

# 125 Cafeteria Plan Data Form

## Plan Elections

Legal Plan Name \_\_\_\_\_ Plan Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of Run Out Period:  30 days  60 days  90 days  Other \_\_\_\_\_ mm/dd/yy

Adopting the optional 2½-Month Grace Period?  Yes  No If No,  Other \_\_\_\_\_

Adopting the optional \$500 Carryover?  Yes  No If No,  Other \_\_\_\_\_

Plan Year (date range) \_\_\_\_\_

Short Plan Year?  Yes \_\_\_\_\_  No  
(If Yes, specify date range for short plan year)

## Current Plan

Do you currently have a 125 plan?  Yes  No (If No, please skip to Eligibility Requirements section)

Effective date of original plan \_\_\_\_\_ Is this a mid-year take over?  Yes  No

Do you currently have a 2½-Month Grace Period?  Yes  No

Length of current Run Out Period (in days) \_\_\_\_\_

Who will administer the Grace and Run Out periods? \_\_\_\_\_

Benefits Term after Termination:  End of Month  Date of Termination  Other

## Eligibility Requirements

The following class of employees is eligible:

All  Salaried Employees Only  Hourly Employees Only  Other

NOTE: Tax penalties may be imposed if the Plan contains eligibility requirements that have the effect of favoring highly compensated employees.  
Consult your tax advisor before limiting participation in the Plan.

The following employees are excluded from participation:

No exclusions

Exclusions:

Required working hours per week  Employees under the age of \_\_\_\_\_

Union employees (unless the bargaining agreement provides for coverage)

Non-resident aliens  Other \_\_\_\_\_

NOTE: Section 125 does not specifically provide for election exclusions. Consult your tax advisor before excluding any classification(s) of employees.

The service period employees must complete before being eligible to participate is as follows:

As of date of hire  Days after date of hire \_\_\_\_\_  Months after date of hire \_\_\_\_\_

Not Eligible if Employed less than \_\_\_\_\_ Months  Other \_\_\_\_\_

Once the employees are eligible, they can begin participating in the plan:

Date employee becomes eligible  First day of pay period

First day of month  First day of quarter

## Benefits/Plans

Check the benefits to be offered under this Plan:

- Core Health Benefits 5.1
- Non-Core Supplemental Health Benefits 5.2
- Health Care Premium Reimbursement (HCPR) 5.10
- Limited Purpose FSA – Dental and Vision Only 5.11
- Medical FSA 5.7
- Dependent Care FSA 5.8
- Health Savings Accounts 5.12

## Plan Co-Pays

- Health/Major Medical Plan – Office Visit \$ \_\_\_\_\_
- Health/Major Medical Plan – Specialist Visit \$ \_\_\_\_\_
- Health/Major Medical Plan – Emergency Room/Urgent Care Visit \$ \_\_\_\_\_
- Health/Major Medical Plan – Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Health/Major Medical Plan – Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Prescriptions (Include All Tiers) \$ \_\_\_\_\_ / \$ \_\_\_\_\_ / \$ \_\_\_\_\_
- Prescriptions (Include All Tiers) \$ \_\_\_\_\_ / \$ \_\_\_\_\_ / \$ \_\_\_\_\_
- Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_
- Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

## COBRA Administrator

- N/A
- DataPath Administrative Services
- Employer (Self administered)
- Other (Specify) \_\_\_\_\_

## Contribution Limits

Health FSA\* Minimum \$ \_\_\_\_\_ Maximum \$2,600

Dependent Care Assistance\* Minimum \$ \_\_\_\_\_ Maximum \$5,000

\*Health FSA election cannot exceed \$2,600 annually. Dependent Care election cannot exceed \$5,000 annually or if participant is married and filing separately, \$2,500 annually.

## Deduction And Payment Limitations

Are all the employees paid on the same schedule?  Yes  No Number of deductions per plan year \_\_\_\_\_

The employees are paid as following (enter as many frequencies as are needed)

- Weekly First pay date after plan effective date \_\_\_\_\_
- Biweekly - 24\* First pay date after plan effective date \_\_\_\_\_
- Biweekly - 26 First pay date after plan effective date \_\_\_\_\_
- Semi-Monthly First pay date after plan effective date \_\_\_\_\_
- Monthly First pay date after plan effective date \_\_\_\_\_
- Other \_\_\_\_\_

Deductions are taken:  Each time the employee is paid, or  \_\_\_\_\_

\*List pay period(s) in which deductions are not taken, if any \_\_\_\_\_

## Contributions Posting

- Assumed** (No reports/files submitted for reconciliation)
- Posted Like Assumed, But Then Reconciled** (Posted on time whether or not reports/files received, then reconciled and postings adjusted as needed once we receive reports/files from group)
- Reconciled** (No posting done until contributions reports/files received from group)

## Reimbursement Frequency

Reimbursements for claims will be issued:

- Daily** (Claims are processed and paid on the business day following the business day on which received)
- Weekly** \_\_\_\_\_  **Per Pay Period**  **Monthly**  **Other** \_\_\_\_\_  
(specify day of week)  (specify)

## Reimbursement Methods

- Healthcare debit card
- ACH deposit
- Checks (additional charges may apply)

## Additional Services

Filing of 5500 forms if employer has over 100 participants:  Yes  No

Discrimination Testing (Please fill out additional form):  Yes  No

Discrimination testing is required. If NO is checked, you are agreeing to complete these tests on your own or through another agency. Discrimination testing is performed at the beginning of each Plan Year and thereafter as needed.

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

**DataPath Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

### Internal Use Only

- |  |   |  |   |
|--|---|--|---|
| Add  | <input type="checkbox"/> New                | <input type="checkbox"/> Employer Info key | <input type="checkbox"/> ER Label _____ |
| Banking                                      | <input type="checkbox"/> Arvest (125 & CMS) | <input type="checkbox"/> Other (CMS Only)  |   |
| Use ID Protection for individual Employee ID | <input type="checkbox"/> Yes                | <input type="checkbox"/> No                |   |
| On hold for payment processing               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No                |   |