



## Nondiscrimination Testing Request Form *(Please Complete all fields)*

Legal Name of Organization: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

Affiliated Employers: \_\_\_\_\_

Broker: \_\_\_\_\_ Broker Contact: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Broker Tel: \_\_\_\_\_

Who will be preparing the data and running the tests:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Who will be paying for the tests (if applicable):

Bill to: \_\_\_\_\_ Email: \_\_\_\_\_

- Organization Type:**  LLC Structured as a Partnership  
 LLC Structured as a C Corporation (where LLC members are considered employees because they are receiving W-2 reportable wages)  
 Government Agency / Church / Non-Profit Organization  
 Corporation       Partnership / Sole Proprietorship       Sub-chapter "S" Corporation

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**Please indicate which Plans you would like to test:**

- Premium Portion of the Cafeteria Plan  
 Premium Portion of your Cafeteria Plan, Health FSA and Dependent Care FSA  
 Dependent Care Only  
 Self-insured Medical, Dental and/or Vision Plans  
 Health Reimbursement Arrangement

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**Plan Year To Be Tested** (MM/DD/YYYY)    Plan Start Date: \_\_\_\_\_    Plan End Date: \_\_\_\_\_

There is no specific "deadline" for conducting nondiscrimination testing. Per regulations, the tests are to be performed "as of the end of the Plan Year". If you would like to run pre-emptive tests before the end of your Plan Year, you may do so at any time.

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**Please indicate if you use the "Top-Paid Group" Election when performing your 401(k) Testing:**     Yes     No

Under a top-paid group election, employees with compensation in excess of the applicable threshold will not be considered to be HCEs unless they are also in the top-paid group (the top 20%) of all employees. Cafeteria plan testing must be performed using the same methodology used when testing your 401(k) Plan.



**Testing Fees:**

**Standard Fee - Per NDX test set run** ..... **\$795**

**For reimbursement accounts (FSA, DCA and/or HRA plans) which ABG administers**

Choose the Non-assisted Model (see details below)

Includes running two tests per year, additional tests will be billed at \$395 each

**Non-Assisted Model . . . Fees Waived** (for running two tests per year)

Choose the Assisted Model (see details below)

Receive a \$300 discount on our standard fee (above) for each test bundle ABG runs

**Assisted Model . . . \$495** for each test bundle

**Non-assisted Model** ABG will set you up with access to the NDX Nondiscrimination Testing Platform.

- You will login and download your testing templates
- Populate the templates using the instructions provided in the Self Service User Guide
- Upload the template in the NDX Nondiscrimination Testing Platform
- Receive results within minute
- If you fail your testing, you will be given recommendations for changing your employees' elections

**Assisted Model** ABG will email you the templates, you are required to complete.

- Populate the templates using the instructions provided in the User Guide provided by ABG
- Email ABG your completed templates
- ABG will review the information provided and suggest any revisions before proceeding with the tests
- ABG will run your tests in 7-10 business days
- If you fail your testing, ABG will recommend changes in your employees' elections

Do the required employee contributions for similarly situated HCI and non-HCI employees within each benefit level differ?

Yes  No

Do the benefits provided for HCIs and non-HCIs differ (i.e. medical expense)?

Yes  No

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**American Benefits Group cannot provide tax or legal advice and is not responsible for any test results or resulting consequences if the data submitted is in any way incomplete or inaccurate.**

**Please return this form to: [NDX@amben.com](mailto:NDX@amben.com)**