



ERISAEdge Request for Notices

Employer/Client Name: _____

The Group Health Plan offered to employees upon renewal is: Grandfathered Status Non-Grandfathered Status

Required ERISA and PPACA Notices \$300 for package; will be customized for your business. Check as appropriate to request either all or some.

<input type="checkbox"/> Grandfathered – Please send me all the Notices for my Grandfathered Plan		
<input type="checkbox"/> Non-Grandfathered – Please send me all the Notices for my Non-Grandfathered Plan		
Grand.	Non-Grand.	
<input type="checkbox"/>		Grandfathered Model Notice (For Plans that have not lost their Grandfathered Status)
	<input type="checkbox"/>	Patient Protection Notice – Choice of Providers
<input type="checkbox"/>	<input type="checkbox"/>	WHCRA Notice (Women’s Health and Cancer Rights Act)
<input type="checkbox"/>	<input type="checkbox"/>	CHIPRA Notice (Children’s Health Insurance Program Reauthorization Act)
<input type="checkbox"/>	<input type="checkbox"/>	HIPAA Special Enrollment Rights Notice

Optional ERISA and PPACA Notices Included in price above; customized for your business as our service to you.

<input type="checkbox"/>	Wellness Program Disclosure – Include with all material describing your Wellness Plan.
<input type="checkbox"/>	Health Insurance Marketplace Notice/Exchange Notice (Model notice provided with instructions, employer must customize) – Generally all employers offering health coverage are required to distribute this to all employees by October 1, 2013 and to newly-hired employees within 14 days of hire.

Medicare Part D Creditable/Non-Creditable Coverage Notice \$125; will be customized for your business.

<input type="checkbox"/>	Medicare Part D Notice and Instructions for Reporting to Centers for Medicare and Medicaid Services - Are the Prescription Drug Plans you offer: <input type="checkbox"/> Creditable <input type="checkbox"/> Non-Creditable <input type="checkbox"/> Both
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I do not wish to receive these notices.

I understand and agree that:

- It is our responsibility to comply with all PPACA and ERISA Notice Distribution Requirements;
- We release TASC from any liability for our failure to provide the ERISAEdge Notices at the time of enrollment.

Signature: _____ Date: _____

Printed Name: _____

Please return completed form to ERISAEdge via scan using email ERISA@tasconline.com or by fax to 608-661-9602.