

ADMIN AMERICA®

SIMPLIFIED PREMIUM ONLY PLAN ("P.O.P.") APPLICATION

Client Information

Employer's Legal Name: _____

d/b/a (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

Employer Entity Type: Corporation S-Corporation
 Partnership LLC Other: _____

Contact Person

Name: _____

Telephone: () _____

E-mail address:

FEIN (Tax ID Number): _____

Conditions of Eligibility

Individuals Will Be Eligible To Participate In The Plan As Of...

(choose one)

- 1. their date of employment (no waiting period)
- 2. _____ days after their date of employment

Eligible Individuals Will Begin Participation In The Plan (Their Entry Date) As Of... (choose one)

- 1. their date of eligibility
- 2. the first day of the pay period coinciding with or following their date of eligibility
- 3. the first day of the month coinciding with or following their date of eligibility
- 4. the first day of the Plan Year coinciding with or following their date of eligibility

New Plan or **Plan Amendment**

Effective Date: _____
(must be after the date application is submitted to Admin America)

Premium Payment Accounts:

- 1. Health Insurance
- 2. Dental Insurance
- 3. Critical Illness
- 4. Cancer/Dread Disease Ins.
- 5. Vision Insurance
- 6. Other _____

Plan Number: 501 502 503 504 505
(circle one)

Other: _____ (please specify)

First Plan Year:
From _____ to _____

Subsequent Plan Years
(must be 12 months):
From _____ to _____

Signature of Authorizing Executive: X _____ **Date:** _____

Printed Name of Authorizing Executive: _____ **Title:** _____

AGENT INFORMATION:

Plans will be mailed to the agent for review and delivery to the client unless otherwise indicated - mail directly to the client

Name: _____

Company/Agency: _____

Address: _____

Telephone: () _____ **Social Security Number/EIN:** _____

Instructions for Completing the Simplified POP Application

1. Employer Name: Complete **legal name** of the employer sponsoring the Plan.
2. Mailing/Physical Address: Provide both the mailing address and physical address, if different.
3. Contact Person(s): Fill in the name of the company executive authorizing Admin America to prepare the POP for the company and the name of the person who will conduct the daily operations of the Plan. Unless otherwise requested, the authorizing executive will be named as the Legal Administrator of the Plan.
4. Plan Name: Write the desired of the Plan. Most often this is just the employer's corporate name or trade name followed by "Flexible Benefits Plan".
5. Employer Entity: Put an "X" in the box that describes the type of company. If "Other", please describe the entity type.
6. Employer Tax ID Number: Provide the Federal Tax ID Number of the employer sponsor of the Plan.
7. Conditions of Eligibility
8. Entry Date: Indicate when payroll deductions should begin once an employee becomes eligible to participate.
9. Telephone: Write in the Plan Administrator's telephone number.
10. Mark either the box for New Plan or Amendment. If this is an Amendment, please enclose a copy of the POP's previous Plan Document(s).
11. Effective Date: Fill in the date you wish the Plan to become effective. The date should either be the first day of the month or coincide with the first payroll date for pretax deductions. It is not necessary for the date to be the beginning of the year since initial short years are allowed.
12. First Plan Year: If the effective date is a date other than the beginning of the preferred Plan Year, write in the period (less than 12 months) beginning with the effective date and ending on the date chosen to be the last day of the Plan Year. Often, a short Plan Year period is used to set future Plan Years to coincide with whatever Plan Year you wish to follow.
13. Subsequent Plan Year: The first day of the Plan Year is usually chosen to coincide with a calendar or fiscal year or with an insurance renewal date. The Subsequent Plan Year must be a full twelve (12) month period. Only include the month and day.
14. Plan Number: This is the three digit number beginning with "5" which will identify the Plan for the IRS. Do not repeat any number used for any other welfare benefit Plan sponsored by the employer.
15. Premium Payment Accounts: Mark an "X" beside each line of coverage you want to have included in the P.O.P. Consider insurance you have now and ones you may want to add in the future.

After completing the Application, the company Executive authorizing preparation of the POP should sign their name and print their title and the date. Finally, if there is an insurance Agent responsible for referring your company to Admin America, have him/her complete the "Agent Information" section at the bottom of the page.

Complete the application and mail with your check for \$500 made payable to Admin America to P.O. Box 1810, Roswell, GA 30077. If you would like to pay via credit card, please contact Georgia Andros of Admin America at 678-578-4630.