Health & Welfare Plan Compliance Questionnaire

Plan Name _____

Plan Year End _____

This checklist does not address all situations with regard to health and welfare plans, but is a general tool to provide a basis for determining compliance and identification of areas that could suggest if further review is necessary. It should be updated periodically and specifically if there are changes to the plan or participation levels.

	YES	NO
Is this a governmental or church plan? If yes, the rest of the form is N/A - 5500 is not required.	☐	☐
Does the plan offer more than one benefit? If yes, please list all benefits offered below (medical, dental, life, etc.)	☐	☐
Are all benefits included in one written plan document? This would be a wrapper document that combines all benefit options into one single plan. A carefully worded section 125 cafeteria plan document may qualify. If no, please list each group of bundled benefits. Each would be considered a separate plan.	☐	☐
Does the plan(s) listed above have 100 or more employees participating at the beginning of the plan year? This would be employees actually receiving benefits and does NOT include spouses or dependents. If yes, the general rule is that Form 5500 should be filed for that plan.	☐	☐
If yes to the previous question, has the plan filed the Form 5500? Please give BCS a call to discuss if you answered no.	☐	☐
Does the plan include more than one employer? If yes, please list the employers below. Due to the complexities in the ownership rules, it would be best to discuss the ownership structure of these companies with BCS to determine if an M-1 filing is required.	☐	☐

_____

_____