

Premium Only Plan

Company Data:

Company Information:

1. [Company~~Name~~] Name of adopting employer (Plan Sponsor):
- 2a. [Company~~Address1~~] Plan Sponsor address line 1:
- 2b. [Company~~Address2~~] Plan Sponsor address line 2:
3. [Company~~City~~] Plan Sponsor city:
4. [Company~~State~~] Plan Sponsor state:
5. [Company~~Zip~~] Plan Sponsor zip:
6. [Company~~PhoneAC~~] Plan Sponsor phone AC/Number:
7. [Company~~FaxAC~~] Plan Sponsor fax AC/Number:
8. [Company~~EmployerID~~] Plan Sponsor EIN:
9. [Company~~TaxYear~~] Plan Sponsor fiscal year end:
- 10a. [Entity~~Type~~] Plan Sponsor entity type:
[] C Corporation [] S Corporation [] Non profit [] Partnership [] Limited Liability Company []
Limited Liability Partnership [] Sole Proprietorship [] Union [] Government agency [] Other
- 10b. [Union~~Admin~~] If 10a is "Union", enter name of the representative of the parties who established or
maintain the Plan:
- 10c. [Entity~~TypeOther~~] If 10a is "Other", enter Plan Sponsor entity type:
11. [Entity~~State~~] State of organization of Plan Sponsor:
- 12a. [Company~~AffilServGrp~~] The Plan Sponsor is a member of an affiliated service group:
[] Yes [] No
- 12b. [Company~~AffiliatePartCo~~] If 12a is "Yes", list all members of the group (other than the Plan Sponsor):
- 13a. [Company~~ContGrp~~] The Plan Sponsor is a member of a controlled group:
[] Yes [] No
- 13b. [Company~~ContGrpPartCo~~] If 13a is "Yes", list all members of the group (other than the Plan Sponsor):

Contact Information:

21. [Name] Contact name:
22. [Title] Contact title:
23. [Salutation] Contact salutation:
24. [Contact~~Phone~~] Contact phone:
25. [Contact~~Fax~~] Contact fax:
26. [Contact~~Email~~] Contact email:

Notes:

30. [Notes] Notes

Plan Data:

A. GENERAL INFORMATION

General

1. [PlanNumber] Plan Number:
- 2a. [PlanLine1] First line of Plan name:
- 2b. [PlanLine2] Second line of Plan name:
- 3a. [OrigEffectDate] Original effective date of Plan:
- 3b. [AmendRestate] Is this a restatement of a previously-adopted plan?
[] Yes [] No
- 3c. [EffectiveDate] If A.3b is "Yes", effective date of Plan restatement:
- 4a. [PlanYearEnd] Plan Year End (Month Day):
- 4b. [PlanYearEndShort] The Plan has a short plan year:
[] Yes [] No
- 4c.i. [PlanYearEndShortBegin] If A.4b is Yes", enter the start date of the short Plan Year:
- 4c.ii. [PlanYearEndShortEnd] If A.4b is Yes", enter the end date of the short Plan Year:

Plan Features

- 5a.i. [PremiumConvAcctMedical] Contributions to pay premiums for Employer Group Medical coverage are permitted:
[] Yes [] No
- 5a.ii. [PremiumConvAcctDental] Contributions to pay premiums for Employer Dental coverage are permitted:
[] Yes [] No
- 5a.iii. [PremiumConvAcctVision] Contributions to pay premiums for Employer Vision coverage are permitted:
[] Yes [] No
- 5a.iv. [PremiumConvAcctDisability] Contributions to pay premiums for Employer Disability coverage are permitted:
[] Yes [] No
- 5a.v. [PremiumConvAcctTermLife] Contributions to pay premiums for Employer Group Term Life coverage are permitted:
[] Yes [] No
- 5a.vi. [PremiumConvAcctOther] Contributions to pay premiums for other coverage are permitted:
[] Yes [] No
- 5b. [PremiumConvAcctOtherDesc] If A.5a.v (Other) is selected, describe other types of Insurance Contracts:
6. [HealthCareReimAcctHSA] Contributions to fund an HSA Account are permitted (Section 4.06):
[] Yes [] No

