vision	<input type="checkbox"/> HRA	<input type="checkbox"/> FSA	<input type="checkbox"/> STD / LTD	<input type="checkbox"/> GTL	<input type="checkbox"/> Telemed	<input type="checkbox"/> DCAP	<input type="checkbox"/> Other
The employer offers the following worksite / voluntary benefits:							
<input type="checkbox"/> Indemnity	<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Legal Plans	<input type="checkbox"/> LTC	<input type="checkbox"/> On-Site Clinic	<input type="checkbox"/> Travel Insurance	<input type="checkbox"/> AD&D	<input type="checkbox"/> Other:
Is there anything we should know about this group? (i.e., states in which employees reside; part of a controlled group)							
Please consider sharing any plan documentation, 125 documents, or other pertinent information with the compliance team prior to the audit							

Vendor Name or In-House, if applicable

COBRA:	Leave:
ACA Tracking:	ACA Reporting:
HRA:	FSA / Flex:
Wellness:	EAP:
Non-Discrimination Testing:	HSA:

Plan Eligibility - Classes

Are all employees eligible for every benefit?

If no, please provide materials showing different classes and eligibility.

Yes

No

Material Provided for Review

Notice Packet

Enrollment Guide / Benefit Booklet / SBCs

Leave Policy

Section 125 Pre-Tax Document

ACA Look-Back Measurement Policy

Policies / Certs / Plan Documents

Employees in the following state(s):