

**Sagewell Healthcare Benefits Trust  
FAQ**

**1. What is the Sagewell Healthcare Benefits Trust**

The Sagewell Healthcare Benefits Trust (the Trust) is a group insurance arrangement (GIA) as that term is defined under ERISA. The Trust provides certain insured benefits to the employees of participating employers. The Trust collects premiums from participating employers and their employees for group insurance policies covering the participating employers' employees. The Trust is the single policy holder for premiums collected from participating employers and their employees. The Trust's status as a GIA allows it to perform certain ERISA reporting and disclosure obligations on behalf of the participating employers that are otherwise subject to ERISA. This issue is addressed in more detail below. Note that some participating employers may not be subject to ERISA.

**2. What is the legal name of the Trust?**

Sagewell HealthCare Benefits Trust

**3. What is the Federal Identification Number (FEIN)?**

23-3398131

**4. Who is the Trust Administrator?**

Benefit Advisor Services Group  
1501 Reedsdale Street  
Suite 3005  
Pittsburgh, PA 15233

**5. Who is the policy holder?**

Sagewell Healthcare Benefits Trust is the master policy holder. Each employer (not employees) is a Trust member/participant.

**6. What is the plan year?**

The Trust files on a calendar year basis. The due date for filing is July 31 of the following year.

**7. Who are the parties involved with the Trust?**

Trust Administrator – Benefit Advisor Services Group  
Billing Administrator – Benefit Advisor Services Group  
5500 Preparer – Conrad Siegel Actuaries  
Trust Auditor – Schneider Downs  
Trust Contact – Sagewell Account Manager

**8. What is the billing process?**

The billing administrator handles collection and remittance of all plan premiums. This process will be reviewed with you by your Account Manager and Billing Administrator.

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**9. Who prepares, manages, and distributes the plan-related information?**

The Sagewell Healthcare Benefits Trust, through the Plan Administrator, will provide participating employers with the insurance carrier prepared Summary Plan Description (SPD) specific to the Trust benefits. Participating employers are responsible for distributing all plan-related documents to plan participants. Participating employers should contact their Alliant representative or consult their own advisors with additional questions on distributing plan-related information.

**10. What is the 5500 process?**

- a. The 5500 is filed by Sagewell Healthcare Benefits Trust, the Trust policy holder. The Trust will file on behalf of all the members of the Trust subject to ERISA. The individual members of the Trust should not file a 5500 for the plans that are held in the Trust. There is not an individual 5500 filed for each member, it is one 5500 which includes all members. Under the ERISA rules governing GIAs, the Trust files as Direct Filing Entity (DFE), Code G (Group Insured Arrangement).
- b. The filing date is July 31 and the Trust makes every effort to file on time.
- c. The 5500 is prepared by Conrad Siegel Actuaries, an independent third party, and is reviewed and signed by the Trust Administrator. As a DFE filer, we are also required to have an audit performed annually by a public accounting firm (Schneider Downs).

**11. As a Trust member, will I receive a Schedule A?**

No. The carriers will provide a Schedule A for each policy held by the Trust. Some policy numbers are specific to a particular member and some policy numbers cover multiple members.

**12. What should I do if we receive a Schedule A for a plan covered by the Trust?**

You do not need to do anything other than forward the Schedule A to your Sagewell/Alliant Account Manager and they will forward to the Trust Administrator.

**13. How do I know that our organization has been included in the 5500 filing?**

- a. In mid-August, after the Trust Administrator has received the Summary Annual Report (SAR) from the third party preparer, the Trust Administrator will send the following communication to all Trust members/participants:

*Dear Trust Participant:*

*Attached, for your review, are the following documents:*

1. *The Summary Annual Report (SAR), which is issued annually following completion of the Independent Auditor's Report and the filing of IRS Form 5500*

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*2. Form 5500 – Part I and Part II*

*In addition to these items, the following Schedules are part of our filing: Schedules A, C, D, and H*

*Form 5500 was filed on time and in compliance with the filing deadline of July 31, 20XX set by the US Department of Labor. The complete filing is available for your review at the US Department of Labor website via the following link <http://www.efast.dol.gov> (enter HealthCare Organizations' Benefits Trust as Plan Name). Alternatively, if you would like to see any of the schedules referenced above, please contact me directly and we will provide that to you.*

Participating employers subject to ERISA are responsible for distributing a copy of the SAR to all plan participants. The SAR must be distributed to all participants within two (2) months after the due date of the return.

- b. Part II of Schedule D of the 5500 provides a listing of all the plan participants. Participating employers subject to ERISA will be included as part of this listing.

**14. What if our organization joins the Trust in the middle of our plan year?**

The Trust assumes filing responsibility from the effective date of the plan. You are responsible for filing a short-year 5500 that covers the time period up to the effective date of joining the Trust. Form 5500 must be filed by the last day of the 7<sup>th</sup> calendar month after the end of the plan year, including if the plan has a short plan year.

Example: Organization plan year prior to joining the Trust is Jan – Dec. Organization joins the Trust September 1. The organization would file a short-year 5500 for Jan – August and the Trust would include the organization in the filing for September – December.

Consult your tax advisor or Account Manager if you have additional questions regarding the timing and completion of your Forms 5500. If you would happen to receive any correspondence about these programs from the Department of Labor or the Internal Revenue Service, we will be happy to review and discuss it with you.

**15. Who administers claims?**

Claim benefit payment decisions are made by the carrier, within the scope of your individual contract. The Trust is not the claims Fiduciary.

**16. Is this a risk bearing Trust?**

No. This Trust is fully insured and non-participating. There is no deficit risk, and as a result there are no barriers to entry or exit.

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**17. What if I have other questions?**

All questions should be directed to your Account Manager. This Trust has been in existence for almost 40 years, and we stand ready to answer any questions or assist you in any way.

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