

## ACA Full-Time Employee Checklist

### & Other Employment Questionnaire – General Version<sup>1</sup>

For those contractual/variable hour individuals hired October 16, 2014 or later, use this checklist to identify which new hires may qualify for offers of subsidized health care coverage immediately and which are placed in the Measurement Period for determining eligibility for the Alternative Subsidy beginning January 1, 2016 under the Affordable Care Act (ACA) full-time employee standard.

- You do not need to fill out a Checklist for any employee who is already eligible for health care coverage with the Maximum State Subsidy and who is expected to remain in the same position.
- Use this Checklist for employees hired on or after October 16, 2014.
- Employees who are identified as full-time employees under this Checklist will be offered coverage with an Alternative Subsidy (new contractual subsidy) for medical and prescription coverage only.
- Employees who do not immediately qualify for subsidized coverage may enroll in coverage on a post-tax, 100% self-pay basis.
- Those who do not immediately qualify for subsidized coverage, you must begin counting their hours worked, based on the guidelines that follow, for the 12 month Measurement Period that begins October 16, 2014 and ends October 15, 2015. If it is determined during the Administrative Period that the individual qualifies for the Alternative Subsidy, the appropriate Open Enrollment materials should be provided to the individual for enrollment effective January 1, 2016.

Under the ACA, a full-time employee is an employee who works (or is credited with) an average of 30 hours of service per week (130 or more hours of service). Employees on paid leave are credited with hours of service.

Employees who may meet this standard include:

- Employees hired in any job classification (including contractual employees, seasonal employees, temporary employees, and emergency employees).
- Employees who work in more than one position whose combined hours exceed 30 hours per week. (130 hours per month) on average. For this purpose, hours of service for any of the entities listed on Exhibit A should be combined.

Other Employment Questionnaire. Please have every employee who is not already eligible for the Maximum State Subsidy fill out the attached “Other Employment Questionnaire to help identify employees who have more than one position.

#### Notes:

- (1) *Employee.* The term “employee” includes anyone who is a common law employee under the IRS standard. Employees who receive W-2 forms are employees. In addition, there could be other individuals who should be treated as employees under the common law standard. For benefits purposes under the ACA, the Employee Benefits Division generally considers an “employee” to include any individual performing services for compensation, other than entirely in-kind

<sup>1</sup> A separate Checklist applies to the educational organizations listed on Exhibit A.

compensation (e.g., room and board) or excluded compensation (e.g., federal work-study or state equivalents). If compensation is appropriate and questions 3-6 below are primarily answered in the affirmative, for instance, then the individual is likely to be an “employee” for benefits purposes. If you have any questions about whether a particular individual is an employee, contact your agency Human Resources/Personnel Officer.

(2) *Return completed forms to the Employee Benefits Division.*

### OPEN ENROLLMENT CHECKLIST – General Version

Department managers should fill out this Checklist for every contractual/variable hour employee hired on or after October 16, 2014 who is NOT already eligible for coverage with the Maximum State Subsidy. The employee must fill out the attached questionnaire regarding other employment.

Employee Name/ID# _____		
Position: _____		
Method of compensation: Hourly_____ Salary:_____ Other:(Describe):_____		
Department: _____		
Date of Hire: _____		
Last 4 digits of SS#: _____		
	<b>YES</b>	<b>NO</b>
1. Was this employee hired on or after October 16, 2014?	_____  <b>Go to next question.</b>	_____  <b>Stop. Checklist does not apply.</b>
2. Is this employee already considered eligible for coverage with the Maximum State Subsidy? (Note: This generally includes all permanent employees who work 50% or more of the regular workweek. You do not need to fill out the Checklist for these employees.)	_____  <b>Stop. Checklist does not apply.</b>	_____  <b>Go to next question.</b>
3. Factors to determine employee’s status as full-time or not under ACA.	<b>YES</b>	<b>NO</b>
a. Does a written employment <i>contract</i> describe the position as one requiring on average 30 or more hours per week?		
b. Does a <i>job description</i> describe the position as one requiring on average 30 or more hours per week?		
c. Do employees in the same or a comparable position generally work 30 or more hours per week?		
d. Was the position described to the employee as generally requiring 30 or more hours per week?		
e. Is this employee normally expected to work 30 or more hours per week?		

<p>f. Are you aware of any other circumstances that could affect whether this employee is likely to work an average of 30 or more hours per week? If you check "Yes," please describe these circumstances below.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>g. Based on all of these factors, how many hours per week do you reasonably expect this employee to work on average? _____</p>		
<p>4. Is it reasonable to expect that this employee will work on average 30 or more hours per week?</p>	<p>_____</p> <p><b>Stop. Offer Alternative Subsidy package.</b></p>	<p>_____</p> <p><b>Go to next question.</b></p>
<p>5. Does this employee have other state or university employment? (Review employee's Other Employment Questionnaire.)</p>	<p>_____</p> <p><b>Go to next question.</b></p>	<p>_____</p> <p><b>Stop. Not a FT employee.</b></p>
<p>6. Does this employee's combined hours in one or more position total 30 hours per week/130 hours per month or more on average? If so, contact Renee Hammock of the Employee Benefits Division.</p>	<p><b>Stop. Possibly eligible for Alternative Subsidy.</b></p>	<p><b>Stop. Not a FT employee.</b></p>

Printed Name/Title of Department Manager Completing Form

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Other Employment Questionnaire

Employee Name/ID# \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

Job title: \_\_\_\_\_

Department: \_\_\_\_\_

Paid: Hourly \_\_\_\_\_ Salaried \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor phone no. or email address: \_\_\_\_\_

In addition to the job described above, do you have any other position with any entity listed on Exhibit A? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Paid: Hourly \_\_\_\_\_ Salaried \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor phone no. or email address: \_\_\_\_\_

Are you eligible to receive subsidized health care benefits? Yes \_\_\_ No \_\_\_ Not sure \_\_\_\_\_

Printed Name of Employee Completing Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_