

## Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Flex 132 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.

**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 \_\_\_\_\_

**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 132(f) 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  1<sup>st</sup> day of employment, or  1<sup>st</sup> day following, or  1<sup>st</sup> day of month following \_\_\_\_\_ days of employment.

**Eligibility Requirements:** All employees who work \_\_\_\_\_ or more hours per week.

**Please tell us how you found us:**

Search Engine  Agent  Google Ad  Other \_\_\_\_\_

# Flex 132

Commuter Transit  
& Parking Plan

Employer: \_\_\_\_\_

Do you want your Flex 132 package in the Deluxe Binder version or the Basic PDF Option?



**Deluxe Binder – New Flex Premium Only Plan Document** \_\_\_\_\_   
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 Flex Premium Only Plan Document** \_\_\_\_\_   
PDF Document Processed Quickly and Sent Via E-Mail

Optional modules and services (can be added to either of the above options):

**Plan Document CD Mailed - in addition to PDF email and/or mailed binder** \_\_\_\_\_   
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** \_\_\_\_\_

**2nd Year Update - discounted 25% when added to new document order** \_\_\_\_\_   
Save 25% off the normal update price.  
This option entitles you to one plan document amendment in the first 24 months.

Update and Amend a plan document originally produced by us:

**Update/Amend a Section 132(f) Plan Document** \_\_\_\_\_

**TOTAL** \_\_\_\_\_ \$ **TOTAL**



# Flex 132

Commuter Transit  
& Parking Plan

Employer: \_\_\_\_\_

## If paying by check, please complete the following:

Name as it appears on check:

\_\_\_\_\_

Bank Name: \_\_\_\_\_

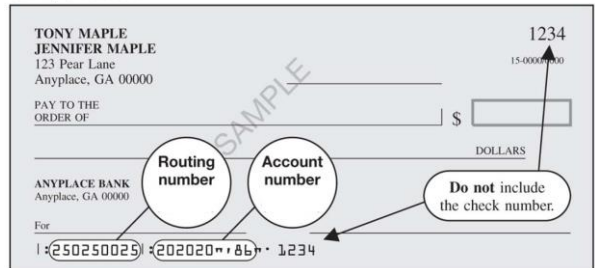
Bank Routing Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

### Security Code



**Refund Policy:** Purchaser understands that goods and services provided by are non-refundable. Orders canceled 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.