



Oca

Office of
Compliant
Administration

NEW GROUP APPLICATION



Employer New Group Application

Client Information		
Name:		
DBA (if applicable):		
Company address:		
City:	State:	ZIP Code:
Federal Tax ID:	Date Incorporated:	Organization is operating pursuant to the state laws of:
Total # of Employees (for handout material purposes): <input type="checkbox"/> # of English: _____ <input type="checkbox"/> # of Spanish: _____		
Organization Type		
<input type="checkbox"/> C-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit	<input type="checkbox"/> Sub-Chapter "S" Corporation <input type="checkbox"/> Professional Association <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC - Limited Liability Company <input type="checkbox"/> Other: _____	
Plan Administrator(s)		
The "Signatory Contact" should be the individual authorized to sign/execute the legal plan documents at the organization. All individual(s) listed below will be provided with Employer Administrative Access, EFT Notifications, Check Register Notifications, COBRA Event Notifications, and any other communications.		
Primary Contact:	Title/Position:	
Primary Email Address:	Primary Phone #:	Ext:
Signatory Contact:	Title/Position:	
Signatory Email Address:	Signatory Phone #:	Ext:
Broker Contact Information		
Broker Name:	Broker Firm:	
Broker Email Address:	Primary Phone #:	Ext:
Requesting commission to be collected and remitted to broker: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, additional paperwork will be required from the broker)	General Agency Name:	
<input type="checkbox"/> By checking this box, I, the client, am providing authorization to the above named-broker to be granted access to our company's data located on the MyRSC web portal. This includes temporary reactivation/extension of mySource transactions.	<input type="checkbox"/> By checking this box, I, the client would like to authorize the above-named broker to provide employee additions, changes and terminations directly to OCA within 30 days of the event.	



Section 125 Premium Only Plan

Plan Effective Date: _____
(MM/DD/YEAR)

Plan Name: Section 125 Cafeteria Plan

Plan No: 501 (Unless otherwise specified, this will be the number referenced throughout the Plan Documents.)

Alternate Plan No (if applicable): _____

Plan Duration: Calendar Year Plan Year – Runs _____/_____/_____
(MM/DD) (MM/DD)

Benefit(s) Selected Under Section 125 Plan

- | | |
|---|---|
| <input type="checkbox"/> Core Health Benefits (Health Plan) | <input type="checkbox"/> Medical and Dental Expense FSA |
| <input type="checkbox"/> Non-Core Supplemental Health Benefits (Vision) | <input type="checkbox"/> Dependent Care FSA |
| <input type="checkbox"/> Group Term Life Benefits | <input type="checkbox"/> Stacked FSA |
| <input type="checkbox"/> Non-Core Supplemental Health Benefits (Dental) | <input type="checkbox"/> Limited Purpose FSA |
| <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> Health Savings Accounts (HSA) |
| <input type="checkbox"/> Short Term Disability | |

Controlled Group Information

Are there any corporations that could be considered as having a parent or subsidiary relationship to your company? Yes No

A parent/subsidiary group exists when your employer's stockholders own 80% or more of another corporation or another corporation's stockholders own 80% or more of your employer.

Are there any corporations that could be considered as having a brother or sister relationship to your company? Yes No

A brother/sister controlled group is where five or less shareholders (1) own at least 80% of the combined corporations and (2) own more than 50% of the group of corporations (with identical ownership interest). In other words, when or less of your company's stockholders own the majority of your company and similarly other companies. "Shareholder" applied to any company whether it is a percentage of stock or percentage of profit.

Controlled Group Information (Continued)

Does your organization have any of the arrangements mentioned below? If yes, please place a check next to the arrangement(s) and clearly provide, on a separate sheet of paper, the specific details of the arrangement(s). The specific details of the arrangement(s) are required so they can be incorporated into your Plan Documents and Premium Conversion Election Agreement.

