

LOUISIANA INDUSTRIAL DEVELOPMENT PROGRAM
OFFICE OF ECONOMIC DEVELOPMENT
CITY OF NEW ORLEANS

LOCAL ANNUAL COMPLIANCE REQUEST – ACR HEALTH CARE CERTIFICATION
Job and Payroll requirements for eligibility for the Louisiana Quality Jobs Rebate program

ITE Council Criteria #2: "The jobs created as a result of the capital project must meet the job and payroll requirements for eligibility for the Louisiana Quality Jobs Rebate program."
(applicable on projects with permanent new job creation only)

CONTRACT NUMBER _____

COMPANY NAME _____

REPORTING PERIOD (mm/dd/yy - mm/dd/yy) _____

PROJECT PHYSICAL ADDRESS _____

Check the appropriate box

- For fully insured companies, provide the monthly breakdown of the rates and provide documentary evidence of those rates (such as the renewal notification from the health insurance carrier)

- If you are a self insured company, list the actuarially determined COBRA rates or the monthly conventional equivalent rate and provide documentary evidence of those rates. Is the 2% administrative charge included in these rates? YES NO
(The COBRA rates or monthly conventional equivalent rate can be found in the COBRA renewal, a letter from the actuary, or a third-party administrator (TPA) renewal.)

* You must attach the explanation/summary of the Basic Health Benefit Plan or Health Insurance Coverage for this reporting period.

Basic Health Benefits Plan or the Health Insurance Coverage – that which is required to be offered and/or provided shall include coverage for basic hospital care, coverage for physician care, and coverage for health care which shall be the same as that provided to executive, administrative, or professional employees. Coverage must become effective no later than the first day of the month 90 days after hire date (Act 386).

Provide one completed form per plan and submit in conjunction with the Annual Certification Report for the same reporting period. Was this plan offered to all individuals employed in new direct jobs? YES NO

Name of Basic Health Benefits Plan or the Health Insurance Coverage: _____

Does coverage become effective no later than the 1st day of the month 90 days after employee hire date?
 YES NO

If no, when? _____

Was the value of the health care plan used in meeting the minimum wage requirement? YES NO

If yes, provide the total number of employees holding a new direct job during this filing period? _____

And provide the number of employees holding a new direct job that have elected the coverage for this filing period? .

Monthly Premiums (Rates)	Employee Monthly Premium	Employer Monthly Premium	Total Monthly Premium
Employee Only			
Employee & Spouse			
Employee & Children			
Employee & Family			

For Act 387 Contracts:

\$/per hour amount of the Premium Paid by the Employer for employee coverage _____

For Pre-Act 387 Contracts:

Insurance Premium Paid by Employer for Single coverage for employees earning < \$50,000 annually _____

Insurance Premium Paid by Employer for Single coverage for employees earning ≥ \$50,000 annually _____

Insurance Premium Paid by Employer for Family coverage _____

CERTIFICATION

(Must have legal authority to sign this document)

I hereby certify that the Industrial Tax Exemption project identified in this document with the above referenced number and additional materials meet all of the requirements and applicable regulations as mandated by the New Orleans City Council. I hereby certify that the information provided in this document and additional materials is true and correct, and I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records and/or forfeiture of any tax credits or rebates approved under this program. I understand that application and information submitted with it shall not be returnable to the applicant.

Original Signature _____

Printed Name & Title _____

Date _____
