Employer Wrap SPD and Plan Document Data Collection Booklet

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# Employer Information

## Plan Sponsor Information

Employer Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

## Business Entity Information

Federal Tax ID:

Governing State Law:

## Primary Contact at Employer

First Name:

Last Name:

Job Title / Department:

Email:

Phone:

Ext:

# General Plan Information

## Plan Information

Plan Name:

(e.g., [ Company Name ] Welfare Benefit Plan)

This is: [ ]  A New Plan

[ ]  An Amendment and Restatement of an Existing Plan

Plan Number:

Effective Date of Plan:

Is this: [ ]  a short plan year followed by the 12 month regular period.

Short Plan Years: Starts On:

Ends On:

[ ]  a single regular 12 month period.

Plan Year dates: Starts On:

Ends On:

## Plan Administrator

Who Administers the Plan: [ ]  Employer

[ ]  Other

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

## Agent for Service of Process

Who is Agent of Service: [ ]  Employer

[ ]  Other

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

## Types of Benefit Plans Offered

Which benefits do you wish to include in the SPD/Plan Document? (Check ALL Benefit Plans that apply)

[ ]  Medical Plan [ ]  Fully Insured

[ ]  Self-Insured

[ ]  Adoption Assistance

[ ]  Dental Plan [ ]  Fully Insured

[ ]  Self-Insured

[ ]  Dependent Care Reimbursement Account (DCRA) Plan

[ ]  Health Care Flexible Spending Account

[ ]  Health Reimbursement Account (HRA)

[ ]  Health Savings Account (HSA) Contributions

[ ]  Life Insurance Plan [ ]  Fully Insured

[ ]  Self-Insured

[ ]  Long-Term Disability Plan [ ]  Fully Insured

[ ]  Self-Insured

[ ]  Prescription Drug Plan [ ]  Fully Insured

[ ]  Self-Insured

[ ]  Short-Term Disability Plan [ ]  Fully Insured

[ ]  Self-Insured

[ ]  Vision Plan [ ]  Fully Insured

[ ]  Self-Insured

[ ]  Premium Conversion Plan / Pre-Tax Contributions

|  |  |  |
| --- | --- | --- |
| [ ]  Other |       | [ ]  Fully Insured[ ]  Self-Insured |
| [ ]  Other |       | [ ]  Fully Insured[ ]  Self-Insured |
| [ ]  Other |       | [ ]  Fully Insured[ ]  Self-Insured |
| [ ]  Other |       | [ ]  Fully Insured[ ]  Self-Insured |

## Other Participating Employers

Are other Employers participating in this plan? [ ]  Yes (Employer Name)

[ ]  No

## Eligibility

Please select one of the following choices:

[ ]  The eligibility requirements for this Employer are contained in the benefit booklets, certificates, provider contracts and benefit descriptions.

[ ]  I need to enter the eligibility requirements for this Employer.

**Note**: You can enter specific eligibility requirements under each component benefit plan.

How many hours per week must an Employee work to be eligible for coverage?

For employers subject to the "pay or play" provisions under Health Care Reform, do you want to specify the measurement method for determining full-time status (i.e., monthly vs. look-back)?

[ ]  No (basic language regarding compliance with the Affordable Care Act will be included in the wrap documents)

[ ]  Yes - The look-back measurement method is used for the following categories of Employees:

**Important Note**: Employers are not permitted to develop their own customized categories.

[ ]  All Employees

[ ]  Salaried Employees

[ ]  Hourly Employees

[ ]  Employees whose primary place of employment is in

[ ]  Collectively bargained Employees that are covered by the same collective bargaining agreement

[ ]  Collectively bargained Employees that are covered by separate collective bargaining agreement(s) named

[ ]  Non-collectively bargained Employees

[ ]  Yes - The monthly measurement method is used for the following categories of Employees:

**Important Note**: Employers are not permitted to develop their own customized categories.

[ ]  All Employees

[ ]  Salaried Employees

[ ]  Hourly Employees

[ ]  Employees whose primary place of employment is in

[ ]  Collectively bargained Employees that are covered by the same collective bargaining agreement

[ ]  Collectively bargained Employees that are covered by separate collective bargaining agreement(s) named

[ ]  Non-collectively bargained Employees

[ ]  Not applicable - The employer is not subject to "pay or play"

Must Employees complete an orientation period to be eligible for coverage? [ ]  Yes       Days [ ]  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

[ ]  All Employees

[ ]  Salaried Employees Only

[ ]  Hourly Employees Only

[ ]  Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

[ ]  Spouse

[ ]  Dependent/Child

[ ]  Domestic Partner

[ ]  Other:

Are there any classes of Employees that are excluded?

[ ]  Not applicable

[ ]  Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

[ ]  No waiting period requirements

[ ]  Days:

[ ]  Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

[ ]  On the date of hire

[ ]  On the day after the end of the orientation period

[ ]  On the day after the end of the waiting period

[ ]  On the first day of the calendar month after the end of the waiting period

[ ]  Other: Plan coverage begins      .

When does coverage terminate?

[ ]  The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 1 (For a Medical Plan)

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

[ ]  Employer / Plan Sponsor

[ ]  Third Party Administrator

[ ]  Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Grandfathered Plan

Is the health insurance plan a "grandfathered plan" under PPACA? [ ]  Yes [ ]  No / Not Applicable

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars? [ ]  Yes

[ ]  No

## Eligibility

Please select one of the following choices:

[ ]  The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

[ ]  The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

[ ]  The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage? [ ]  Yes       Days [ ]  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

[ ]  All Employees

[ ]  Salaried Employees Only

[ ]  Hourly Employees Only

[ ]  Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

[ ]  Spouse

[ ]  Dependent/Child

[ ]  Domestic Partner

[ ]  Other:

Are there any classes of Employees that are excluded?

[ ]  Not applicable

[ ]  Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

[ ]  No waiting period requirements

[ ]  Days:

[ ]  Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

[ ]  On the date of hire

[ ]  On the day after the end of the orientation period

[ ]  On the day after the end of the waiting period

[ ]  On the first day of the calendar month after the end of the waiting period

[ ]  Other: Plan coverage begins      .

When does coverage terminate?

[ ]  The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 2

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

[ ]  Employer / Plan Sponsor

[ ]  Third Party Administrator

[ ]  Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars? [ ]  Yes

[ ]  No

## Eligibility

Please select one of the following choices:

[ ]  The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

[ ]  The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

[ ]  The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage? [ ]  Yes       Days [ ]  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

[ ]  All Employees

[ ]  Salaried Employees Only

[ ]  Hourly Employees Only

[ ]  Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

[ ]  Spouse

[ ]  Dependent/Child

[ ]  Domestic Partner

[ ]  Other:

Are there any classes of Employees that are excluded?

[ ]  Not applicable

[ ]  Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

[ ]  No waiting period requirements

[ ]  Days:

[ ]  Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

[ ]  On the date of hire

[ ]  On the day after the end of the orientation period

[ ]  On the day after the end of the waiting period

[ ]  On the first day of the calendar month after the end of the waiting period

[ ]  Other: Plan coverage begins      .

When does coverage terminate?

[ ]  The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 3

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

[ ]  Employer / Plan Sponsor

[ ]  Third Party Administrator

[ ]  Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars? [ ]  Yes

[ ]  No

## Eligibility

Please select one of the following choices:

[ ]  The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

[ ]  The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

[ ]  The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage? [ ]  Yes       Days [ ]  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

[ ]  All Employees

[ ]  Salaried Employees Only

[ ]  Hourly Employees Only

[ ]  Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

[ ]  Spouse

[ ]  Dependent/Child

[ ]  Domestic Partner

[ ]  Other:

Are there any classes of Employees that are excluded?

[ ]  Not applicable

[ ]  Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

[ ]  No waiting period requirements

[ ]  Days:

[ ]  Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

[ ]  On the date of hire

[ ]  On the day after the end of the orientation period

[ ]  On the day after the end of the waiting period

[ ]  On the first day of the calendar month after the end of the waiting period

[ ]  Other: Plan coverage begins      .

When does coverage terminate?

[ ]  The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 4

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

[ ]  Employer / Plan Sponsor

[ ]  Third Party Administrator

[ ]  Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars? [ ]  Yes

[ ]  No

## Eligibility

Please select one of the following choices:

[ ]  The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

[ ]  The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

[ ]  The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage? [ ]  Yes       Days [ ]  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

[ ]  All Employees

[ ]  Salaried Employees Only

[ ]  Hourly Employees Only

[ ]  Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

[ ]  Spouse

[ ]  Dependent/Child

[ ]  Domestic Partner

[ ]  Other:

Are there any classes of Employees that are excluded?

[ ]  Not applicable

[ ]  Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

[ ]  No waiting period requirements

[ ]  Days:

[ ]  Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

[ ]  On the date of hire

[ ]  On the day after the end of the orientation period

[ ]  On the day after the end of the waiting period

[ ]  On the first day of the calendar month after the end of the waiting period

[ ]  Other: Plan coverage begins      .

