Pro-Flex
PRO-FLEX ADMINISTRATORS LLC

Premium Conversion Plan Installation Questionnaire

EMPLOYER INFORMATION:

1. Employer (legal business name with correct punctuation): _____
   *(**NOTE:** A corporate name must end in "Incorporated", "Corporation" or "Limited", or an abbreviation of same)*

2. Street Address: _____
   City, State, Zip Code: _____

3. Tax ID Number: _____-_____

4. Contact: _____
   Email: _____
   Phone Number: (_____) _____-_____
   Fax Number: (_____) _____-_____

5. Number of Employees: _____

6. Type of Business Entity:

	Sole Proprietorship		Partnership or LLP
	Corporation		Non-Profit
	S- Corporation		LLC
	Government Entity		Other: _____

***Note:** The following individuals may not be in a Section 125 plan:*
Sole Proprietors, Partners in a Partnership or an LLP, Shareholders in an LLC that is taxed as a Partnership and Shareholders in an S-Corp. that own more than 2% of the S-Corp.'s stock directly or through a related party.

7. Other than the entity identified in '1' above, please list the name, address and employer identification number of any other employers whose employees are to be eligible for this Plan:

NAME	ADDRESS	TAX ID

PLAN INFORMAITON:

8. Plan Name: _____
(Do not complete if it will consist of Employer Name followed by "Premium Conversion Plan")

9. Plan Status:
☐ New Plan ☐ Restatement
Effective date: _____/_____/_____
Effective date of the original Plan: _____/_____/_____
If different, prior name of the Plan: _____

10. Plan number to be used: _____
(If no plan number is requested, a default plan number 501 will be used)

11. Normal twelve-month Plan Year: _____/_____ to _____/_____

12. Will there be a short Plan Year?
☐ Yes ☐ No

ELIGIBILITY:

13. Who is **NOT** eligible to participate?

☐ N/A – No exclusions
☐ Employees regularly scheduled to work less than _____ hours per week
☐ Highly compensated employees
☐ Union employees
☐ Other – describe: _____
☐ Employees in the following job categories: _____

14. The minimum age requirement to participate:
☐ N/A – No minimum age
☐ Age requirement: _____ years

15. The minimum service requirement to participate:
☐ N/A – No minimum service requirement
☐ Continuous employment for _____days

16. Current employees, upon completion of minimum age and service requirements, will become participants:
☐ Immediately
☐ First day of the month following
☐ First day of next plan year
☐ Other: _____

17. If age or service requirement is different for any flexible spending account, please describe:

_____

_____

BENEFITS:

18. Non-cash Benefits may be elected under the Employer:
(Benefits that will be deducted pre-tax)

- ☐ Medical Plan
- ☐ Dental Plan
- ☐ Vision Plan
- ☐ Disability Insurance
- ☐ Group Term Life Insurance Plan
- ☐ Accidental Death & Dismemberment Plan
- ☐ Hospital Indemnity Insurance Plan
- ☐ Cancer Indemnity Insurance Plan
- ☐ Other: _____

*(*Note: Post Tax benefits will not be detailed in the pre-tax document)*

- ☐ Disability Insurance
- ☐ Legal Services
- ☐ Other: _____

19. A participant who fails to submit an election form for the first period, he or she who is eligible will be treated as having elected:

- ☐ Not to participate in the Plan – his or her share of insurance premiums will be from after-tax income
- ☐ To participate in the Plan and to have his or her share of insurance premiums paid on a pre-tax basis

(This is the "NEGATIVE ENROLLMENT" approach)

20. Will employees be allowed to make payroll withholding contributions to an employer-sponsored Health Savings Account ("HSA") on a pre-tax basis? *(Additional fees applies- please see below)*

☐ Yes ☐ No

21. Does the employer pay a cash amount to employees who choose not to take employer health insurance?
(Additional fees applies- please see below)

☐ Yes ☐ No

If "Yes", please answer the questions below:

a. What is the cash amount? $ _____
b. How frequently is the cash amount paid? _____

FEE STRUCTURE:

- ☐ I would like to be billed for the $300 document fee only**
- ☐ Yes, I do wish to purchase the additional HSA language for $50
- ☐ Yes, I do wish to purchase the optional Opt-Out/Cash Out language for $50

***Please note: Any future document amendments and/or changes are subject to additional fees appropriate to specified changes*

Client Signature: _____ Date: _____

BROKER INFORMATION:

Agency Name: _____

Contact Name and Title: _____

Signature: _____ Date: _____

Submit to: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221