



# AMERICAN BENEFITS GROUP

## PREMIUM ONLY PLAN (POP) CLIENT INFORMATION FORM

### Company Profile

Name of Plan Sponsor (Company): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Form of Organization: \_\_\_\_\_ Under Laws of (State): \_\_\_\_\_

Employer Fed Tax ID#: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Principal Business Activity: \_\_\_\_\_ Affiliated Employers (if any): \_\_\_\_\_

**Who will be the Administrator of this Plan?** \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**The POP Documents will be created and sent to you once payment has been received and cleared.**

### POP Plan Details

Original Plan Effective Date: \_\_\_\_\_ Effective Date of Amendment: \_\_\_\_\_

Start Date for this Plan Year: \_\_\_\_\_ End Date: \_\_\_\_\_

Participation in the Plan Begins (please check):

- As of date of hire
- From date of hire:  30 days  60 days  90 days  Other \_\_\_\_\_
- First of the month following:  DOH  30 days  60 days  90 days  Other \_\_\_\_\_
- Other (please explain): \_\_\_\_\_

Minimum Hours per Week required for benefit eligibility: \_\_\_\_\_

If the number of Minimum Hours is not indicated, it will by default be 30 hours (per health care reform, the number cannot be higher than 30).

Please check the benefits to be included under your Section 125 Cafeteria Plan:

- Core Health, Dental and/or Vision Plans  Supplemental Health, Dental and/or Vision Plans
- Health Savings Accounts (HSA)  Ancillary Life, and/or Disability Plans
- Other (please list) \_\_\_\_\_

Employer intends this Plan to qualify as a "Simple Cafeteria Plan" for purposes of Code Section 125(j): Yes  No

Employer uses "Top-Paid Group" Election for 401(k) Nondiscrimination Testing purposes: Yes  No

Please return this completed form to:

American Benefits Group  
PO Box 1209  
Northampton, MA 01061-1209

Tel: 800-499-3539  
Fax: 877-723-0147  
email: processing@amben.com

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