

VANTAGEPOINT

BENEFIT ADMINISTRATORS

Premium Only Pre-Tax Plan Application (POP)

*If you require assistance completing this form, call (516) 599-2120, option 2
Upon completion email this form to: admin@vantagepointbenefit.com or fax to: 516-599-3135*

1. Legal Name of Employer Sponsoring Plan: _____
2. Business Entity Type: C Corporation Sole Proprietorship Partnership Government Entity
 S Corporation Limited Liability Company Not-For-Profit Church
3. Principal Business Activity: _____
4. Federal Employer Identification Number (Must be 9 digits): ___ -- ___ - ___ - ___ - ___
5. Contact Person: _____ Title: _____
6. Street Address (No PO Boxes): _____
City, State, Zip: _____
7. Phone: _____ Fax: _____ E-mail: _____
8. Effective Date – This Premium Only Plan (POP) will be:
 - a. A new plan effective as of (date) _____
 - b. An amendment and restatement of a previously established Section 125 plan of the employer.
 - (1) This amendment and restatement is effective as of (date) _____
 - (2) State the effective date of the original plan _____
 - (3) State the plan number (consult your last Form 5500 for this number assigned to your plan): _____
9. Plan Year – The first plan year for this POP will be:
 - a. A 12-consecutive-month period beginning (date) _____ and ending (date) _____
 - b. A short plan year beginning (date) _____ and ending (date) _____
10. Employer's Principal Office – This POP shall be governed under the laws of the:
 State of _____ Commonwealth of _____
11. Benefits – The benefits selected below shall be included in the POP:
 Health insurance Cancer insurance Dental insurance Group-Term Life insurance¹
 Disability insurance² Vision care insurance Critical Illness insurance
 Accidental death/dismemberment insurance Health Savings Account (HSA)³
¹ Group-term life insurance up to \$50,000 coverage
² If disability insurance is paid for on a pre-tax basis, any benefits received are taxable to the employee. Under most circumstances, it is recommended that disability insurance not be included in the plan. Note: Insurance products with a return-of-premium feature cannot be paid for on a pre-tax basis.
³ Allows employees to payroll-deduct contributions to their individual HSA account on a pre-tax basis.
12. Legal Name(s) of Affiliated Company(ies) that will be Covered by this Plan: _____
13. Total Number of Employees: _____
14. Payroll is Prepared: In-house Outsourced (specify payroll company): _____

Eligibility Requirements

15. The following class of employees is eligible to participate:
 All Salaried Employees Only Hourly Employees Only Other: _____
16. The following employees are excluded from participation:
 No exclusions. Part-time employees normally expected to work less than _____ hours a week.
 Union employees (unless the bargaining agreement provides for coverage) Employees under the age of _____
 Other: _____
Section 125 does not specifically provide for election exclusions. Consult your tax advisor before excluding any classification(s) of employees. Tax penalties may be imposed if the Plan contains eligibility requirements that have the effect of favoring highly compensated employees. Consult your tax advisor before limiting participation in the Plan.
17. The service period employees must complete before being eligible to participate is as follows:
 Incorporated by reference to the underlying policies.
 For the initial plan year, any one employed on the Plan Effective Date and for subsequent Plan Years, becomes eligible:
 As of date of hire.
 Number of days after date of hire: _____
 Number of months after date of hire: _____
Employees must be in service or on the job as one of the eligibility requirements.

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18. Once the employees are eligible, they can begin participating in the plan:
- Date employee becomes eligible.
 - First day of pay period following the date employee becomes eligible.
 - First day of month following the date employee becomes eligible.
 - First day of quarter following the date employee becomes eligible.
 - First day of Plan Year following the date employee becomes eligible.

Pricing and Payment Information

20. Annual Plan Compliance Fee *Call us today for a custom quote!*

Shipping Instructions

21. Document Package is emailed within 10 business days of receiving the completed application and compliance fee.
22. Email Package to: Client Broker Email Address: _____
23. Plan Administrator Signature: _____ Date: _____

This should be the employer or its designee. VantagePoint Benefit Administrators will provide administrative services, but will not be the Plan Administrator. Owners of a pass-through tax entity (S, LLC, LLP, etc.) are not eligible to participate in the POP plan.

Name of Broker: _____ Affiliated Company: _____
Address (No PO Boxes): _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

The referring company or its representative may earn a fee for services performed in connection with the installation of this plan.