

1. DOCUMENT TYPE

Cafeteria Plan

- a. Premium Conversion Plan (Includes Adopting Resolution)
- c. No Plan (Supporting Forms Package Only)

Supporting Forms Package

- d. Include all forms (SPD 8.5 x 11 and Administrative Forms)
- e. Administrative Forms only
- f. SPD only
- g. No Supporting Forms requested

Footer for 8.5" x 11" SPD

- h. Yes _____
- i. No _____

DRAFTING PREFERENCES

- j. Standard (letter size, single spaced, ragged margin)
- k. Single, right justified
- l. Double, ragged
- m. Double, right justified

FONT OPTIONS

- n. 9 pt. Times
- o. 8.5 pt. Arial

FIS Client Name

- p. _____
- q. _____

AGREEMENT

By selecting each of the following you are agreeing to the terms of the use of this FIS plan. **WARNING:** Failure to complete these selections can result in your checklist not being saved correctly.

- r. The plan being prepared is solely for the use of the employer indicated in the plan (the "adopting employer") as well as any participating employers to such plan. The use of the plan for any other employers is strictly prohibited.
- s. FIS will notify you of, and provide, any required updates in accordance with FIS's usual business practices (generally email notification and/or Technical Updates). You agree to monitor any legislative and regulatory developments that may affect the plan and agree to hold FIS harmless in the event FIS does not provide you with the notification of any required amendments.

EMPLOYER INFORMATION

2. Name of Employer: (exactly as it is to appear with punctuation)

- a. _____
- b. _____

3. Employer's Address:

a. _____
(Street--Physical not P.O. Box)

b. _____ c. _____ d. _____
(City) (State) (Zip)

e. Telephone () _____

4. Employer's Tax ID No.: a. _____

5. Plan Number: a. _____

6. Plan Administrator shall be:

a. Employer, using Employer's address

OR

b. Other _____
(Name)

AND, if Other selected

- c. Use Employer's address
- d. Use address below...

1. _____
(Street--Physical not P.O. Box)

2. _____ 3. _____ 4. _____
(City) (State) (Zip)

5. Telephone () _____

7. Plan's Agent for service of legal process is:

- a. Employer, using Employer's address
- b. Plan Administrator
- c. Other _____
(Name)

AND

- d. Use Employer's address (automatically selected if 7a chosen)
- e. Use address below...

1. _____
(Street--Physical not P.O. Box)

2. _____
(City) (State) (Zip)

8. Employer's Principal Office: a. _____
(State)

9. Plan Information:

- a. New Plan
- b. Amendment and Restatement

AND, is this Plan a "wrap" plan for Form 5500 filing purposes?

- c. Yes
- d. No

10. Plan Name/Title of Document: (exactly as it is to appear with punctuation)

- a. _____
- b. _____
- c. _____

11. Plan Year:a. Begins _____
(month) (day)b. Ends _____
(month) (day)

Is there a short Plan Year?

c. Yes, beginning _____
(month) (day)1. and ending on _____
(month) (day)d. N/A**12. Effective Date(s):**a. Initial Effective Date _____
(month) (day) (year)b. This Restatement _____
(month) (day) (year)**13. Employer Entity:**

- a. S Corporation (2% shareholders not eligible)
 b. Corporation
 c. Partnership (self-employed (partners) not eligible)
 d. Sole Proprietorship (self-employed not eligible)
 e. Governmental Entity or Church
 f. Non-Profit Organization
 g. Limited Liability Company (members not eligible)

Note: 13a, c., d., & g., add a provision that excludes the group in parentheses from participating in the plan.**ELIGIBILITY****14. Eligible Class of Employees:**

- a. All Employees who satisfy eligibility requirements
 b. Salaried Employees only
 c. Hourly Employees only
 d. All Employees except:
 1. Commissioned Employees
 2. Union Employees
 3. Leased Employees
 4. Part-time Employees, expected to work less than _____ hours per week
 5. Nonresident Aliens
 6. Employees not eligible under the Employer's group medical plan
 7. Those who have not completed _____ Hours of Service (if left blank, default will be 1 Year of Service (1000 hours))
 8. Those who have not attained age _____ (cannot exceed 21; if left blank, default will be age 21)
 9. Other _____

