



ERISA *by BASIC*

	YES	NO
Do you maintain copies of plan documents at the principal office of the plan administrator for examination by participants and beneficiaries?		
Do you have written company policies that govern the operation of your plan (i.e., eligibility, contributions, terminations, COBRA, leaves, etc.)?		
Do you have at least one fiduciary (a person or entity—the plan administrator) named in the written plan as having control over its operations?		
Does your plan include written procedures for making benefit claims and appealing denied claims, and are you complying with those procedures?		
Have you determined what requirements will apply to your plan under the health care reform laws including Non-Discrimination rules, W-2 reporting?		
Does the plan pay participant benefits on time and in the correct amounts?		
Have you determined what amendments you should make to the plan document to stay in compliance with the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act?		
Have you determined whether or not your plan will qualify for grandfathered status under the health care reform regulations and what additional requirements apply if the plan does not retain grandfathered status?		
Have you documented the selection and monitoring processes for service providers, including how you review a provider’s policies, procedures, and performance?		
Do you have a written contract with your service providers that specifies the fees paid to them for administration of the plan?		
Do you have a Business Associate Agreement in place with Providers, Third Party Administrators and Vendors who have access to Protected Health Information?		

Did you check “NO” to any of these questions? If so, you may be in violation with the ERISA requirements enforced by The U.S. Department of Labor.

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Do you have reasonable claims procedures that allow participants and beneficiaries to apply for and receive the plan's benefits?		
Do you review the eligibility requirements (including the waiting period, definition of eligible employee, and coverage for retired employees)?		
Have you provided plan participants with a Summary Plan Description, Summaries of any Material Modifications (SMM) of the plan and Annual Summary Financial Reports (SAR)?		
Do you respond to written participant inquiries for copies of plan documents and information within 30 days?		
Have you provided timely Summary of Benefit Changes to Plan Participants – SBCs are required for insured and self-insured group medical plans, regardless of grandfathered status, for plan years beginning on or after September 23, 2012.		
Do you maintain consistent ongoing education and communication regarding your plans with your employees?		
Have you provided the Appropriate Health Care Reform Model Notices to Employees / Plan Participants as required under the Affordable Care Act? ?		
If you have more than 100 participants, have you filed the annual Form 5500 and distributed the summary annual report to the participants?		
Are you remitting the contributions to the insurance company or depositing them in a trust in a timely manner?		

Compliance with the Employee Retirement Income Security Act (ERISA) begins with knowing the rules. Plan administrators and other plan officials can use this checklist as a quick reference tool for determining if a plan's in full compliance with certain ERISA rules.

Did you check "NO" to any of these questions? If so, you may be in violation with the ERISA requirements enforced by The U.S. Department of Labor.

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