



PAYPRO ADMINISTRATORS

FLEX PLAN Non-Discrimination Worksheet

In order to comply with the IRS Regulations governing Cafeteria Plan (125 Flex Plans) we require specific information so that we can perform the non-discrimination for your Plan. There are Five Tests that must be performed: Eligibility Test; Contributions and Benefits Test; Key Employee Concentration Test; the 55% Average Benefits Test; and more then 5% Owner Concentration Test.

Please complete the requested information and fax back to 951-656-9276. (You may also download this fill-in form to your computer, complete and then email the form back to Flex@pagroup.us

Company Name

Name of person completing this form

Address

City

State

Zip

What type of entity is your company?

C-Corp

S-Corp

Partnership

LLC

LLP

Non-Profit

Sole Proprietor

Important: 2% shareholders in an S-Corp, Sole Proprietors, Members of an LLC and or LLP (depending on taxation), and Partners in a Partnership are not eligible to participate in this plan.

Please provide the following information: (If not applicable simply write in N/A)

Total number of employees.

Total number of eligible employees.

Total number of eligible employees that elected health, dental and vision insurance premiums.

Total Monthly amount of all health, dental and vision insurance premiums.

Annual Employee Compensation.

Complete this section if you have employees with Health Savings Accounts (HSA)

Total Monthly HSA (Health Savings Account) Contributions?