- Opt-Out: This arrangement exists if the employer provides an additional cash compensation in lieu of selecting a benefit that is offered through the employer's Section 125 Cafeteria Plan (i.e. Health and Dental coverage).
- Opt-Up: This arrangement exists if the employer provides an additional cash compensation when an employee is eligible for a lower tier of coverage or benefit plan but selects a higher tier of coverage or benefit plan that is being offered through the employer's Section 125 Cafeteria Plan (i.e. Health and Dental coverage).
- Opt-Down: This arrangement exists if the employer provides an additional cash compensation when an employee is eligible for a higher tier of coverage or benefit plan but selects a lower tier of coverage or benefit plan that is being offered through the employer's Section 125 Cafeteria Plan (i.e. Health and Dental coverage).



Eligibility Requirements

The following class of employees is eligible to participate:

- All Salaried Employee Only Hourly Employees Only Other: _____

Tax penalties may be imposed if the Plan contains eligibility requirements that have the effect of favoring highly compensated employees. Consult your tax advisor before limiting participation in the Plan.

The following employees are excluded from participation (check all applicable):

- Part-time Employees normally expected to work less than _____ hours a week
- Employees under the age of _____
- Union Employees (unless the bargaining agreement provides for coverage)
- Non-resident aliens
- No Exclusions
- Other: _____

Section 125 does not specifically provide for election exclusions. Consult your tax advisor before excluding any classification(s) of employees.

The service period employees must complete before being eligible to participate is as follows:

For ALL plan years:

- Date of Hire
- Number of days after the Date of Hire: _____
- Number of months after the Date of Hire: _____
- Other: _____

Once the employees are eligible, they can begin participating in the plan:

- Date requirements are met
- First day of pay period following the date the employee becomes eligible
- First day of month following the date the employee becomes eligible
- First day of quarter following the date the employee becomes eligible
- First day of Plan Year following the date the employee become eligible
- Other: _____

Is there any classification of employees participating in the Section 125 Cafeteria Plan that will not have the same service period and eligibility requirements mentioned above (i.e. salaried, hourly, union and non-union)?

- Yes *(It is very likely that a separate Section 125 Cafeteria Plan will need to be adopted if this situation exists.)*

Please provide the class(es) of employees here: _____

- No



Deduction And Payment Limitations

Are all employees paid on the same schedule? Yes No

The employees are paid as follows (check all applicable):

- Weekly (52 pre-tax contributions)
- Bi-Weekly (26 pre-tax contributions)
- Semi-Monthly (24 pre-tax contributions)
- Monthly (12 pre-tax contributions)
- Other: _____

Remember, it is the Employer's responsibility to notify their payroll department or vendor regarding the implementation of a Section 125 Cafeteria Plan prior to the plan's effective date. The payroll department or vendor will accommodate the newly created pre-tax deductions.

The deductions are taken:

- Each time the employee is paid
- Other: _____

Notes/Additional Comments

Employer- Important Information/Signature

Only "employees" can participate in a Cafeteria Plan on a tax-favored basis. Thus, while partnerships, sole proprietorships, and Sub-Chapter "S" Corporations may sponsor Cafeteria Plans, the following **cannot** participate on a tax-favored basis: sole proprietors, partners, and greater than 2% shareholders in Sub-Chapter "S" Corporations, as well as direct family members (spouses, siblings, parents, and children) of the greater than 2% owner. When the employer agrees to reimburse up to a specified amount of medical expenses incurred during a plan year for non-eligible participants, the compensation that the employer is providing under the Code to the "employee" is the value of medical coverage. The value of coverage is the fair market value of the coverage without regard to whether the employee utilizes the coverage in full. With rare exceptions, non-eligible participants are better suited to enroll in alternative coverage or establish an HSA account, if eligible. Please consult with your CPA for confirmation or further guidance as OCA does not render tax or legal advice. Regardless of the line of service, each Employer is given a customized documentation package that OCA will provide during the implementation process. Remember, it is the Employer's responsibility to notify their payroll administrator regarding the implementation of their Section 125 Cafeteria Plan prior to the plan effective date. The payroll administrator will have no issue in accommodating the newly created pre-tax deductions. Also, O.C.A. Benefit Services would like to remind our clients that it is solely the Employer's responsibility to distribute the Summary Plan Description to ALL its participants (whether via a hard copy, email or intranet).

Employer Signature: _____
Signature of a company officer only

Print Name: _____

Title: _____

Date: _____