



If you need help completing this application call 1-888-755-3373

Section 125 POP or FSA Application w/HSA Module



This is to request that Core Documents prepare a Resolution establishing a Section 125 Premium Only Plan and/or Flexible Spending Account (FSA), Plan Document and Summary Plan Description, Administrative Forms, Administrative Handbook, and Resolution to Adopt the Plan.

Purchaser Information (i.e. Person buying document other than the group who will use it, i.e. Agent, CPA, etc.)

First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____
Ship Document to: [] Purchaser [] Employer

Employer Information for Plan Documents

First Name _____ Last Name _____ (document signer)
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Form of Business: [] S Corporation [] C Corporation [] LLC [] Partnership [] Sole Proprietorship
[] Non-Profit 501(c)(3)

Employer Federal ID#: _____ State of Inc.: _____ Number of Employees: _____

Legal Name(s) of Affiliated Company(ies) that will be covered by the Plan (if any):

1) _____
2) _____
3) _____

Name of Plan Administrator: (Employer unless otherwise listed)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

Name of Benefit Programs To Be Offered:

[] Health Insurance [] Dental Insurance [] Vision Care [] Group Term Life to \$50,000 [] Accident Insurance
[] Cancer Insurance [] Other _____

Effective Date will be:

[] a) a new plan effective date as of (date) _____
[] b) An amendment / restatement of a previously established Section 125 as of (date) _____
If this is to be amended and restated plan, state the effective date of the original plan: _____

Plan Year - The first plan year will be:

[] a) a 12 consecutive month period beginning (date) _____ and ending (date) _____
[] b) a short plan year beginning (date) _____ and ending (date) _____

Eligibility Requirements: All employees who work more than _____ hours per week.

Waiting Period: Employees can participate the first day of the month following _____ days of employment.

Please tell us how you found Core Documents: [] Search Engine [] Radio [] Magazine [] Other _____



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Choose a package:

- Premium Only Plan Document Only** **\$ 99.00 NOW \$89***
- Premium Only Plan Document with HSA Module** **\$179.00 NOW \$159***
- Dependent Care Reimbursement Plan Document Only** **\$149.00 NOW \$134***
The IRS allows up to \$5,000 per year, or other \$ _____
- Health FSA Plan Document Only** **\$149.00 NOW \$134***
Indicate annual maximum limit \$ _____
- Health FSA and Dependent Care FSA Combination Plan Document** **\$298.00 NOW \$269***
Indicate annual maximum Health FSA limit \$ _____
The IRS allows up to \$5,000 per year for Dependent Care Expenses.
- Premium Only Plan and Health FSA Combination Plan Document** **\$248.00 NOW \$223***
Indicate annual maximum Health FSA limit \$ _____
 If the Section 125 POP will include an HSA Module add **\$ 80.00 NOW \$72***
- Premium Only Plan, Health FSA & Dependent Care FSA - Full Plan** **\$349.00 NOW \$314***
Indicate annual maximum Health FSA limit \$ _____
The IRS allows up to \$5,000 per year for Dependent Care Expenses.
 If the Section 125 POP will include an HSA Module add **\$ 80.00 NOW \$72***
- Maintenance Plan: IRS tax updates maintenance via PDF email** **\$ 69.00 – single plan**
- Rush Order (Plus FedEx fee or provide your FedEx # _____)** **\$ 29.00**
- Summary Plan Description & Election Forms on a Disk** **\$ 29.00**
- CoreData Excel Flex Administration Software Email Version** **\$ 49.00 or**
“ “ “ “ **CD Version** **\$ 69.00**

*** Advertised Rates Expire January 31, 2010**

Sub Total
Shipping & Handling
Total To Be Billed

\$ _____
+ 15.00
\$ _____

If paying by credit card, please complete the following information

Card Type: VISA MasterCard Discover American Express

Card Number: _____ Expiration Date: ____/____

Name as it appears on card: _____

Card billing address for verification purposes:

Address: _____

City _____ State _____ Zip _____

X _____ Date: _____

Signature

Please sign and fax completed form to (941)795-4802. If paying by check, fax a copy of your check with this order form. We can process your check with a copy of the original via E-Commerce. FAX: (941)795-4802 www.CoreDocuments.com

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