

## ACA Full-Time Employee Checklist

### & Other Employment Questionnaire – University Version

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 only for employees hired before October 16, 2014.
- Employees who are identified as full-time employees under this Checklist will be offered coverage with an Alternative Subsidy.
- Employees who do not 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 an offer of coverage with 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 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 a common law employee, contact the USM Human Resources Department.

- (2) *Adjunct faculty.* An adjunct faculty member will be considered a full-time employee if the adjunct faculty member teaches the equivalent of 75 percent of the course load required of full-time non-tenure track instructional faculty at the adjunct’s school, department, or institution. **Please make sure all adjunct faculty members fill out the Other Employment Questionnaire.**
- (3) *Work-study positions.* Hours worked in work-study positions are not considered hours of service under the ACA. A student employed only in a work-study position is **not** a full-time employee under the ACA.
- (4) *Resident assistants.* Resident assistants (RAs) are expected to work no more than 20 hours per week so few, if any, RAs should meet the full-time employee standard. Nevertheless, please fill out the Checklist for all RAs and have them complete the Other Employment Questionnaire.
- (5) *Graduate assistants.* As of January 1, 2015, graduate assistants with 20-hour appointments at other colleges and universities listed in Exhibit A will be placed in the applicable measurement period to determine eligibility for coverage with the Alternative Subsidy. Students with 20-hour graduate assistantships at the **University of Maryland College Park** locations will continue to be eligible for coverage with the Maximum State Subsidy. Please have all students with graduate assistantships fill out the Other Employment Questionnaire.

*Return completed forms to the Employee Benefits Division.*

## OPEN ENROLLMENT CHECKLIST – University Version

Department managers should fill out this Checklist for every employee 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>Stop. The Checklist does not apply.</b>	_____  <b>Go to next question.</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 and students with 20-hour graduate assistantships at the University of Maryland College Park.)	_____  <b>Stop. The Checklist does not apply.</b>	_____  <b>Go to next question.</b>
	<b>YES</b>	<b>NO</b>
3. Is this employee a student with a 20-hour graduate assistantship who is expected to keep the same assistantship in January 2015?	_____  <b>Stop. Offer Alternative Subsidy package.</b>	_____  <b>Go to next question.</b>
4A. Factors to determine the full-time status of other employees 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?		
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 as of January 1, 2015? If you check "Yes," please describe these circumstances below.  <hr/> <hr/> <hr/> <hr/>		
g. Based on all of these factors, how many hours per week do you reasonably expect this employee to work on average as of January 2015? _____		
4B. Is it reasonable to expect that this employee will work on average 30 or more hours per week as of January 2015?	_____	_____
	<b>Stop. Offer Alternative Subsidy package.</b>	<b>Go to next question.</b>
5. Does this employee have other state or university employment? (Review employee's Other Employment Questionnaire.)	_____	_____
	<b>Go to next question.</b>	<b>Stop. Not a FT employee.</b>
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 for final determination.	<b>Stop. Possible eligible for Alternative Subsidy.</b>	<b>Stop. Not a FT employee.</b>

Printed Name/Title of Department Manager Completing Form

\_\_\_\_\_

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

**Other Employment Questionnaire**

Institution: \_\_\_\_\_

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: \_\_\_\_\_