allCheck™ Input Sheet

Below is a preview of the questions that will be asked in the allCheck questionnaire. This preview is intended to help with collecting information that may not be readily available prior to starting the questionnaire.

Questions in Step 1 are focused on determining your business' size as it is defined by health care reform.

STEP 1 QUESTIONS	ANSWER OPTIONS
Total Full-time employees (work more than 30 hours on average per week)	Enter # of employees
Total Part-time employees (work less than 30 hours on average per week)	Enter # of employees
On what pay cycle do you pay employees?	Weekly, Every two weeks, Twice per month, Monthly
What is a typical part-time employee's average hours worked per pay cycle *(e.g. 25 hours per pay cycle if weekly, 50 hours per pay cycle if every two weeks)?*	Enter # of hours per employee

The questions in Step 2 are different depending on you business' size. Size is calculated from the inputs you provide in Step 1.

STEP 2 QUESTIONS *Small Employer (less than 25 FTEs) Questions*	ANSWER OPTIONS
What is your business' total annual wages?	Enter $ amount
Does the business offer medical benefits to employees?	Yes, No, or Not Sure
What is your medical benefits plan renewal date?	Enter date
Have you created and communicated the new Summary of Benefits and Coverage (SBC) document to plan enrollees (this is different than the plan description document used in the past)?	Yes, No, or Not Sure
Does the business pay at least 50% of employee-only medical benefit premiums?	Yes, Not, or Not Sure
What is the total monthly expense the business pays towards employee medical benefits (this is just the business' expense, do not include employee contributions)?	Enter $ amount

STEP 2 QUESTIONS *Medium to Large Employer (greater than 25 FTEs) Questions*	ANSWER OPTIONS
Does the business offer medical benefits to employees?	Yes, No, or Not Sure
What is your medical benefits plan renewal date?	Enter date
Have you created and communicated the new Summary of Benefits and Coverage (SBC) document to plan enrollees (this is different than the plan description document used in the past)?	Yes, No, or Not Sure
Are at least 95% of your full time employees eligible for benefits (work more than 30 hours on average per week)?	Yes, Not, or Not Sure
What's the annual wage of the lowest paid benefits eligible employee?	Enter $ amount
What's the monthly premium cost to the employee if they elect employee only coverage?	Enter $ amount

Questions in Step 3 focus on additional compliance considerations around health care and reform.

STEP 3 QUESTIONS	ANSWER OPTIONS
Does the business offer medical benefits to employees?	Yes, No, or Not Sure
What is your medical benefits plan renewal date?	Enter date
Have you created and communicated the new Summary of Benefits and Coverage (SBC) document to plan enrollees (this is different than the plan description document used in the past)?	Yes, No, or Not Sure
Are at least 95% of your full time employees eligible for benefits (work more than 30 hours on average per week)?	Yes, Not, or Not Sure
What's the annual wage of the lowest paid benefits eligible employee?	Enter $ amount
What's the monthly premium cost to the employee if they elect employee only coverage?	Enter $ amount