



To: Smart1095 New Clients

From: Howard M. Gerver, President

Date: January 10, 2017

Re: **Welcome and Discovery Form**

WELCOME ABOARD!

We are happy to hear you will be using Smart1095 to manage your 1095 ACA IRS Reporting, thank you for your vote of confidence!

To start, you simply need to complete and return the attached Discovery Form. Our Discovery Form simply provides some high-level information about your business and your medical plan.

Once we receive your signed Discovery Form we will provide you with our user documentation as well as our data template. Since we put so much effort into the user experience, you will see that the user navigation is simple and straight forward.

We at Smart1095 are hopeful your 1095 user experience is easy and painless. If you have any questions or need to clarify something about the ACA please contact our support team and they will happily assist you.

Again, we are excited about adding you to the Smart1095 family and look forward to partnering with you.



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Discovery Form

To best serve you please provide the following information. Thank you.

Group Information
Employer Name:
Industry:
Plan Funding Arrangement: (Fully Insured/Self Insured)
Average Number of Employees:
Estimated Number of 1095-C Forms:
Payroll/HR/Benefit System:
2015 1095/1094 Vendor:
Comments (optional):
Contact Information
Employer Primary Contact Name, Title, Email and Phone:
Referral Source:
Referral Source Contact Name, Email and Phone:
Health Insurance Brokerage Firm:
Health Insurance Broker Primary Contact Name, Email and Phone:



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Employee Information (circle all that apply)
Employee Mix: (FT, PT, Variable Hour, Seasonal)
Union: (Yes, No)
Employees Terminated and Rehired in 2016: (Yes, No)
Employees on non-FMLA leave in 2016 (Yes, No)
Employees with job status changes from FT to PT and/or PT to FT in 2016 (Yes, No)
Employees enrolled in an HRA and not enrolled in a major medical plan for at least one month (Yes, No)
Comments (optional):



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Benefit Plan Information
Plan Start Month:
Minimum Essential Coverage: (Yes, No)
Minimum Value: (Yes, No)
Offered to All Dependents: (Yes, No)
Lowest Monthly Premium Single Only Coverage: (Above \$94.75, At or below \$94.75)
Safe Harbor Method: (W-2, Rate of Pay, Federal Poverty Level)
Benefits Terminate: (Point of Termination, End of Month)
Plan Has Mandatory Working Spouse Carve-out: (Yes, No)
Comments: (Optional)

I the undersigned, agree this content reflects our employee benefits plan.

Name (signature): _____ Date: _____

Name (printed): _____



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