

BISI
BUSINESS INSURANCE SOLUTIONS, INC.
Request for Section 125 Plan Documents

This is to request Core Documents prepare a Corporate Resolution establishing a Section 125 Premium Only Plan and/or Flexible Spending Account (FSA), Plan Document, Summary Plan Description, Administrative Forms, Administrative Handbook, and Resolution to Adopt the Plan are to be returned to me within approximately two weeks, I further understand that the preparation fee includes follow-up contact, initiated by me, to explore any related questions.

Name: _____ Phone: _____
Company Name: _____
Additional Affiliated Companies to be included: _____
Address: _____
City: _____ State: _____ Zip: _____
Form of Business: S Corporation C Corporation LLC Partnership Sole Proprietor 501(c)(3)
Employer Federal ID# _____ State of Inc: _____ # of Employees _____

Premium Only Plan Documents Only (\$299.00).

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) An amended/restatement of a previously established Section 125 as of (date) _____
If this is an amended and restatement, state the effective date of the original plan: _____

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) _____

Eligibility Requirements: All employees that work more than _____ hours per week.

Waiting Period: Employees can participate the first day of the month following _____ days of employment.

Prepare Medical Reimbursement Account Plan Documents:
We suggest a \$2,000 limit per year. Do you want to limit that amount? If yes, indicate maximum \$ _____
 Prepare Dependent Child Care Documents:
The IRS allows up to \$5,000 per year. Do you want to limit that amount? If yes, indicate maximum \$ _____

Designate the Name, Address & Phone Number of Medical and Dependent Care Claims Administrator:

Choose a package:

<input type="checkbox"/> Premium Only Plan Document Only	\$299.00
<input type="checkbox"/> Dependent Care Reimbursement Plan Document Only	\$299.00
<input type="checkbox"/> Medical Expense Reimbursement Plan Document Only	\$299.00
<input type="checkbox"/> Medical Expense Reimbursement and Dependent Care Reimbursement	\$499.00
<input type="checkbox"/> Premium Conversion Plan and Medical Reimbursement Account	\$499.00
<input type="checkbox"/> Premium Conversion Plan, Medical Reimbursement Account & Dependent Child Care	\$599.00
<input type="checkbox"/> Annual Maintenance Plan: Document Maintenance	\$100.00
<input type="checkbox"/> Diskette with Summary Plan Description and Election Forms	\$ 40.00

This plan is requested as listed above. Please make check payable to "Business Insurance Solutions, Inc. or BISI."

X _____ Date: _____
Authorized Signature

Please sign and mail the completed form to 13501 Wagon Way, Silver Spring, MD 20906. We must receive Check before documents can be processed.