

Cafeteria Plan

Company Data:

Company Information:

1. Name of adopting employer (Plan Sponsor):
- 2a. Plan Sponsor address line 1:
- 2b. Plan Sponsor address line 2:
3. Plan Sponsor city:
4. Plan Sponsor state:
5. Plan Sponsor zip:
6. Plan Sponsor phone AC/Number:
7. Plan Sponsor fax AC/Number:
8. Plan Sponsor EIN:
9. Plan Sponsor fiscal year end:
- 10a. Plan Sponsor entity type:
 C Corporation S Corporation Non profit Partnership Limited Liability Company
Limited Liability Partnership Sole Proprietorship Union Government agency Other
- 10b. If 10a is "Union", enter name of the representative of the parties who established or maintain the Plan:
- 10c. If 10a is "Other", enter Plan Sponsor entity type:
11. State of organization of Plan Sponsor:
- 12a. The Plan Sponsor is a member of an affiliated service group:
 Yes No
- 12b. If 12a is "Yes", list all members of the group (other than the Plan Sponsor):
- 13a. The Plan Sponsor is a member of a controlled group:
 Yes No
- 13b. If 13a is "Yes", list all members of the group (other than the Plan Sponsor):

Contact Information:

21. Contact name:
22. Contact title:
23. Contact salutation:
24. Contact phone:
25. Contact fax:
26. Contact email:

Notes:

30. Notes

Plan Data:

A. GENERAL INFORMATION

General

1. Plan Number:
- 2a. First line of Plan name:
- 2b. Second line of Plan name:
- 3a. Original effective date of Plan:
- 3b. Is this a restatement of a previously-adopted plan?
 Yes No
- 3c. If **A.3b** is "Yes", effective date of Plan restatement:
- 4a. Plan Year End (Month Day):
- 4b. The Plan has a short plan year:
 Yes No
- 4ci. If **A.4b** is Yes", enter the start date of the short Plan Year:
- 4cii. If **A.4b** is Yes", enter the end date of the short Plan Year:

Plan Features

- 10a. Contributions to fund a Premium Conversion Account are permitted:
 Yes No
- 10b.i. If **A.10a** is "Yes", Contributions to pay premiums for Employer Group Medical coverage are permitted:
 Yes No
- 10b.ii. If **A.10a** is "Yes", Contributions to pay premiums for Employer Dental coverage are permitted:
 Yes No
- 10b.iii. If **A.10a** is "Yes", Contributions to pay premiums for Employer Disability coverage are permitted:
 Yes No
- 10b.iv. If **A.10a** is "Yes", Contributions to pay premiums for Employer Group Term Life coverage are permitted:
 Yes No
- 10b.v. If **A.10a** is "Yes", Contributions to pay premiums for individually-owned medical coverage are permitted:
 Yes No
- 10b.vi. If **A.10a** is "Yes", Contributions to pay premiums for individually-owned Dental coverage are permitted:
 Yes No
- 10b.vii. If **A.10a** is "Yes", Contributions to pay premiums for individually-owned Disability coverage are permitted:
 Yes No
- 10b.viii. If **A.10a** is "Yes", Contributions to pay premiums for other coverage are permitted:
 Yes No
- 10c. If **A.10a** is "Yes" and **A.10b.viii** (Other) is selected, describe other types of Insurance Contracts:
- 11a. Contributions to fund a Healthcare Reimbursement Account are permitted:
 Yes No
- 11b. Contributions to fund an HSA Account are permitted (Section 4.08):
 Yes No
12. Contributions to fund a Dependent Care Assistance Account are permitted:
 Yes No
13. Contributions to fund a Adoption Assistance Account are permitted:
 Yes No

Miscellaneous

20. Enter date to place on cover of Summary Plan Description:
21. File Number:

- 22. User Defined Field #1
- 23. User Defined Field #2
- 24. User Defined Field #3
- 25. User Defined Field #4
- 26. User Defined Field #5

B. ELIGIBILITY

Exclusions/Modifications

- 1. Exclude Employees covered under a collective bargaining agreement from definition of Eligible Employee:
 Yes No
- 2. Exclude leased Employees from definition of Eligible Employee:
 Yes No
- 3. Exclude nonresident aliens from definition of Eligible Employee:
 Yes No
- 4a. Exclude part-time employees from definition of Eligible Employee:
 Yes No
- 4b. If **B.4a** is "Yes", a part-time employee is an employee who works less than the following number of hours per week:
- 5a. Exclude other Employees from definition of Eligible Employee (any exclusion must satisfy Code section 125(g) and the requirements under Section 5.01):
 Yes No
- 5b. If **B.5a** is "Yes", describe other Employees excluded from definition of Eligible Employee:
- 6a. Allow immediate participation for all Eligible Employees employed on the date specified in **B.6b**:
 Yes No
- 6b. If **B.6a** is "Yes", the special participation rule shall apply to all Eligible Employees employed on:
- 7. If **A.10a** is "Yes", an Employee shall be an Eligible Employee with respect to the Premium Conversion Account if the Employee is eligible to participate in the benefit plan described in **A.10b**:
 Yes No
- 8a. Indicate whether the Plan will make any other revisions to the term "Eligible Employee":
 Yes No
- 8b. If **B.8a** is "Yes", describe any further modifications to the term "Eligible Employee":

Service Requirements

- 10. Minimum age requirement for an Eligible Employee to become eligible to be a Participant in the Plan
 None 21 20-1/2 20 19 18
- 11a. Minimum service requirement for an Eligible Employee to become eligible to be a Participant in the Plan:
 None Specified number of hours of service Specified number of days of service Specified number of months of service Specified number of years of service
- 11b. If **B.11a** is not "None" enter the number of hours/days/months/years required under **B.11a**:
- 12a. Frequency of entry dates:
 Immediate first day of the calendar month first day of each plan quarter first day of the first month and seventh month of the Plan Year first day of the Plan Year
- 12b. If **B.12a** is not "Immediate", selection of entry date:
 coincident with or next following next following
- 13. If **A.10a** is "Yes", an Eligible Employee shall become eligible with respect to the Premium Conversion Account at the same date as he or she becomes eligible to participate in the Insurance Contract(s) described in **A.10b**:
 Yes No
- 14a. Indicate whether the Plan will make any other revisions to the eligibility rules specified in **B.10 - B.13**:
 Yes No
- 14b. If **B.14a** is "Yes", describe any further modifications to the eligibility rules specified in **B.10 - B.13**:

Transfers/Rehires

15. Permit Participants who are no longer Eligible Employees (for reasons other than Termination) to continue to participate in the Plan until the end of the Plan Year:
 Yes No
16. Automatically reinstate benefit elections for Terminated Participants who are rehired within 30 days of Termination and permit new benefit elections for Terminated Participants who are rehired more than 30 days after Termination:
 Yes No

C. BENEFITS

Premium Conversion

- 1a. If **A.10a** is "Yes" (Premium Conversion Accounts are permitted), provide for automatic enrollment for the Premium Conversion Account:
 Yes No
- 1b. If **A.10a** is "Yes" (Premium Conversion Accounts are permitted), provide for automatic adjustment for changes in the cost of insurance pursuant to the terms of Treas. Reg. 1.125-4:
 Yes No

Health Care Reimbursement

2. If **A.11** is "Yes" (Health Care Reimbursement Accounts are permitted), enter the maximum amount that can be contributed to a Health Care Reimbursement Account in any Plan Year:
3. If **A.11** is "Yes" (Health Care Reimbursement Accounts are permitted), specify whether a Participant shall continue making contributions after Termination of employment for the remainder of the Plan Year:
 Yes No
- 4a. If **A.11** is "Yes" (Health Care Reimbursement Accounts are permitted), indicate whether a Participant may revise a Health Care Reimbursement Account election upon a change of status:
 Yes - without limitation Yes - but no decrease if less than amount reimbursed Yes - increase only Yes - with limitations No
- 4b. If **A.11** is "Yes" and if **C.4a** is "Yes with limitations", describe the limitations:
- 5a. If **A.11** is "Yes" (Health Care Reimbursement Accounts are permitted), exclude coverage for over the counter drugs:
 Yes No
- 5b. If **A.11** is "Yes" (Health Care Reimbursement Accounts are permitted), exclude coverage for other expenses described in **C.5c**:
 Yes No
- 5c. If **A.11** is "Yes" and **C.5b** is "Yes", describe other expenses that are not eligible for reimbursement:
- 6a. If **A.11** is "Yes" (Health Care Reimbursement Accounts are permitted), describe method to coordinate coverage in the Plan with Health Savings Accounts:
 None Permitted Coverage Post Deductible Coverage Both Permitted and Post Deductible Coverage
- 6b. If **A.11** is "Yes", **C.6a** is not "None" and **D.3a** is "Yes" (grace period allowed), indicate period when the limitations described in **C.6** apply:
 Entire Plan Year During grace period only
- 6c. If **A.11** is "Yes" and **C.6a** is not "None", the limitations shall apply to:
 All Participants Only Participants eligible to participate in the HDHP Only Participants enrolled in the HDHP
7. If **A.11** is "Yes", describe method to coordinate coverage in the Plan with a Company-sponsored HRA for expenses that are reimbursable under both this Plan and the HRA:
 None HRA first Cafeteria plan first

Company Contributions

- 8a. Indicate whether the Company will contribute to the Plan:

- Yes - in Company's sole discretion Yes - pursuant a fixed method No
- 8b.** If **C.8a** is "Yes - pursuant a fixed method", describe how the contributions are determined:
- 9a.** If **C.8a** is not "No", indicate whether the Plan permits Participants to elect cash in lieu of benefits:
 No Yes - with limitation Yes - without limitation
- 9b.** If **C.8a** is not "No" and if **C.9a** is "Yes - with limitation", describe any limitations:

Elections

- 10a.** When may continuing Participants **make** elections regarding contributions:
 A period ending prior to the beginning of the Plan Year Pursuant to Plan Administrator procedures
- 10b.** If **C.10a** is "A period ending prior to the beginning of the Plan Year", enter the number of days in the period:
- 11.** The election for a continuing Participant who fails to make an election within the period described in **C.10** shall be determined in accordance with the following:
 Election not to participate Continue same election Continue same election for the Premium Conversion Account
- 12.** When may Participants **modify** elections regarding contributions:
 At any time permitted under IRS regs Pursuant to Plan Administrator procedures
- 13a.** A Participant may elect to continue coverage on a pre-tax or after tax basis for non medical benefits when on leave of absence under the FMLA:
 Yes No
- 13b.** A Participant may elect to continue coverage on a pre-tax or after tax basis pursuant to **C.13a** when on a leave of absence other than a leave of absence under the FMLA:
 Yes Yes - but subject conditions and limitations No
- 13c.** If **C.13b** is "Yes - but subject to conditions and limitations", describe the conditions and/or limitations:

D. PLAN OPERATIONS

Claims

- 1a.** Specify whether the deadline for filing claims is a specified number of days or by a specified date:
 Within specified number of days after end of Plan Year By a specified time
- 1b.** Enter the number of days after the end of the Plan Year or the specified date:
- 2a.** Specify whether the Plan provides for an earlier deadline for claims submission for Terminated Participants:
 Yes No
- 2b.** Specify whether the deadline for filing claims is a specified number of days or by a specified date:
 Within specified number of days after Termination By a specified time
- 2c.** Enter the number of days after Termination or the specified date:
- 3a.** The Plan provides for a 2-1/2 month grace period described in IRS Notice 2005-42 immediately following the end of each Plan Year
 Yes Yes - but limited to certain Accounts No
- 3b.** If **D.3a** is not "No", enter the first day of the first Plan Year for which the grace period will apply:
- 3c.** If **D.3a** is "Yes - but limited to certain Accounts", enter the Accounts that are eligible for the grace period:
- 4.** Indicate whether the Company will provide debit, credit, and/or other stored-value cards for Health Care Reimbursement Accounts and/or Dependent Care Assistance Accounts:
 Yes No

Plan Administration

- 5a.** Designation of Plan Administrator:
 Plan Sponsor Committee appointed by Plan Sponsor Other
- 5b.** If **D.5a** is "Other", Name of Plan Administrator:
- 6a.** Type of indemnification for the Plan Administrator:
 None Standard Custom
- 6b.** If **D.6a** is "Custom", enter indemnification for the Plan Administrator:

Other Provisions

- 7a.** Claims should be submitted to:
 Plan Sponsor Other
- 7b.i.** If **D.7a** is other, indicate name where claims should be sent:
- 7b.ii.** If **D.7a** is other, indicate address where claims should be sent:
- 7b.iii.** If **D.7a** is other, indicate phone where claims should be sent:
- 8a.** Indicate whether the Health Care Reimbursement Account is subject to COBRA:
 Yes No
- 8b.** If **D.8a** is "Yes", the contact person listed in the COBRA Notice is the same person described in **D.7** regarding claims:
 Yes No
- 8c.i.** If **D.8a** is "Yes" and **D.8b** is "No", indicate the contact name listed in the COBRA Notice:
- 8c.ii.** If **D.8a** is "Yes" and **D.8b** is "No", indicate the contact address listed in the COBRA Notice:
- 8c.iii.** If **D.8a** is "Yes" and **D.8b** is "No", indicate the contact phone listed in the COBRA Notice:
- 8d.** If **D.8a** is "Yes", enter the number of days within which a Participant must notify the Plan Administrator of certain qualifying events such as divorce or legal separation or a dependent child's losing coverage:
- 9.** Indicate whether the Health Care Reimbursement Account is subject to HIPAA privacy rules:
 Yes No
- 10.** Indicate whether the Plan is subject to FMLA:
 Yes No

CUSTOM LANGUAGE APPENDICES

Custom Effective Date

- 1.** Enter custom effective date(s) that are to be added to Section E of the Adoption Agreement:

Custom Language

- 2.** Enter custom language that is to be added as an Addendum to the Adoption Agreement.