Miscellaneous

10. [SPDDate] Enter date to place on cover of Summary Plan Description:
11. [FileNumber] File Number:
12. [UDF1] User Defined Field #1
13. [UDF2] User Defined Field #2
14. [UDF3] User Defined Field #3
15. [UDF4] User Defined Field #4
16. [UDF5] User Defined Field #5

B. ELIGIBILITY

Exclusions/Modifications

1. **[PremiumConvAutoEligible]** An Employee shall be an Eligible Employee with respect to the Plan if the Employee is eligible to participate in the Insurance Contract(s) described in **A.5**:
☐ Yes ☐ No
- 2a.i. **[ExcludeCBA]** Exclude Employees covered under a collective bargaining agreement from definition of Eligible Employee:
☐ Yes ☐ No
- 2a.ii. **[ExcludeLease]** Exclude leased Employees from definition of Eligible Employee:
☐ Yes ☐ No
- 2a.iii. **[ExcludeNRA]** Exclude nonresident aliens from definition of Eligible Employee:
☐ Yes ☐ No
- 2a.iv. **[ExcludePartTime]** Exclude part-time employees from definition of Eligible Employee:
☐ Yes ☐ No
- 2a.v. **[ExcludeOther]** 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
- 2b. **[ExcludePartTimeText]** If **B.2a.iv** is "Yes", a part-time employee is an employee who works less than the following number of hours per week:
- 2c. **[ExcludeOtherText]** If **B.2a.v** is "Yes", describe other Employees excluded from definition of Eligible Employee:

Other

- 3a. **[EligibleEmployeeOther]** Indicate whether the Plan will make any other revisions to the term "Eligible Employee":
☐ Yes ☐ No
- 3b. **[EligibleEmployeeOtherText]** If **B.3a** is "Yes", describe any further modifications to the term "Eligible Employee":

Immediate Participation

- 4a. **[InitAllEmployees]** Allow immediate participation for all Eligible Employees:
☐ Yes - As of the Effective Date ☐ Yes - As of a specified date ☐ No
- 4b. **[InitAllEmployeesEmployDate]** If **B.4a** is "Yes - As of a specified date", the special participation rule shall apply to all Eligible Employees employed on:

Service Requirements

5. **[PSEntryDatePremiumConv]** An Eligible Employee shall become eligible to become a Participant in the Plan at the same date as he or she becomes eligible to participate in the Insurance Contract(s) described in **A.5**:
☐ Yes ☐ No
6. **[PSEligibleAge]** 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
- 7a. **[PSEligibleService]** 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
- 7b. **[PSEligibleServiceNumber]** If **B.7a** is not "None" enter the number of hours/days/months/years required under **B.7a**:
- 8a. **[PSEntryDate]** 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
- 8b. **[PSEntryDateTime]** If **B.8a** is not "Immediate", selection of entry date:
☐ coincident with or next following ☐ next following
- 9a. **[PSEligibleOther]** Indicate whether the Plan will make any other revisions to the eligibility rules specified

in **B.6 - B.8:**

☐ Yes ☐ No

- 9b.** **[PSEligibleOtherText]** If **B.9a** is "Yes", describe any further modifications to the eligibility rules specified in **B.6 - B.8:**

C. BENEFITS

Premium Conversion

- 1a.i.** **[PremiumConvAutoEnroll]** Provide for automatic enrollment in the Premium Conversion Account under the Plan:
☐ Yes - All Insurance Contracts ☐ Yes - Specified Insurance Contracts ☐ No
- 1a.ii.** **[PremiumConvAutoEnrollContracts]** If **C.1a.i** is "Yes - Specified Insurance Contracts", enter the Contracts:
- 1b.i.** **[ElectionMake]** If **C.1a.i** is not "Yes - All Insurance Contracts", when may continuing Participants **make** elections regarding contributions:
☐ A period ending prior to the beginning of the Plan Year ☐ Pursuant to Plan Administrator procedures
- 1b.ii.** **[ElectionMakePeriod]** If **C.1b.i** is "A period ending prior to the beginning of the Plan Year", enter the number of days in the period:
- 1c.** **[ElectionDefault]** If **C.1a.i** is not "Yes - All Insurance Contracts", the election for a continuing Participant who fails to make an election within the period described in **C.1b** shall be determined in accordance with the following:
☐ Election not to participate ☐ Continue same election
- 2.** **[PremiumConvAutoAmendElection]** If **C.1a.i** is not "Yes - All Insurance Contracts", provide for automatic adjustment for changes in the cost of insurance pursuant to the terms of Treas. Reg. 1.125-4:
☐ Yes ☐ No
- 3.** **[ElectionModify]** When may Participants **modify** elections regarding contributions:
☐ At any time permitted under IRS regs ☐ Pursuant to Plan Administrator procedures

Company Contributions

- 4a.** **[CompanyContrib]** Indicate whether the Company will contribute to the Plan:
☐ Yes - in Company's sole discretion ☐ Yes - pursuant to a fixed method ☐ No
- 4b.** **[CompanyContribMethod]** If **C.4a** is "Yes - pursuant to a fixed method", describe how the contributions are determined:
- 5a.** **[CompanyContribElectCash]** If **C.4a** is not "No", indicate whether the Plan permits Participants to elect cash in lieu of benefits:
☐ No ☐ Yes - with limitation ☐ Yes - without limitation
- 5b.** **[CompanyContribElectCashLimit]** If **C.4a** is not "No" and if **C.5a** is "Yes - with limitation", describe any limitations:

D. PLAN OPERATIONS

Plan Administrator

- 1a.** **[PlanAdmin]** Designation of Plan Administrator:
☐ Plan Sponsor ☐ Committee appointed by Plan Sponsor ☐ Other
- 1b.** **[PlanAdminFormat]** If **D.1a** is "Other", Name of Plan Administrator:
- 2a.** **[IndemnifyAdmin]** Type of indemnification for the Plan Administrator:
☐ None ☐ Standard ☐ Custom
- 2b.** **[IndemnifyCustom]** If **D.2a** is "Custom", enter indemnification for the Plan Administrator:

Other Provisions

- 3a.** **[PlanSubjectCOBRA]** Indicate whether the Plan is subject to COBRA:
☐ Yes ☐ No

- 3b. **[COBRANotifyDate]** If **D.3a** 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:
4. **[PlanSubjectFMLA]** Indicate whether the Plan is subject to FMLA:
[] Yes [] No

. **CUSTOM LANGUAGE APPENDICES**

Custom Effective Date

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

Custom Language

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

F. ADMINISTRATIVE ELECTIONS

General

1. **[ParticipantIDMethod]** Indicate the employee identification method that is used on all forms:
[] Employee ID [] Social Sec Number [] None

Plan Contacts

- 6a. **[COBRAContact]** If the plan is subject to COBRA (**D.3a** is "Yes"), indicate the contact person to be listed in the COBRA Notice:
[] Plan Sponsor [] Other
- 6b. **[COBRASubmitPartyName]** If the plan is subject to COBRA and **J.6a** is "Other", indicate the contact name listed in the COBRA Notice:
- 6c. **[COBRASubmitPartyAddress]** If the plan is subject to COBRA and **J.6a** is "Other", indicate the contact address listed in the COBRA Notice:
- 6d. **[COBRASubmitPartyPhone]** If the plan is subject to COBRA and **J.6a** is "Other", indicate the contact phone listed in the COBRA Notice:

HIPAA privacy rules

7. **[PlanSubjectHIPASPD]** Indicate whether the Summary Plan Description should include HIPAA privacy rules language:
[] Yes [] No

Election Modification Language - SPD

- 8a. **[ElectionModifyHSASPD]** If **A.6** is "Yes" (HSA Accounts are permitted), select whether you wish to provide custom language for the SPD regarding modifications of Health Savings Account Elections:
[] Yes [] No
- 8b. **[ElectionModifyHSASPDText]** If **J.10a** is "Yes", provide the custom language:

Joinder Agreement

- 10.** **[JoinderList]** For purposes of generating a Joinder Agreement, enter the names of all employers who have adopted the plan other the lead plan sponsor separated by a semicolon:

SPD Custom Language

- 100.** **[CustomLanguageSPD]** Enter custom language to appear as an addendum to the Summary Plan Description: