

# Checklist to Adopt Plan

---

## Section 125 Premium Only Plan

The undersigned Employer, by executing this Adoption Agreement, elects to (establish/amend) the accompanying Premium Only Plan by adopting said plan document in full. The Employer makes the following elections granted under the provisions of the plan.

### 1. The Name and Address of the Employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The telephone number: \_\_\_\_\_

The Employer shall be the **Plan Sponsor** and **Plan Administrator**.

### 2. Business Entity Type:

- |  |  |
|--|--|
| <input type="checkbox"/> C Corp.                     | <input type="checkbox"/> Not-For-Profit            |
| <input type="checkbox"/> Sole Proprietorship         | <input type="checkbox"/> S Corp                    |
| <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Government Entity or church |  |

### 3. Federal Employer Identification Number: \_\_\_\_ - \_\_\_\_\_

### 4. The Contact Person shall be: \_\_\_\_\_

The e-mail address: \_\_\_\_\_

### 5. Effective Date: Plan Year:

- This Section 125 Premium Only Plan shall be effective as of \_\_\_\_\_.
- If amended and restated, the Plan was originally effective on \_\_\_\_\_

Future Plan Years will be based on a full 12-month period beginning each \_\_\_\_\_ and ending each \_\_\_\_\_.

### 6. The Name of the Plan shall be the \_\_\_\_\_

### 7. Plan Number: \_\_\_\_\_ New Plans will be assigned 501

### 8. Eligible Employees:

All Employees shall be eligible to participate in the Plan, **except:**

- Under the Health Savings Account, individuals who fail to qualify as an Eligible Individual for a Health Savings Account under Code Section 223(c);
  - With the exception of the Health Savings Account program, any self-employed person(s), within the meaning of Code Section 401(c), including independent contractors, a greater than 2% shareholder in a Subchapter S corporation, a partner in a partnership, or any owner or member of a limited liability company that is treated like a partnership for tax purposes;
  - A relative, within the meaning of IRC Section 318, of one of the above self-employed person(s)
- AND:

- Part-time Employees expected to work less than \_\_\_\_\_ hours per week.
- Commission salespersons.
- Any Employee of the Employer who is included in a unit of employees covered by an agreement which the Secretary of Labor finds to be a collective bargaining agreement between employee representatives and one or more employers unless the collective bargaining agreement requires the employee to be included within the Plan.
- Any Employee who is temporary or seasonal (working for the Employer less than 6 months of the year).
- Any Leased Employee, as well as any independent contractor, or other "statutory employee" who is not treated as a common law employee of the Employer for payroll purposes, regardless of any other court or administrative agency determination.
- Nonresident Aliens.
- Other: \_\_\_\_\_.

**9. Plan Entry Date:**

Employees eligible to participate may become Participants:

- Same as Employer's group health insurance plan.
- \_\_\_\_\_ days after date of hire.

**10. Benefits:**

The following Benefit Options shall be included in the Plan:

- Insurance Benefits. The Employer's Group Health Insurance (including health insurance, dental and vision insurance, AD&D, etc.);
- Group Term Life Insurance;
- Disability Insurance;
- Employee Health Savings Account Contributions, subject to the terms and conditions of Article VI of the Plan Document;

**11. Contributions:**

The contributions for this Plan shall be:

- Employee (Salary Redirection) contributions only;
- Employer Contributions only, which shall be: \$ \_\_\_\_\_ annually per Participant of which \$ \_\_\_\_\_ that is convertible to cash compensation. A Participant will be credited on a \_\_\_\_\_ (pay period, annual) basis; or
- Both Employee (Salary Redirection) and Employer Contributions. Employer Contributions which shall be: \$ \_\_\_\_\_ annually per Participant of which

**Does your plan currently have a High Deductible HDHP and offer a Health Savings Account? If so,  yes  no question 12 must be completed**

**12. Rollovers of IRAs or Qualified HSA Distributions to HSA Accounts:**

Beginning with the Plan Year dated on or after \_\_\_\_\_, 20\_\_\_\_, the Plan  shall  shall not allow a one-time rollover of available funds from the following sources to an Eligible Individual's Health Savings Account, if made before January 1, 2012 and otherwise in accordance with applicable provisions of Article VI of the Plan and other applicable law (check ALL that apply):

Eligible amounts from an Individual Retirement Account (as defined under Code Section 408(a)) owned by the Eligible Individual; and/or

**13. Affiliated Employers:**

The following Employers have adopted this Plan:

\_\_\_\_\_  
\_\_\_\_\_

**14. Authorized Signatures: (this will person(s) signing the Adoption Agreement)**

Date \_\_\_\_\_ By \_\_\_\_\_  
Company Name Name

Date \_\_\_\_\_ By \_\_\_\_\_  
Affiliated Employer: if applicable Name

**15. Discrimination Testing Information:**

Stockholders:

\_\_\_\_\_ % \_\_\_\_\_ %  
\_\_\_\_\_ % \_\_\_\_\_ %

Company Officers:

\_\_\_\_\_  
\_\_\_\_\_

**16. Fees:** Premium Only Plan Document Fee: \$250.00  
Annual Testing if required (Owners participating) \$150.00

**17. Completed by** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature

Additional Notes:


Return completed form to Davey Administration Group  
3451 West Shaw Ave Suite 101  
Fresno, CA 93711  
(559) 436-6606 ext. 29  
Or fax to (559) 436-4850