

EMPLOYER APPLICATION PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) FEE CALCULATION



WE MAKE
THE COMPLEX
SIMPLE

Under the Affordable Care Act (ACA), the Patient-Centered Outcome Research Institute (PCORI) was formed. PCORI, a nonprofit corporation, was created to research and evaluate clinical effectiveness of medical treatments. ACA stipulates that this entity will be funded in part by the PCORI fee. The rule applies to policy and plan years ending on or after October 1, 2012 and before October 1, 2019. The regulation requires insurers and plan sponsors to report and pay the fee for a policy year or plan year no later than July 31 of the year following the last day of the policy or plan year.

This application should be completed if Sterling does not administer the Health Reimbursement Arrangement (HRA). Please complete this application in order for Sterling to provide the PCORI fee calculation service.

EMPLOYER INFORMATION

Company Name: _____ Phone: _____
(Full and complete legal business name)

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

Employer's Taxpayer Identification Number: _____

State of incorporation: _____

Plan Sponsor Fiscal Year End Date: _____

HRA Plan Year Start Date _____ HRA Plan Year End Date _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

Broker Name: _____ Agency Name: _____

Broker Contact Phone: _____ Broker Contact Email: _____

PLAN PARTICIPANT COUNTS

Please provide the following HRA participant counts. Please include all COBRA participants in your count, but do not include any spouses or dependents that may be covered under the Plan in any of your counts. This information should be available on the monthly invoices provided to you by your HRA administrator:

Participant count as of the 1st day of the 1st month of your Plan Year _____

Participant count as of the 1st day of the 4th month of your Plan Year _____

Participant count as of the 1st day of the 7th month of your Plan Year _____

Participant count as of the 1st day of the 10th month of your Plan Year _____

INVOICING & ACH SET-UP

Payment of the initial fee must be received by Sterling to finalize processing. To pay your initial fee invoice for this service, Sterling will initiate debit entries from the account you list below. By providing the information below, you are authorizing Sterling to initiate entries to your checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. All entries are related to this service your company has established with Sterling. This authority will remain in effect until Sterling is notified by you in writing to cancel it in such time as to afford Sterling and the financial institution named below a reasonable opportunity to act on it. You must attach a copy of a voided check to this application as part of this process:

Financial Institution Name _____

Financial Institution Routing Number _____

Account Number for Debits to Pay for this Service _____

APPLICATION AGREEMENT / SIGNATURE

We, the undersigned employer, affirm the accuracy of the information we have provided on this application and further affirm that such information may be relied upon for the preparation of the PCORI Fee Calculation by Sterling and may be used for other related purposes. We also agree to indemnify and hold harmless Sterling and its officers, directors, employees and agents (each of the foregoing hereinafter referred to as an "indemnified party") from and against any and all actions, liabilities, claim, suits, damages, liens, judgments, losses, fines, penalties, costs, and expenses (including attorneys' fees) arising out of or from the indemnified party's services in connection with the preparation of the PCORI Fee Calculation.

Dated this _____ day of _____ 20_____

Employer: _____

By: _____ Title: _____