Note: If using Simple Cafeteria Provisions and selecting d., only 2, 5, 7 and 8 can be selected.**15. Conditions for Eligibility:**a. Same as Employer's group medical plan (skip to 16)**OR**b. For **first** Plan Year **only**, anyone employed on the effective date of the Plan is eligible, **thereafter**:
(choose one from e. - g. below)**OR**c. For **all** years, eligibility is as follows:

(choose one from d. - g. below)

- d. Date of hire (no service required)
 e. _____ years after date of hire
 f. _____ days after date of hire
 g. _____ months after date of hire

16. Entry Date:

- a. First day of the pay period next following date requirements were met
 b. Date conditions for eligibility are met
 c. Dual entry (1st day of Plan Year & 6 months later)
 d. First day of Plan Year following date requirements were met
 e. First day of month following date requirements were met
 f. Same as Employer's group medical plan

17. Family and Medical Leave Act: Is the Employer subject to these provisions?

- a. No
 b. Yes

CONTRIBUTIONS**18. Contributions.** Plan will provide for...

- a. Salary reduction contributions **ONLY** (no Employer contributions) (skip to 20)
 b. Employer contributions **ONLY** (no salary reductions) (answer 19, then skip to 21)
 c. Both salary reductions **AND** Employer contributions
 1. Simple Cafeteria provisions **ONLY** (skip 19, answer 40)
 2. Simple Cafeteria provisions **AND** additional Employer contributions (answer 19 and 40)
 3. N/A. No Simple Cafeteria provisions.

Note: Salary reduction contributions are set at the amount sufficient to cover a Participant's benefit elections.**Note:** If Employer contributions are only paying a portion of the cost of insurance with no cash option, select 18a**19. Employer Contributions.** For each Plan Year, Employer will contribute...

- a. _____% of compensation per Participant
 b. \$_____ per Participant
 c. Discretionary
 d. Other _____
 e. "Opt Out" (payment if health coverage waived)

AND, the contributions shall be made...

- f. At beginning of Plan Year
 g. Pro rata each pay period

AND, the contributions are convertible to cash

- h. Yes
 i. No

Note: Option i. may not be selected with 18b or 19e

AND, the contributions are to be made to: (select j. or l.)

- j. All accounts
- l. Health Savings Account (must answer 25)

BENEFIT OPTIONS

20. **Benefit Options.** Plan to provide...
- j. Premium Conversion Plan Only. (automatically selected)

21. **Premium Payments** may be elected for...
- a. Health insurance (employee AND dependent coverage)

OR

- b. Dependent health insurance ONLY

OR

- c. No group health insurance

AND

- d. Group-term life insurance
- e. Disability insurance
- f. Dental insurance
- g. Cancer insurance
- h. Vision insurance
- i. Accidental Death and Dismemberment insurance
- j. Prescription Drug Coverage
- k. Other Insurance Coverage

Note: k. adds language that allows for other types of health coverage not listed above.

22. **Are the health premium payments elected above self-insured by the Employer?**

- a. Yes
- b. No

23. May Participants seek reimbursement for individual policies through the Premium Conversion Plan?

- a. N/A
- b. Yes, at the Administrator's discretion
- c. No

24. **Skip to 25**

MISCELLANEOUS PROVISIONS

25. **Health Savings Account provided by Employer?**

- a. Yes
- b. No

26. **Benefit Election Period shall be...**

- a. The _____ day period prior to each Plan Year
- b. From the _____ day to 1. _____ day period prior to each Plan Year
- c. Established by Administrator in nondiscriminatory manner

27. **Is automatic enrollment for insured benefits provided under this Plan?**

- a. Yes
- b. No

28. **Participants who fail to sign** a new election form shall...

- a. Be considered to have elected not to participate for upcoming Plan Year (may not be selected with 27a)
- b. Continue same elections as prior year only for insured benefits

29. **Witnesses to Employer's signature:**

- a. Yes
- b. No

Note: State law may require witnesses to the Employer's signature. Relius does not have this information.

