



# POP Plan (Sect 125) Preparation Request

Please complete the following information for Premium Only Plan document. The Plan Document, description, Resolution to Adopt the Plan, and related forms will be delivered in approximately two weeks. Please sign and fax back to R&L at 908.479.1889

Name: \_\_\_\_\_ (Document Signer), Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Form of Business: \_\_\_\_\_ S Corporation \_\_\_\_\_ C Corporation \_\_\_\_\_ LLC  
\_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Non-profit 501(c)(3)

EIN: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Legal Name(s) of Affiliated Company(ies) that will be covered by the Plan (if any)  
1) \_\_\_\_\_ 2) \_\_\_\_\_

Plan Administrator if other than Employer \_\_\_\_\_

### Benefits Programs to be Offered:

\_\_\_\_ Health Insurance \_\_\_\_\_ Dental Insurance \_\_\_\_\_ Vision Care \_\_\_\_\_ GTL to \$50,000  
\_\_\_\_ Accident Insurance \_\_\_\_\_ Cancer Insurance \_\_\_\_\_ Other \_\_\_\_\_

### Effective Date

\_\_\_\_ A new plan effective date of \_\_\_\_\_ or \_\_\_\_\_ An Amendment / Restatement of previously established Section 125 as of \_\_\_\_\_ (for amended or reinstated Plan) Effective Date of Original Plan \_\_\_\_\_

### Plan Year: (The first plan year will be)

A. \_\_\_\_\_ 12 consecutive month period beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_  
B. \_\_\_\_\_ short plan year beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_

Eligibility Requirements: All employees who work more than \_\_\_\_\_ hours per week.

Waiting Period: Employees can participate the first day of the month following \_\_\_\_\_ days of employment.

I have requested the document as described above and understand that there will be a \$350 document preparation fee. There will be an additional charge of \$50 for Summary Plan Descriptions & Election Forms on disk.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature Date