

Section 125 Plan Type – Please specify: FSA POP

Company Details:

Legal Company Name: _____
Company Mailing address (and physical address if different from mailing address):
Street/P.O. Box: _____
City, St, Zip _____
Tax Identification #: _____
Fiduciary: _____
Business Entity Type: _____ (example: S-Corp, C-Corp, Non-Profit, LLC, LLP)
Nature of business: _____
Any Affiliated Entities? _____
Main Administrative Contact:
Name & Title: _____
Phone: _____
Fax: _____
Email: _____

Additional contacts be listed in our system (with phone/fax/email, if available):

Benefits Broker/Consultant:

Name: _____
Agency: _____

Plan Details:

Plan Year: _____
Is this an amended & restated plan? _____
ERISA plan number: _____ (if none, use '501')
Payroll details:
Frequency: _____
First payroll date for pre-taxing: _____

Eligibility:

Number of Benefit Eligible Employees: _____
Waiting period for eligibility: _____
Hourly requirement: _____
Plan Entry Date: (immediate, first of month following, etc) _____

Flexible Spending Accounts: *(n/a to POP)*

Existing TPA? _____

If 'yes' will TPA be handling run-out of prior plan year? _____ *(if no, additional fees will apply)*

Medical FSA

Annual Maximum: _____

Annual Minimum: _____

Grace Period? _____

Flex Debit Card? _____

Dependent Care FSA

Annual Maximum: _____

Annual Minimum: _____

Premium Information: *(applicable to POP and FSA)*

(1) *Medical insurance*

Renewal date: _____

Percentage paid by ER for employee coverage: _____

Percentage paid by ER for dependent coverage: _____

(2) *Other eligible pre-tax coverage*

Dental Insurance? _____

Renewal date: _____

Percentage paid by ER for employee coverage: _____

Percentage paid by ER for dependent coverage: _____

Health Savings Account? _____

Other: _____

(3) *Insurance coverage to be excluded from the plan (paid on a post-tax basis or paid in full by company):*

Benefit Credits:

Any benefit credits or insurance waiver credits offered to Eligible Employees? _____

If "Yes", Please describe: _____

Non-Discrimination Testing Information:

IRS rules require discrimination testing for Section 125 Plans. The tests may vary depending on the type of plan you have selected. During the setup process, we will need to find out which employees are considered “Key Employees” and also “Highly Compensated” Employees.

Highly Compensated Employees

- (1) Individuals who are more-than-5% owners of the employer; or
- (2) Individuals with compensation* in excess of \$105,000 (using 2008 comp; \$110,000 using 2009 comp).

Key Employees

- (1) Officers** with compensation* in excess of \$150,000 (using 2008 comp; \$160,000 using 2009 comp);
- (2) Individuals who are more-than-5% owners of the employer; or
- (3) Individuals who are more-than-1% owners of the employer with compensation* in excess of \$150,000.

* Compensation under this definition includes annual gross salary and wages paid by employer to employee

** Officers are determined based on duties, not titles.

Note – Testing Exemptions: A plan that has no highly compensated employees and no key employees is exempt from discrimination testing.

Stock Attribution: Per IRS regulations, under certain circumstances employed family members of owners may be considered Key Employees, or even deemed ineligible to participate, by attribution of stock ownership or by special IRS rule. Depending on circumstances, the attribution rules may apply to parents, children, grandparents, or grandchildren of owners.

Please list family members of owners who are employees and their relationship below:

Example: Mary B. Smith, Daughter of Joe Brown;

Note: ProBenefits recommends and assumes equal treatment of all benefit-eligible employees as to (1) eligibility to participate and (2) contribution and benefits provided by the employer. If your company does not treat all benefit-eligible employees equally, your plan will likely be outside of IRS compliance requirements.

Additional Comments that may be helpful:
