Pre-Enrollment Checklist

Description: After you've decided to offer SLICE ICHRA benefits to your employees, use this to gather all the required information to setup your organizations account in ThrivePass and complete Open Enrollment registration.

Client Profile

Description: Basic information about your organization. *=required

- ☐ EIN*
- ☐ Employer Size*
- ☐ Contact Information*
- ☐ Billing Address (if different than mailing address)

Contacts

Description: Directory of points of contact for your organization. Contacts will be designated as an administrator in SLICE and receive login credentials. *=required

Plan Administrator (Primary Contact):

- ☐ First, Last Name*
- ☐ Email Address*
- ☐ Phone Number*
- ☐ Specialty: *(Accounting, Billing, Benefits Manager, Controller, VP of HR, Director of HR, Director of Personnel, HR Generalist, HR Manager, Other, Client Administrator)**
- ☐ Any Additional Contacts:

Participants

Description: Employee list

Bulk Add: Add participants in bulk by uploading a CSV file based on a template. **<u>**Recommended for initial setup**</u>**

- ☐ First, Middle Initial, Last Name
- ☐ Gender (male/female/undisclosed)
- ☐ SSN
- ☐ Work Email
- ☐ Personal Email

- ☐ Home Phone Number (1234567890)
- ☐ Mobile Phone Number (1234567890)
- ☐ Address Line 1
- ☐ Address Line 2
- ☐ Zip Code
- ☐ Birthday (MM-dd-yyyy)
- ☐ Hire Date (MM-dd-yyyy)
- ☐ Job Title
- ☐ Employee Type (part-time, full-time, not-applicable)
- ☐ Compensation Type (salaried, hourly, not-applicable)
- ☐ Division ID
- ☐ Division Class ID
- ☐ Weekly Hours
- ☐ Salary In $ (no commas)
- ☐ Salary Effective Date (MM-dd-yyyy)
- ☐ Employer Employee Code
- ☐ Tobacco Use (True Or False)
- ☐ Marital Status (single, married, common-law, civil-union, legally-separated, divorced, widow-or-widower)
- ☐ Tax Filing (filing-jointly, filing-separately)
- ☐ Head Of House Hold (True Or False)
- ☐ Disabled (True Or False)
- ☐ Student (True Or False)

Payroll

Description: Payroll schedules based on your configurations and are tied to specific Divisions & Classes.

*=required

The Basics

- ☐ Payroll Name*
- ☐ Payroll Frequency (Monthly, Biweekly (26 weeks), Biweekly (24 Weeks), Semi-Monthly, Weekly)*
- ☐ Payroll Start Date*
- ☐ Rounding (Standard, Round Up, Round Down) (Adjust First Pay Period, Adjust Last Pay Period)*

Weekends and Holidays

- ☐ Payroll Rule (Pay Previous Business Day, Pay Next Business Day)*
- ☐ Holidays Payroll is Skipped

Options

- ☐ Each month, payroll occurs on a specific (Weekdays (Week, Day), Dates (calendar date))*
- ☐ Pay period options (Paid in Arrears, Paid for Current)*

Divisions

Description: By default, all employees are tied to the "All Employees" division. Manage division classes. Employee Classing Options: Full-time & Part-time, Salaried & Hourly employees, Temporary employees of staffing firms, Seasonal employees, Coverage waiting periods, Geographic rating areas (employee state of residence), Foreign employees who work abroad. *=required

- ☐ Class Name*
- ☐ Status (Active, Inactive)*
- ☐ Is this Class Based on Employee Type and Compensation Type (Yes, No)
    - ☐ Yes: Employee Type, Compensation Type
- ☐ Payroll Schedule*

Plans

Description: Defined Spend Plan configuration and contributions *=required

The Basics

- ☐ Plan Name: Name employees will see*
- ☐ Plan ID: Unique ID for plan – leaving blank will auto-create an ID
- ☐ Plan Description: 1000 Characters, Will give participants the information they need to enroll*

- ☐ Plan Document:
- ☐ Plan Start Date*

Divisions and Classes

- ☐ Divisions Applicable to This Plan*
- ☐ Classes Applicable to This Plan*

Plan Details

- ☐ Termination Rule (Day of event, End of month when event occurred, Wash/Roll Rule)

Eligibility: New hire waiting period rules, can override for each division and/or classification as needed

- ☐ New Hire Waiting*
- ☐ Eligibility Rule (Day After Waiting Period End, First of Month After Waiting Period End, Wash/Roll Rule)*
- ☐ Termination Rule (End of Month When Event Occurred)*

Rates

☐ Contribution Type (Flat Rate, Coverage Tier Based)*

☐ Contribution Amount: $150 minimum

  ☐ Coverage Tier Based (Employee*, Employee + Spouse*, Employee + Child(ren)*, Employee + Family*)

Bank Account

Description: Account used to fund/pay administrative fees and consolidated premiums. *=required

☐ Bank Name*

☐ Address*

☐ Zip Code*

☐ Account Use (Paying ICHRA Contribution)*

☐ Account Type (Checking, Saving)*

☐ Routing Number*

☐ Account Number*