

Section 125 Benefit Plan

Company Name:

Section 125 Contact:

Same as primary contact Access to Benefit Strategies employer portal

Title:

E-Mail:

Telephone: ()

Fax: ()

Eligibility Requirements

	Hours worked/week (To qualify for benefits)	Waiting Period for New Employees (I.E. 1 st of month following 30 days)
Premium Conversion Plan		
Commonwealth Health Connector		(cannot be longer than 2 months)

Are part time employees excluded from the definition of 'eligible employee' Yes* No

*If Yes, a part time employee is defined as an employee who works less than?

Hours per week

Do you want to exclude employees covered under a collective bargaining agreement? Yes No

Plan Type:

Single Employer Plan

Controlled Group (Please complete below)

Participating Employer Name	Federal Tax ID #	City / State / Zip

Premium Conversion Plan (POP)

Pre- Tax Premiums Dental Disability Insurance HSA Life Medical Vision Other:

Pop Election

Annual Enrollment

Carry Over Enrollment

Negative Enrollment

Cash back in lieu of benefits?

Yes* No

*Please explain:

Effective Date of your First Plan Document:

/ /

Plan Documents

Plan Name:

Plan Number:

Who is responsible for plan documents?

Benefit Strategies* Other

*If Benefit Strategies, please indicate: New Plan Restate Existing Plan

Who handles your COBRA administration?

Handled in house? Yes No

By Benefit Strategies? Yes No

If administered by another provider please add providers name, phone number and address below:

COBRA Provider's Name:

Telephone: ()

Address:

City:

State:

Zip:

Is your plan subject to FMLA? Yes* No (*In most cases companies with 50 employees or more are subject to FMLA)

