

Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core DCAP document package. It is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field. You may also print a blank form and write in the information. [When the form is complete, go to www.coredcap.com to order your package online.](http://www.coredcap.com)

Purchaser Information (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.; "N/A" in "First Name" if not applicable.)

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 _____

DCAP FSA Annual Plan Limit: The IRS limits DCAP FSA plans to \$5,000 in employee contributions. Choose the standard \$5,000 option or designate a lower employee contribution limit here. ☐ \$5,000 **OR** ☐ Other _____

Effective Date will be:

- ☐ a) a new plan effective date as of (date) _____
☐ b) Amend and restate an existing Health FSA plan 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 _____

Employer: _____

Choose either the Core DCAP FSA 'Deluxe Binder Option' or the 'Basic PDF Option':



- ☐ **Deluxe Binder – New Core DCAP FSA Plan Document** **\$199.00** ☐
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 DCAP FSA Plan Document** **\$149.00** ☐
PDF Document Processed Quickly and Sent Via E-Mail

Options that can be added to the DCAP FSA Deluxe Binder or the Basic PDF Option:

- ☐ **Plan Document USB Drive - 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 a USB drive.
- ☐ **Rush Order - Your order automatically queued for immediate processing** **\$25.00** ☐
- ☐ **2nd Year Update - discounted 25% when added to new document order** **\$100.00** ☐
This option entitles you to one plan document amendment in the first 24 months. Save 22% off the normal \$129.00 update price.
- ☐ **Premium Only Plan – pre-tax insurance premium - Save 33%** **\$100.00** ☐
Eliminate income tax on group premium. Employee saves up to 35% average, and the Employer saves matching FICA at 7.65%+. This benefit pays dividends.
Name of Benefit Programs To Be Offered:
☐ Health Insurance ☐ Dental Insurance ☐ Vision Care ☐ Group Term Life to \$50,000
☐ Accident Insurance ☐ Cancer Insurance ☐ Other _____
- ☐ **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.
- ☐ **Health FSA to pretax medical expenses - Save 33%** **\$100.00** ☐
Save 33% off normal \$149 Health FSA price when added to the DCAP FSA. Health FSA employee contributions set at \$3,300 by the IRS. Choose \$3,300 or Other amount \$ _____.
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** **\$129.00** ☐
- ☐ **Update/Amend a Health FSA Plan Document** **\$129.00** ☐
- ☐ **Update/Amend a Dependent Care FSA Plan Document** **\$129.00** ☐
- ☐ **Update/Amend any 2 plan combination Document** **\$259.00** ☐
- ☐ **Update/Amend a full 3 plan Cafeteria Document** **\$299.00** ☐

All Updated/Amended documents delivered via email in PDF format.

TOTAL

\$ TOTAL



Invoice me via email, please complete the following:

Company Name: _____ Contact: _____

Email Address for Invoice: _____

If paying by check, please complete the following:

Your order can be processed with the following checking account information and authorization.

Name as it appears on the check:

Bank Name: _____

Bank Routing Number: _____

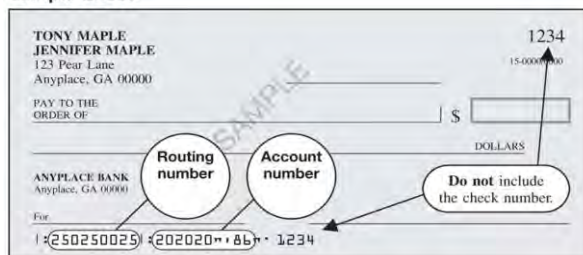
Bank Account Number: _____

Total amount to be charged: \$ _____

X _____
Signature

Date: _____

Sample Check



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



If paying by credit card, please complete the following:

Card Number: _____

Expiration Date: ____ / ____

Total amount to be charged: \$ _____

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.

Mail: Core Documents, Inc. P.O. Box 14538, Bradenton, FL 34280

Scan and Email: CoreService@CoreDocuments.com

Toll Free Voice: 888-755-3373 Fax: 941-795-4802