When does coverage terminate?

[ ]  The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 5

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

[ ]  Employer / Plan Sponsor

[ ]  Third Party Administrator

[ ]  Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars? [ ]  Yes

[ ]  No

## Eligibility

Please select one of the following choices:

[ ]  The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

[ ]  The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

[ ]  The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage? [ ]  Yes       Days [ ]  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

[ ]  All Employees

[ ]  Salaried Employees Only

[ ]  Hourly Employees Only

[ ]  Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

[ ]  Spouse

[ ]  Dependent/Child

[ ]  Domestic Partner

[ ]  Other:

Are there any classes of Employees that are excluded?

[ ]  Not applicable

[ ]  Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

[ ]  No waiting period requirements

[ ]  Days:

[ ]  Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

[ ]  On the date of hire

[ ]  On the day after the end of the orientation period

[ ]  On the day after the end of the waiting period

[ ]  On the first day of the calendar month after the end of the waiting period

[ ]  Other: Plan coverage begins      .

When does coverage terminate?

[ ]  The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  Other: Plan coverage will terminate      .

# Component Benefit Plan Information - 6

Plan Name:

(Enter description or name from Certificate, e.g., Group Medical Plan, Dental Plan, etc.)

## Carrier & Plan Administrator Information

Plan Administered by:

[ ]  Employer / Plan Sponsor

[ ]  Third Party Administrator

[ ]  Carrier

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## Pre-Tax Contribution

Are employee contributions made with pre-tax dollars? [ ]  Yes

[ ]  No

## Eligibility

Please select one of the following choices:

[ ]  The eligibility requirements for this benefit are contained in the benefit booklets and certificates, provider contracts and benefit descriptions

[ ]  The eligibility requirements for this benefit are the same as entered under the 'General Plan Information'

[ ]  The eligibility requirements for this benefit are different and I need to enter them

How many hours per week must an Employee work to be eligible for coverage?

Must Employees complete an orientation period to be eligible for coverage? [ ]  Yes       Days [ ]  No

**Important Note**: Employment-based orientation periods cannot exceed a certain length of time under Health Care Reform.

Which Employees are generally eligible to participate? (Check only one)

[ ]  All Employees

[ ]  Salaried Employees Only

[ ]  Hourly Employees Only

[ ]  Others:

Who is eligible for coverage other than the Employee? (Check ALL that apply)

[ ]  Spouse

[ ]  Dependent/Child

[ ]  Domestic Partner

[ ]  Other:

Are there any classes of Employees that are excluded?

[ ]  Not applicable

[ ]  Yes (enter class(es) of Employees excluded and separate multiple classes using commas)

**Important Note**: We recommend incorporating the text you enter into this box into Article 3.1 of the Wrap Plan Document (concerning plan eligibility and participation). Wrap documents may be generated in Word format for customization.

What are the waiting period requirements?

[ ]  No waiting period requirements

[ ]  Days:

[ ]  Other: An Employee is eligible to participate      .

**Important Note:** Waiting periods cannot exceed a certain length of time under Health Care Reform.

When does Plan coverage begin?

[ ]  On the date of hire

[ ]  On the day after the end of the orientation period

[ ]  On the day after the end of the waiting period

[ ]  On the first day of the calendar month after the end of the waiting period

[ ]  Other: Plan coverage begins      .

When does coverage terminate?

[ ]  The day the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  At the end of the month the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions

[ ]  Other: Plan coverage will terminate      .

# Premium Conversion Plan - 7

## Plan Administrator Information

Plan Administered by:

[ ]  Employer / Plan Sponsor

[ ]  Third Party Administrator

Contract #:

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Phone:

Phone Ext:

Website:

## PCP Plan Display Settings

Optional Display Settings:

[ ]  1. Include the words “Premium Conversion Plan” in the Wrap SPD and Wrap Plan Document.

[ ]  2. Remove the words “Premium Conversion Plan” from the Wrap SPD and Wrap Plan Document.

Important Note: Selecting option 2 will not affect other pre-tax benefits contained in the Wrap SPD and Wrap Plan Document, and will not prevent the Premium Conversion SPD and Premium Conversion Plan Document from generating.

## PCP Plan Dates

Effective Date of Plan:

Is this: [ ]  a short plan year followed by the 12 month regular period.

Short Plan Years: Starts On:

Ends On:

Then the plan year will start on       and end on

[ ]  a single regular 12 month period.

Plan Year dates: Starts On:

Ends On: