



Section 125 Premium Only Plan Administrative Services Agreement
A. Client Information

Date:	Assoc #	Client #(s)
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Client Legal Name _____ Trade Name (DBA) _____

() () _____ Mailing Address for Plan Information, City, State, Zip Code _____
 Telephone Number _____ Fax Number _____ E-Mail _____
 Contact Name For Plan Data _____

B. Federal Reporting Information

Please Check Entity Type ↓

<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Non Profit Corporation	Fed Id #						
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP)		SIC Code:						
<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Sole Proprietor								

C. Plan Information

Original Effective Date of Plan → / /

↑ If you already have an existing plan, this date is the original start date of the first plan year.

Beginning Date of This Plan Year → / / Ending Date of This Plan Year → / /

3 Digit Plan Code →

↑ For annual reporting purposes, you must assign sequential numbers starting with 501 for each welfare and fringe benefit plan established such as medical, dental, and cafeteria; we use 501 if unknown.

Days of Employment for Employees to Become Eligible → 30 Days 60 Days 90 Days

Minimum Weekly Hours Worked for Employees to be Eligible → 20 Hours 30 Hours 40 Hours

(1) Group Insurance Company Name _____ Type of Insurance _____ Policy # _____

(2) Group Insurance Company Name _____ Type of Insurance _____ Policy # _____

(3) Group Insurance Company Name _____ Type of Insurance _____ Policy # _____

Annual Fee \$ → Check Attached Bill With Payroll

D. Agreement

This agreement made this _____ day of _____, 20____, by and between Advantage Business Services Holdings Inc. (hereinafter "ABSHI") and the undersigned employer (hereinafter "Participating Employer"), is amendment to the Payroll and Tax Processing Agreement signed by the parties dated _____. Additional services provided for in this agreement are subject to the terms and conditions of the Payroll and Tax Processing Agreement.

E. Terms and Conditions

All of the terms and conditions on the reverse side of this agreement, including the Whereas clauses, are part of the agreement and are incorporated herein by reference. This agreement shall not become effective unless signed by an authorized representative of ABSHI and Participating Employer.

In Witness Whereof, the parties hereby execute this Agreement as of the day and year first above written in Section D above.

 Authorized (Participating Employer Signature) _____ Print Name _____

 Witnessed By (Advantage Signature) _____ Print Name _____

Please forward completed Administrative Services Agreement to the ABSHI office. A Premium Only Cafeteria Plan Discrimination Questionnaire will be prepared by ABSHI and mailed to the Participating Employer to complete, along with the Plan Document, Summary Plan Description, and Cover Letter.

Check here to have the sample Plan documentation delivered by the Sales Representative