

Wrap 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
- 4ci. [PlanYearEndShortBegin] If A.4b is "Yes", enter the start date of the short Plan Year:
- 4cii. [PlanYearEndShortEnd] If A.4b is "Yes", enter the end date of the short Plan Year:

Miscellaneous

5. [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. SUBSIDIARY CONTRACTS

Subsidiary Contracts

- 1a. [SubsidiaryContracts] 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. [SubsidiaryContractsListed] 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. [ExcludeOther] Indicate whether specific welfare benefits plans of the plan sponsor should not be included as Subsidiary Contracts under the plan:
[] Yes [] No
- 2b. [ExcludeOtherText] 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

Plan Administration

- 5a. [PlanAdmin] Designation of Plan Administrator:
[] Plan Sponsor [] Committee appointed by Plan Sponsor [] Other
- 5b. [PlanAdminFormat] If C.5a is "Other", Name of Plan Administrator:
- 6a. [IndemnifyAdmin] Type of indemnification for the Plan Administrator:

None Standard Custom

6b. **[IndemnifyCustom]** If **C.6a** is "Custom", enter indemnification for the Plan Administrator:

D. CUSTOM LANGUAGE APPENDICES

Custom Effective Date

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

Custom Language

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

E. ADMINISTRATIVE ELECTIONS

General

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

Summary Plan Description Information

- 5.** **[ClaimsSPD]** Indicate whether claims language should appear in the Summary Plan Description:
 Yes No
- 6a.** **[PlanSubjectCOBRASPD]** Indicate whether the Summary Plan Description should include COBRA language:
 Yes No
- 6b.i.** **[COBRAContact]** 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.** **[COBRASubmitPartyName]** 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.** **[COBRASubmitPartyAddress]** 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.** **[COBRASubmitPartyPhone]** 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.** **[COBRANotifyDateSPD]** 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.** **[PlanSubjectHIPASPD]** Indicate whether the Summary Plan Description should include HIPAA privacy rules language:
 Yes No
- 8.** **[PlanSubjectHIPAPortSPD]** Indicate whether the Summary Plan Description should include HIPAA portability language:
 Yes No
- 9.** **[PlanSubjectFMLASPD]** Indicate whether the Summary Plan Description should include FMLA language:
 Yes No

Joinder Agreement

50. **[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: