ILLUSTRATIVE COMPANY VALUE REVIEW

A clearer way to evaluate employee care and company value.

This four-page sample shows how Beal Ventures organizes a leadership-level review. It demonstrates the decision process without inventing an employer result. Every actual recommendation depends on the applicable program, employer facts, plan documents, complete costs, advisor review, and implementation requirements.

01

Employee usefulness

Document available services, access rules, eligible participants, limitations, and the employee communication required to use the benefit well.

02

Company economics

Place any potential payroll value beside program costs, fees, participation assumptions, cash flows, and the questions that require qualified review.

03

Operational fit

Map current coverage, payroll setup, enrollment, notices, administration, support ownership, and a realistic launch sequence before a decision.

What leadership reviews

01 / Workforce W-2 headcount, states, eligible groups, schedules, and decision owners.	**02 / Current benefits** Existing coverage, renewal timing, compatibility questions, and advisor responsibilities.
03 / Complete economics Employer and employee cash flows, fees, participation, wage limits, tax assumptions, and sensitivity ranges.	**04 / Implementation** Payroll changes, enrollment, notices, communication, administration, employee support, and timeline.

THE STANDARD

No promise before the proof.

Beal Ventures does not guarantee eligibility, savings, tax treatment, participation, coverage compatibility, or outcomes. The goal of the Company Value Review is to make the upside understandable and every material assumption visible before enrollment is discussed.

Recommended next step

Complete the company snapshot, then bring the appropriate owner, finance, HR, payroll, benefits, and external advisors into the formal review.

Illustrative material only. This document is not legal, tax, payroll, benefits, insurance, or financial advice and is not an offer of coverage.

02 / EVIDENCE MAP

Three layers before a financial claim.

The review separates the general tax framework from the program documents and the employer-specific calculation. A rule that can apply in general is not proof that a particular employer will receive a particular result.

01

Official foundation

Review current IRS guidance and the applicable Internal Revenue Code provisions. These sources establish general rules, not program approval or a company result.

02

Program documents

Confirm the written plan, service schedule, providers, eligibility, elections, reimbursement mechanics, costs, fees, administration, and limitations.

03

Company analysis

Apply workforce, wage, participation, payroll, coverage, state, timing, cost, and advisor assumptions to the actual employer.

How the economics are built

01 / Eligible elections Identify eligible employees, approved elections, and qualifying services.	**02 / Payroll treatment** Document the wages and employment taxes affected under the final structure.
03 / Complete cash flows Show employer and employee deductions, reimbursements, contributions, costs, fees, and timing.	**04 / Net modeled value** Calculate the result, sensitivity ranges, and the zero-savings or stop case.

Official sources used for the general framework

IRS Publication 15 (2026): medical care reimbursements and employment taxes.
IRS Publication 15-B (2026): cafeteria plans and fringe-benefit rules.
Internal Revenue Code Sections 105 and 125: qualifying reimbursements and cafeteria plans.

Beal Ventures does not claim IRS approval. Current official materials explain general rules; the written plan and company facts control the employer analysis.

03 / MODEL PREVIEW

A scenario is the start of the review - not the answer.

The hypothetical profile below demonstrates how the review organizes inputs. It does not represent a real employer, an eligibility decision, or a projected financial result.

Illustrative employer 100 W-2 employees	**Participation scenario** 70 potential participants
Workforce footprint Two employee states	**Current benefits** Existing group health plan stays in view

Inputs still required before any dollar result

Payroll Eligible wages, wage limits, payroll frequency, tax rates, payroll-provider requirements, and affected taxes.	**Participation** Eligibility, employee elections, enrollment timing, contribution flow, reimbursement mechanics, and attrition.
Program economics Employer and employee costs, fees, deductions, reimbursements, service value, timing, and administration.	**Plan and workforce** Governing documents, current coverage, states, ownership, highly compensated employees, unions, public-sector rules, and exclusions.

Why this sample shows no instant savings number

Headcount and participation alone cannot establish payroll-tax savings. The written review should expose every assumption, cost, limitation, and sensitivity before leadership relies on a number.

04 / DECISION AND OWNERSHIP

Know who validates the case and what happens next.

A useful review ends with an owned decision path. It identifies the people who must verify the plan, the work required to launch, the open questions, and the conditions that would stop the process.

Responsibility map

Workstream	Employer	Beal / program team	Payroll / advisors
Company facts and decision owners	Provide and approve	Review and organize	Support as authorized
Plan, service, and eligibility review	Confirm workforce context	Supply applicable documents	Review implications
Payroll configuration and testing	Approve access and changes	Supply requirements	Configure and validate
Employee communication and launch	Approve and distribute	Provide approved materials and support	Review as needed

The three responsible outcomes

01

Continue

The documents, economics, compatibility, ownership, and advisor questions support moving into implementation planning.

02

Clarify

The opportunity remains open, but one or more program, payroll, coverage, workforce, cost, or advisor questions need resolution.

03

Stop

The review identifies a mismatch, unsupported assumption, adverse economics, unavailable service, or implementation issue that should end the process.

The deliverable

Leadership leaves with a written continue, clarify, or stop recommendation, the evidence behind it, the people responsible for the next checkpoint, and no obligation to enroll.

Illustrative material only. Program availability, services, eligibility, plan compatibility, tax treatment, costs, employee participation, savings, and implementation must be confirmed for the employer.