30. **Skip to 36**

36. **Add COBRA?**

- a. Yes
- b. No

Skip to 40

HEALTH CARE REFORM PROVISIONS

40. **Simple Cafeteria plan (for employers with 100 or fewer employees):**

- a. Yes, effective _____
- b. No

AND, the Employer Contribution shall be... (select one)

- c. _____% (not less than 2%) of a Participant's Compensation
- d. Matching contribution equal to _____% of compensation but in no event more than _____% (cannot be less than 6% of compensation)

AND, the contributions are convertible to cash

- e. Yes
- f. No

Skip to 42

42. **Change in Status:** New Provisions for employee change (due to reduction in hours or enrollment in exchange):

- a. Yes
- b. No

Skip to 60

ADOPTING EMPLOYERS

60. Will Adopting Employers execute this Plan?

Note: Selecting "Yes" will generate a Supplemental Participation Agreement.

- a. N/A or No
b. Yes

First Adopting Employer

1. (Name)
2. (Street)
3. (City) (State) (Zip)
4. (ID No.)

...AND, the first Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
d. Corporation
e. Partnership (self-employed (partners) not eligible)
f. Sole Proprietorship (self-employed not eligible)
g. Governmental Entity or Church
h. Non-Profit Organization
i. Limited Liability Company (members not eligible)

61. Will there be a second Adopting Employer?

- a. No
b. Yes

1. (Name)
2. (Street)
3. (City) (State) (Zip)
4. (ID No.)

...AND, the second Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
d. Corporation
e. Partnership (self-employed (partners) not eligible)
f. Sole Proprietorship (self-employed not eligible)
g. Governmental Entity or Church
h. Non-Profit Organization
i. Limited Liability Company (members not eligible)

62. Will there be a third Adopting Employer?

- a. No
b. Yes

1. (Name)
2. (Street)
3. (City) (State) (Zip)
4. (ID No.)

...AND, the third Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
d. Corporation
e. Partnership (self-employed (partners) not eligible)
f. Sole Proprietorship (self-employed not eligible)
g. Governmental Entity or Church
h. Non-Profit Organization
i. Limited Liability Company (members not eligible)

63. Will there be a fourth Adopting Employer?

- a. No
b. Yes

1. (Name)
2. (Street)
3. (City) (State) (Zip)
4. (ID No.)

...AND, the fourth Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
d. Corporation
e. Partnership (self-employed (partners) not eligible)
f. Sole Proprietorship (self-employed not eligible)
g. Governmental Entity or Church
h. Non-Profit Organization
i. Limited Liability Company (members not eligible)

64. Will there be a fifth Adopting Employer?

- a. No
b. Yes

1. (Name)
2. (Street)
3. (City) (State) (Zip)
4. (ID No.)

...AND, the fifth Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
d. Corporation
e. Partnership (self-employed (partners) not eligible)
f. Sole Proprietorship (self-employed not eligible)
g. Governmental Entity or Church
h. Non-Profit Organization
i. Limited Liability Company (members not eligible)

65. Will there be a sixth Adopting Employer?

- a. No
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

...AND, the sixth Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
- d. Corporation
- e. Partnership (self-employed (partners) not eligible)
- f. Sole Proprietorship (self-employed not eligible)
- g. Governmental Entity or Church
- h. Non-Profit Organization
- i. Limited Liability Company (members not eligible)

66. Will there be a seventh Adopting Employer?

- a. No
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

...AND, the seventh Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
- d. Corporation
- e. Partnership (self-employed (partners) not eligible)
- f. Sole Proprietorship (self-employed not eligible)
- g. Governmental Entity or Church
- h. Non-Profit Organization
- i. Limited Liability Company (members not eligible)

67. Will there be an eighth Adopting Employer?

- a. No
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

...AND, the eighth Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
- d. Corporation
- e. Partnership (self-employed (partners) not eligible)
- f. Sole Proprietorship (self-employed not eligible)
- g. Governmental Entity or Church
- h. Non-Profit Organization
- i. Limited Liability Company (members not eligible)

68. Will there be a ninth Adopting Employer?

- a. No
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

...AND, the ninth Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
- d. Corporation
- e. Partnership (self-employed (partners) not eligible)
- f. Sole Proprietorship (self-employed not eligible)
- g. Governmental Entity or Church
- h. Non-Profit Organization
- i. Limited Liability Company (members not eligible)

69. Will there be a tenth Adopting Employer?

- a. No
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

...AND, the tenth Adopting Employer is?

- c. S Corporation (2% shareholders not eligible)
- d. Corporation
- e. Partnership (self-employed (partners) not eligible)
- f. Sole Proprietorship (self-employed not eligible)
- g. Governmental Entity or Church
- h. Non-Profit Organization
- i. Limited Liability Company (members not eligible)