



## PPACA Questionnaire



ADVISORS

*A Premier Insurance Broker,  
Employee Benefits Consultant and Service Company*

**We can help you evaluate the options and manage employer penalties under PPACA.**

Submitted by:

### Step One

⇒ Complete this entire form.

### Step Two

⇒ Return form to Jessica Galardini  
at JRG Advisors - by email  
jessica.galardini@jrgadvisors.net  
or by fax 1-866-722-3159.

### Step Three

⇒ Accept Jessica's phone call and  
make time for an expert evaluation  
and recommendations.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Responsible Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Date

**Jessica Galardini ~ JRG Advisors, LLC**  
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## CORPORATE STRUCTURE

### For-Profit Entities

Does your business operate as a single legal entity, such as a C corporation, an S corporation, a partnership, or a sole proprietorship?

Yes, it is a C corporation \_\_\_\_\_, S corporation \_\_\_\_\_, partnership \_\_\_\_\_, sole proprietorship \_\_\_\_\_

No, there are multiple entities \_\_\_\_\_

If a single legal entity, who owns how much of the entity and are those individuals related to each other in any way?

Owner	Ownership Share	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more than one legal entity, what are they and who owns how much of each?

Name	Type of Entity	Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Exempt Organizations / Non-Profits**

Is there any other non-profit organization that has the power, direct or indirect, to remove and replace 80% or more of your trustees or directors? If so, what is that other organization?

\_\_\_\_\_

Alternatively, are at least 80% of your trustees or directors also trustees, directors, employees or agents of some other exempt organization? If so, what is that other organization?

\_\_\_\_\_

**EMPLOYEE STRUCTURE**

*If there is more than one legal entity, please reproduce this section and answer separately for each legal entity*

What general categories of employees do you recognize—salaried, hourly, production, office, field, sales, etc.—and roughly how many do you have in each category? (Don't worry right now about the column labeled "FT30's"; that's for the next question.)

Category: _____	Number: _____	FT30's: _____
Category: _____	Number: _____	FT30's: _____
Category: _____	Number: _____	FT30's: _____
Category: _____	Number: _____	FT30's: _____
Category: _____	Number: _____	FT30's: _____
Other: _____	Number: _____	FT30's: _____

Now go back to the same list and write in how many employees you have in each category who average 30 hours per week or more (whom we call "FT30" employees because PPACA considers them full-time). The total number of FT30's listed should be the total number of employees that you have who average 30 hours per week or more.

If the total number of FT30 employees is not too much more than 30, would it be feasible to cut down the hours of some of them in order to get close to, or even under, 30 FT30 employees?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_

How many of your FT30 employees would you estimate are eligible for Medicaid? That generally means household income less than 100% of the federal poverty level (or 133% of the federal poverty level for those states which choose to implement this option under PPACA). Here's a table showing 100% and 133% of the 2013 federal poverty level for families of different sizes:

Household Size	100% of Poverty	133% of Poverty
1	\$11,490	\$15,282
2	\$15,510	\$20,628
3	\$19,530	\$25,975
4	\$23,550	\$31,321
5	\$27,570	\$36,668
6	\$31,590	\$42,015

Number of FT30 employees thought to be eligible for Medicaid \_\_\_\_\_

How many employees do you have who average *fewer than* 30 hours per week? Looking at all of those employees collectively, how many total hours per month do those employees typically work?

Number of employees who average fewer than 30 hours per week \_\_\_\_\_

Total hours worked by them per month \_\_\_\_\_

How long are employees typically employed by you (that is, turnover)?

Employees who average 30 hours per week: \_\_\_\_\_

Employees who don't average 30 hours per week: \_\_\_\_\_

Is continuity of employment important to you or would you be content with significant annual turnover?

Are you utilizing outsourcing to the maximum extent feasible? Do any functions remain that you could outsource (and get the employees off your payroll)?

### CURRENT HEALTH PLAN STRUCTURE

Do you offer one or more group health plans?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If the answer is no, you can stop here. If the answer is yes, please continue.*

What kind of plan(s) do you offer (traditional, catastrophic only, mini-med, employee-pay-all, etc.)?

Kind \_\_\_\_\_

To whom is the plan offered, expressed in terms of employee categories—all employees, all salaried employees, all full-time employees, etc.—however you express it?

Plan available to \_\_\_\_\_

May covered employees cover their:

Spouses \_\_\_\_\_ Dependent children \_\_\_\_\_?

Do you charge an employee contribution for *employee-only* coverage (forget about spouse and dependent coverage right now) that is more than 9.66% of the employee's household income? If all you know is how much you pay the employee, not necessarily the employee's total household income, just use what you pay the employee.

Yes \_\_\_\_\_ No \_\_\_\_\_

About how many employees take your coverage, divided by categories of coverage? The total should be the total number of employees who participate in your plan.

Number taking employee-only coverage \_\_\_\_\_

Number taking employee + spouse \_\_\_\_\_

Number taking employee + dependent children \_\_\_\_\_

Number taking family \_\_\_\_\_

What is your cost either per month or per year for each employee who takes your group health coverage, net of employee contributions? Round numbers are just fine and they don't need to be exact.

Employee-only coverage: cost per month \_\_\_\_\_ or per year \_\_\_\_\_

Employee + spouse coverage: cost per month \_\_\_\_\_ or per year \_\_\_\_\_

Employee + dependent children: cost per month \_\_\_\_\_ or per year \_\_\_\_\_

Family coverage: cost per month \_\_\_\_\_ or per year \_\_\_\_\_

Note that multiplying the last two answers should produce your total annual cost for group health (number taking each coverage times your cost of providing each coverage, net of employee contributions).

If you don't currently make coverage available to all FT30 employees and their dependent children, what do you estimate it would cost you to make coverage available to all FT30 employees and their dependent children (which is the requirement to avoid penalties)? In making this estimate, you may assume that:

- in 2016, you can charge up to 9.66% (indexed annually) of household income for employee-only coverage,
- you need not offer coverage to spouses but, if you do, you can charge the full premium cost for it, and
- you must offer coverage for dependent children but you can charge the full premium cost for it too.

This will require an estimate of how many FT30 employees will take your coverage, keeping in mind that (a) some employees may have free care available under Medicaid, (b) employees who refuse your offer of coverage will *not* get a subsidy on the Exchange (so your coverage may look better by comparison), and (c) employees who don't have coverage from any source will have to pay the individual penalty (which isn't much right now but will escalate rapidly in future years).

Estimated annual cost: \_\_\_\_\_

Congratulations on completing the PPACA Questionnaire. You are at Step 2.  
Return your information to Jessica Galardini at JRG Advisors - by email  
jessica.galardini@jrgadvisors.net or by fax 1-866-722-3159.

**Thank you!**

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