Core 105 | HRA for One Employee or Spouse

If you have questions while completing this worksheet, please call us at 1-888-755-3373.

Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core 105 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.

When the form is complete, go to www.core105.com to order online.

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 _____ Mobile _____ Fax _____

Email _____ Web site _____

Ship Plan Document package to: ☐ Purchaser ☐ Employer

Employer Information for Plan Documents

(Owner/controller, document signer; exactly as it should appear in the plan document.)

First Name _____ Last Name _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Mobile _____ Fax _____

Email _____ Web site _____

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

Employer Fed. ID # _____ State of Incorporation _____ No. of Employees _____

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

1) _____

2) _____

3) _____

Plan Administrator

☐ Employer (use 'employer' information, above) ☐ Other (provide information below)

First Name _____ Last Name _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____\\

Protected Health Information (PHI) Designee: _____

Effective Date

☐ A new plan with an effective date of _____.

☐ Amend and restate an existing Section 125 POP as of _____.

If this is an amended and restated plan, state the (old) original effective date: _____.

Plan Year The first plan year will be:

☐ A 12-month consecutive period beginning date _____ and ending date _____.

☐ 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:_____

A Core Benefit Consultant will contact you regarding your custom plan design requests, issues, and design criteria. Please answer all of the following basic design questions that apply to the HRA benefit that you would like to provide.

Comprehensive Plan Questions:

Will your HRA plan have an annual benefit limit? q Yes **OR** q No If yes designate the annual limit: $_____
Will your HRA make the funds available: q Monthly **OR** q Lump Sum
Will your HRA Plan reimburse individual or Exchange insurance premium post-tax? q Yes **OR** q No
Will your HRA carry over unused funds at the end of the plan year? q Yes **OR** q No

Notes

Core 105 1-Person HRA Plan Document Package Options

Choose either the 'Deluxe Binder Option' or the 'Basic PDF Option':

◉ **Deluxe Binder – New Core 105 1-Person HRA Plan Document Package** **$249.00**
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 105 1-Person HRA Plan Document Package** **$199.00**
PDF Document Processed Quickly and Sent Via E-Mail

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

☐ **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 23% when added to new document order** **$149.00**
This option entitles you to one plan document amendment in the first 24 months. Save 25% off the normal $199.00 update price.

Update and Amend a 1-Person HRA plan document originally produced by Core Documents:

☐ **Update/Amend Health Reimbursement Arrangement HRA Plan Document** **$199.00**
All Updated/Amended documents delivered via email in PDF format.

TOTAL **$ 249.00**

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Employer:_____

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:

_____

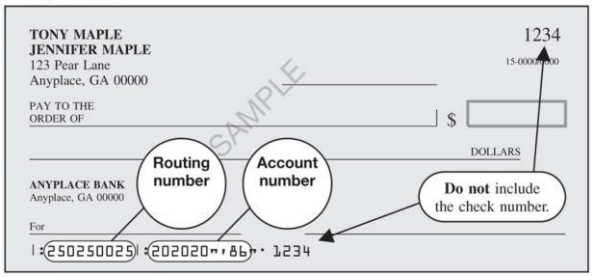
Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Total amount to be charged: $_____

Sample Check



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

X_____ Date: _____
Signature

If paying by credit card, please complete the following:

Card Type: r Discover r VISA r MasterCard r American Express

Card Number: _____ _____ _____ _____

Expiration Date: ____ /____

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

Security Code

Total amount to be charged: $_____

Name as it appears on card: _____

X_____ Date: _____
Signature

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