

COMPANY INFORMATION

Company Name: _____

Telephone: _____ | Street Address: _____

City: _____ | State: _____ | Zip: _____

Benefits Contact: _____ | Email: _____

Number of Employees: _____ | Email Address to send ePOP Document to: _____

State of Legal Construction: _____ | Federal Tax ID Number: _____

Is this a Church or Government? Church Govt. Legal Entity Type*: _____

*Legally Entity Type: C-Corp, S-Corp, Sole Proprietorship, Partnership, Non-Profit, LLC or Government Entity

Is this an amendment to the original plan? Yes No

• If yes, what is Original Effective date of the plan? _____

• What is the effective date of the amendment? _____

Current Plan Year Start Date: _____ | Current Plan Year End Date: _____

ELIGIBILITY REQUIREMENTS

Waiting Period: _____ | Hours per Week: _____ | Months per Year: _____

Date of Eligibility: First of Month following waiting period. Immediately following the waiting period. Fifteenth of month following waiting period.Are union employees eligible? Yes No Are seasonal employees eligible? Yes No

- If yes, what is the maximum number of consecutive work weeks an employee must work to be classified as seasonal? _____

CORE BENEFITS

Core Benefits being offered on a pre-tax basis (check all that apply):

Health HSA Vision Dental Group Term Life Disability Cancer Accident Bridge/Gap Hospital Confinement Other : _____**OPTIONAL HSA AMENDMENT LANGUAGE**Health Savings Account contribution

HSA Amendment effective date: _____

***Please Note:** This form is provided as a courtesy for your data collection purposes and does not need to be sent back to Ameriflex.

OPTIONAL ENROLLMENT TYPE LANGUAGE

(Check all that apply.)

- Negative/Default Enrollment *(Employees are automatically enrolled in the pre-tax plan when first eligible.)*
- Evergreen/Rolling Enrollment *(Employee elections roll over from year-to-year.)*

AFFILIATES

(Please list all other associated companies covered by this POP Plan.)

Affiliated Employer Name #1: _____

Affiliated Employer Name #2: _____

Affiliated Employer Name #3: _____

Signature

Date

Please go to www.epopdocs.com to create your plan.

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