



Section 125 Premium Only Plan Fax Order Form

This is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field. Once the form is completed, print, sign, and fax it back to Core Documents at (941) 795-4802. If you need help completing this application call 1-888-755-3373.



You may also print a blank form and write in the information. Please print clearly.

Purchaser Information (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.)

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

Employer Information for Plan Documents – Exactly as it should appear in the plan document. Print clearly.

First Name _____ Last Name _____ (owner/controller, document signer)
Company Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Email _____

Form of Business: S Corporation C Corporation LLC Partnership Sole Proprietorship
 Government 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 Code _____
 Phone _____ Fax _____

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) Amend and restate an existing Section 125 POP as of (new date for this updated plan): _____
 If this is an amended and restated plan, state the (old) original effective date: _____

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) _____

Waiting Period: Employees can participate the 1st day of employment, or 1st day following, or 1st day of month following _____ days of employment.

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

Please tell us how you found Core Documents: Search Engine Agent Google Ad Other _____



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Employer: _____ **Premium Only Plan - Fax Order Form**

Choose either the Premium Only Plan 'Deluxe Binder Option' or the 'Basic PDF Option':



- Deluxe Binder – New Core Premium Only Plan Document** **\$149.00**
 In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

OR



- Basic PDF Option - New Core Premium Only Plan Document** **\$99.00**
 PDF Document Processed Quickly and Sent Via E-Mail

Options that can be added to the Premium Only Plan Deluxe Binder or the Basic PDF Option:

- HSA Module - pretax HSA savings for additional 7.65% tax savings** **\$30.00**
 Allows employees to pre-tax Health Savings Account dollars for an additional 7.65% FICA savings (Employer saves matching 7.65% FICA) not available if itemized at year end.
- Plan Document CD Mailed - in addition to PDF email and/or mailed binder** **\$25.00**
 Documents provided in PDF format only. Forms in MS Word format. Always have a safe backup copy of your plan document on CD.
- Rush Order - Your order automatically queued for immediate processing** **\$25.00**
- 2nd Year Update - discounted 25% when added to new document order** **\$59.00**
 This option entitles you to one plan document amendment in the first 24 months. Save 25% off the normal \$79.00 update price.
- Health Flexible Spending Account (FSA) Pretax medical expenses** **\$100.00**
 Save 22% off normal \$129 FSA price when added to the Premium Only Plan. Delivered via email in PDF format unless the binder option is chosen above. . Choose the standard \$2,500 option or designate a lower employee contribution limit here. \$2,500 **OR** Other _____
 Please choose option for unused funds at year end: \$500 Carryover 2.5 Month Grace Period
 Protected Health Information (PHI) Designee Name: _____
- Dependent Care Assistance Plan (FSA) Pretax childcare - Save 22%** **\$100.00**
 Save 22% off normal \$129 DCAP FSA price when added to the Premium Only Plan. DCAP employee contributions set at \$5000 by the IRS. Delivered via email in PDF format unless the binder option is chosen above.

Update and Amend a plan document originally produced by Core Documents:

- Update/Amend a Premium Only Plan Document** **\$79.00**
- Update/Amend a Health FSA Plan Document** **\$99.00**
- Update/Amend a Dependent Care FSA Plan Document** **\$99.00**
- Update/Amend any 2 plan combination Document** **\$129.00**
- Update/Amend a full 3 plan Cafeteria Document** **\$149.00**
 All Updated/Amended documents delivered via email in PDF format.

TOTAL

\$ TOTAL



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Employer: _____ **Premium Only Plan - Fax Order Form**

If paying by check, please complete the following:

Your order can be processed with a copy of the original check attached to the order made out to Core Documents with amount to be charged, **OR** simply provide the following information and authorization.

Name as it appears on check:

Bank Name: _____

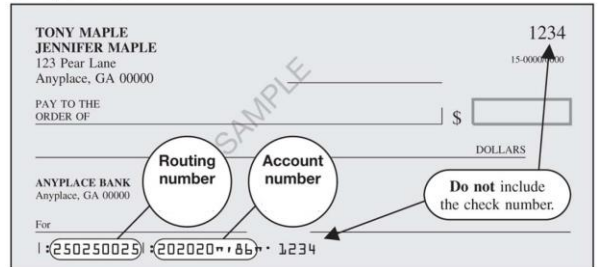
Bank Routing Number: _____

Bank Account Number: _____

Total amount to be charged: \$ _____

X _____
Signature

Sample Check



CAUTION The routing and account numbers may be in different places on your check.

Date: _____



If paying by credit card, please complete the following:

Card Type: Discover VISA MasterCard American Express

Card Number: _____

Expiration Date: ____ / ____

3 Digit Security Code on back: _____
(4 digit on American Express front)

Total amount to be charged: \$ _____

Security Code



Name as it appears on card: _____

X _____
Signature

Date: _____

Refund Policy: Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

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Scan and Email: CoreService@CoreDocuments.com
Toll Free Voice: 888-755-3373 Fax: 941-795-4802