

Company Details:

Legal Company Name: _____
 Company Address: _____

 Tax Identification #: _____
 Company Contact Phone: _____
 Company Business Code: _____ (6-digit code)
 Name of Individual Registered to Sign 5500 with EFAST2:
 Name _____
 Email: _____

Benefits Broker/Consultant:

Name/Agency: _____

Filing Information:

Formal Name of Plan: _____
 Was this plan filed last year? _____
 ERISA plan number(s): _____ (501,502, etc.)
 Original effective date of Plan(s): _____
 Beginning Date of Plan Year: _____
 Ending Date of Plan Year: _____

Plan Participant Data:

Total number of plan participants at Beginning of Plan Year: _____
 Number of participants at the End of Plan Year who are:
 Active participants: _____
 Retired participants or active COBRA participants: _____
 Other retired or separated entitled to future benefits: _____

List individual plans and carriers for this filing:

Additional comments or explanation that may be helpful:

Along with the information above, we will need copies of the carrier provided Schedule As for each insured plan. We will generate the Form 5500 and Schedules for review, authorization, and filing. We will provide a Summary Annual Report (“SAR”) for you to keep on file and distribute to participants in accordance with ERISA. Should you have any questions, contact us.

(If more than one 5500 is being filed, please complete this page for each additional plan)

Filing Information Plan 2:

Formal Name of Plan: _____
 Was this plan filed last year? _____
 ERISA plan number(s): _____ (501,502, etc.)
 Original effective date of Plan(s): _____
 Beginning Date of Plan Year: _____
 Ending Date of Plan Year: _____

Plan Participant Data:

Total number of plan participants at Beginning of Plan Year: _____
 Number of participants at the End of Plan Year who are:
 Active participants: _____
 Retired participants or active COBRA participants: _____
 Other retired or separated entitled to future benefits: _____

List individual plans and carriers for this filing:

Filing Information Plan 3:

Formal Name of Plan: _____
 Was this plan filed last year? _____
 ERISA plan number(s): _____ (501,502, etc.)
 Original effective date of Plan(s): _____
 Beginning Date of Plan Year: _____
 Ending Date of Plan Year: _____

Plan Participant Data:

Total number of plan participants at Beginning of Plan Year: _____
 Number of participants at the End of Plan Year who are:
 Active participants: _____
 Retired participants or active COBRA participants: _____
 Other retired or separated entitled to future benefits: _____

List individual plans and carriers for this filing:
