**HR II - 2019**

**Session I & II Assignment: Task List 30 points**

Answer the questions below. For the tasks given, indicate yes if completed. Insert your responses below and email the completed document to [hill@west-fargo.k12.nd.us](mailto:hill@west-fargo.k12.nd.us) by March 2.

1. Read through your District’s negotiated agreement. (3 pts)
2. Read through your District’s classified handbook. (3 pts)
3. Is your Health Insurance plan fully insured or self insured? (2 pts)

If Self- insured, what is your stop loss limit?

If Fully insured, who is your Plan Administrator?

1. List the following for your health insurance plan (4 pts)

Deductible- Single/Single plus Dependents/Family

Coinsurance Maximum -Single/Single plus Dependents/Family

How are the monthly premium costs shared between District and Employee?

1. Google and read a current article or published information on the Tax Cuts and Jobs Act of 2018. List the title and source of the information here. (5pts)
2. Are you an Applicable Large Employer under ACA? How do you know? (2 pts)
3. Do you offer continuing Health Insurance coverage to employees who leave your district? (2 pts)
4. Are your summary plan documents for your health, dental, vision, and flexible spending accounts distributed annually to employees or made available via your website? (2 pts)
5. Read NDCC 15.1-06-02 through 15.1-06-04 SCHOOLS, to familiarize yourself with calendar requirements. (2pts)
6. Confirm that you have all required Dept of Labor notices posted (5pts)