

Client Data Form

Services Requested

- | | |
|---|---|
| <input type="checkbox"/> Cafeteria Plan POP | <input type="checkbox"/> Health Savings Account (HSA) |
| <input type="checkbox"/> Cafeteria Plan FSA Only | <input type="checkbox"/> COBRA/HIPAA |
| <input type="checkbox"/> Health Reimbursement Account (HRA) | <input type="checkbox"/> 132 Transit and Parking |

Entity Information

Name of Organization _____

Employer Tax ID No. (EIN) _____

Address _____ City _____ State _____ Zip _____

Website Address _____

Affiliated Employers (Name and Tax ID No.) _____

Division _____

Type Of Organization

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sub-chapter "S" Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Professional Association | <input type="checkbox"/> LLC Limited Liability Company | |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Other _____ | | |

NOTE: Only employees can participate in a cafeteria plan. Thus, while partnerships, sole proprietorships and sub-chapter "S" corporations may sponsor cafeteria plans, the following cannot participate: sole proprietors, partners, and greater-than-2% shareholders in sub-chapter "S" corporations.

The Employer/Organization entity is operating pursuant to the laws of the State of _____

Business Activity Code _____ Total Number of Employees _____

Legal Acceptance (Documents Executed By)

Name _____ Title _____

Telephone (_____) _____ Fax (_____) _____ Email _____

Benefit Coordinator (Contact)

Name _____ Title _____

Telephone (_____) _____ Fax (_____) _____ Email _____

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 |

Employer Access Authorization

The following persons are to be granted employer HR status on myRSC.com:

Authorized User Name _____ SSN _____
Job Title/Position _____ Work Phone/Ext _____
Email Address _____

Authorized User Name _____ SSN _____
Job Title/Position _____ Work Phone/Ext _____
Email Address _____

Authorized User Name _____ SSN _____
Job Title/Position _____ Work Phone/Ext _____
Email Address _____

Broker / Agent

Agency _____ Agent Name _____

Employer Signature _____ Date ____/____/____
Print Name _____ mm/dd/yy