

## Wrap 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:

#### Additional Company Information:

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

#### A. 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:

#### A. Miscellaneous

5. Enter date to place on cover of Summary Plan Description:
11. File Number:
12. User Defined Field #1
13. User Defined Field #2
14. User Defined Field #3
15. User Defined Field #4
16. User Defined Field #5

### B. SUBSIDIARY CONTRACTS

#### B. Subsidiary Contracts

- 1a. Describe the agreements, contracts, plans that are incorporated into the Plan as Subsidiary Contracts:  
 All welfare benefits of the plan sponsor subject to ERISA  Welfare benefit provider(s) specified in an Appendix
- 1b. If **B.1a** is "Welfare benefit provider(s) specified in an Appendix", list the providers with whom there are agreements, contracts, plans that are incorporated into the Plan as Subsidiary Contracts:
- 2a. Indicate whether specific welfare benefits plans of the plan sponsor should not be included as Subsidiary Contracts under the plan:  
 Yes  No
- 2b. If **B.2a** is "Yes", describe the welfare benefits plans of the plan sponsor that should not be included as Subsidiary Contracts under the plan

### C. PLAN OPERATIONS

#### C. Plan Administration

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

**D. CUSTOM LANGUAGE APPENDICES**

**D. Custom Effective Date**

1. Enter custom effective date(s) that are to be added to the Plan:

**D. Custom Language**

2. Enter custom language that is to be added as an Addendum to the Plan.

**E. ADMINISTRATIVE ELECTIONS**

**J. General**

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

**J. Summary Plan Description Information**

5. Indicate whether claims language should appear in the Summary Plan Description:  
 Yes  No
- 6a. Indicate whether the Summary Plan Description should include COBRA language:  
 Yes  No
- 6b.i. If the SPD includes COBRA language (**J.6a** is "Yes"), indicate the contact person to be listed in the COBRA Notice:  
 Plan Sponsor  Other
- 6b.ii. If the SPD includes COBRA language (**J.6a** is "Yes") and **J.6b** is "Other", indicate the contact name listed in the COBRA Notice:
- 6b.iii. If the SPD includes COBRA language (**J.6a** is "Yes") and **J.6b** is "Other", indicate the contact address listed in the COBRA Notice:
- 6b.iv. If the SPD includes COBRA language (**J.6a** is "Yes") and **J.6b** is "Other", indicate the contact phone listed in the COBRA Notice:
- 6c. If the SPD includes COBRA language (**J.6a** 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:
7. Indicate whether the Summary Plan Description should include HIPAA privacy rules language:  
 Yes  No
8. Indicate whether the Summary Plan Description should include FMLA language:  
 Yes  No

**J. HIPAA Portability Requirements**

9. Indicate whether the Summary Plan Description should include HIPAA portability language:  
 Yes  No
10. If the SPD includes HIPAA Portability language, indicate whether the SPD should include language regarding the Newborns' and Mothers' Health Protection Act:  
 Yes  No
11. If the SPD includes HIPAA Portability language, indicate whether the SPD should include language regarding the Women's Health and Cancer Rights Act:  
 Yes  No
12. If the SPD includes HIPAA Portability language, indicate whether the Plan is grandfathered for the

purposes of providing notice regarding grandfathered status and for claims procedures:  
 Yes  No

#### **J. SPD Custom Language Appendices**

- 20a.** If **B.1a** is "All welfare benefits of the plan sponsor subject to ERISA", would you like to list the welfare benefits of the plan sponsor subject to ERISA for purposes of the SPD?  
 Yes - as a stand alone appendix  Yes - incorporated into the SPD  No
- 20b.** If **J.20a** is "Yes - as a stand alone appendix" or "Yes - incorporated into the SPD", list the welfare benefits of the plan sponsor subject to ERISA as you would like them to appear:
- 21a.** Indicate whether the SPD should include an appendix summarizing eligibility for the Subsidiary Contracts:  
 Yes - as a stand alone appendix  Yes - as part of a chart in the appendix  No
- 21b.** If **J.21a** is "Yes - as a stand alone appendix", describe the eligibility requirements:
- 22a.** Indicate whether the SPD should include an appendix summarizing employer contributions for the Subsidiary Contracts:  
 Yes - as a stand alone appendix  Yes - as part of a chart in the appendix  No
- 22b.** If **J.21a** is "Yes - as a stand alone appendix", describe the employer/employee contributions to the Plan:

#### **J. Eligibility/Contributions Chart for SPD Appendix**

- 30a.** Provide the name of the first Subsidiary Contract:
- 30b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the first plan:
- 31a.** Provide the name of the second Subsidiary Contract:
- 31b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the second plan:
- 32a.** Provide the name of the third Subsidiary Contract:
- 32b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the third plan:
- 33a.** Provide the name of the fourth Subsidiary Contract:
- 33b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the fourth plan:
- 34a.** Provide the name of the fifth Subsidiary Contract:
- 34b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the fifth plan:
- 35a.** Provide the name of the sixth Subsidiary Contract:
- 35b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the sixth plan:
- 36a.** Provide the name of the seventh Subsidiary Contract:
- 36b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the seventh plan:
- 37a.** Provide the name of the eighth Subsidiary Contract:
- 37b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility and/or employer/employee contributions to the eighth plan:
- 38a.** Provide the name of the ninth Subsidiary Contract:
- 38b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the ninth plan:
- 39a.** Provide the name of the tenth Subsidiary Contract:
- 39b.** If **J.21a** or **J.22a** is "Yes - as part of a chart in the appendix", describe the eligibility for and/or employer/employee contributions to the tenth plan:

#### **J. Joinder Agreement**

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

**J. SPD Custom Language**

**100.** Enter any custom language to appear as a stand-alone addendum to the Summary Plan Description: