

Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core Covid-19 plan amendment 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.CoreCovid19.com to order online.](http://www.CoreCovid19.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 _____ 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 _____

COVID 19 Plan Amendment

COVID 19 plan amendment effective date: _____, 2020 2021

COVID 19 mid-year election change limit: _____ 1 per year, or other: _____

Require mid-year elections to Group Health Insurance must improve or increase coverage? Yes No

Require mid-year elections to Group Supplemental Insurance must improve or increase coverage? Yes No

Require mid-year elections to FSAs must be no less than amounts already paid by employer? Yes No

Provide Extended Claims Period option for FSAs to reimburse expenses incurred through December 31, 2021, to (select all that apply): _____ Health FSA _____ DCAP FSA _____ Limited purpose health FSA _____ N/A

FSA Carryover Options for 2021: \$550 unused funds OR 2.5 extra months 100% Carryover

FSA unused balance after termination can be spent down until: End of Plan Year OR 12 Months

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

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Employer: _____

Do you want your Core 125 package in the Deluxe Binder version or the Basic PDF Option?



Deluxe Binder – New Core COVID-19 Plan Amendment **\$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 COVID-19 Plan Amendment **\$99.00**
PDF Document Processed Quickly and Sent Via E-Mail



Add any additional information for plan amendment preparation here:

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, Inc., with amount to be charged, **OR** simply provide the following information and authorization.

Name as it appears on check:

Bank Name: _____

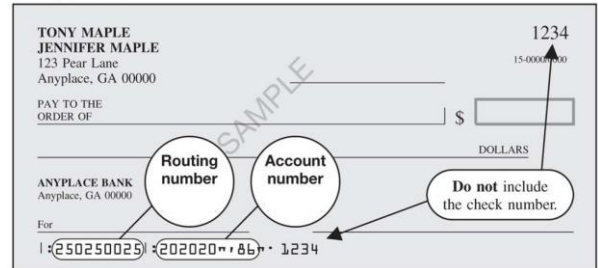
Bank Routing Number: _____

Bank Account Number: _____

Total amount to be charged: \$ _____

X _____
Signature

Sample Check



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: \$ _____

Name as it appears on card: _____

X _____
Signature

Security Code



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