

INSERT LOGO HERE

ACA-Track Initial Client Setup Data Sheet

Client Info:

Name: _____
Address line 1: _____
Address line 2: _____
City: _____
State: _____
Zip: _____
Contact Name: _____
Contact Title: _____
Contact Phone Number: _____
Contact Email: _____
Financial Management System/HR Information System Provider: _____
Name of FMS/HRIS System: _____

Additional Company Information:

EIN: _____
Number of Full-Time Employees Full-Time benefited: _____
Number of Variable Hour Employees: _____
Plan coverage Period Start Date: _____ End Date: _____
Desired Admin period (not to exceed 90 days): _____
Desired Measurement Period (not to exceed one year): _____
ACA Threshold Averages: Weekly _____ Monthly _____
ACA Notify Averages: Weekly _____ Monthly _____
Payroll frequency schedule (weekly, semi-weekly, monthly, etc.): _____
Number of pay periods per year: _____
Employer's initial measurement period to start on: _____
Fiscal year end: _____
Health Insurance Provider(s): _____
Are you an aggregated entity with other organizations? _____

Other important information for consideration:
