

Admin America Form 5500 Preparation Service – Data Gathering Form

Has the Plan Sponsor Filed a Form 5558 Request for an Extension of Time to File Yes (please provide a copy of the form) No
Plan Sponsor Information:
Full Legal Name:
Mailing Address:
City, State, Zip Code
Contact Information For The Individual Who Will Sign Form 5500 as Plan Administrator:
Name:
Title:
Telephone Number:
Direct e-mail address:
Plan Information:
Name of Welfare Plan (i.e. ABC Company's Welfare Benefits Plan)
Federal EIN:
Business Code (six digits): (A list of the current business codes can be accessed online at http://www.dol.gov/ebsa/pdf/2010-5500inst.pdf on pages 59-61 of the linked document)
Plan Type (select one):
☐ Single Employer Plan ☐ Multi-Employer Plan ☐ Multiple-Employer Plan (Union) ☐ Direct Filing Entity (rare)
If The Plan Is a Collectively - Bargained Plan Check Here
Does the Plan Have a Wrap Document? ☐ Yes ☐ No
Effective Date of Plan*: * (Original start date of Employer Sponsored Plan)
Plan Number*: _5_ (three digits) * (from ERISA Summary Plan Description/Wrap Document or designated by Plan Sponsor for non-ERISA plans)
Broker Information:
Broker Name:
Broker e-mail address:
Billing Information:
Billing Contact:
Billing Contact's Email:

PLAN INFORMATION:

(IF MULTIPLE YEAR FILINGS, PLEASE COMPLETE ONE SECTION FOR EACH PLAN YEAR)

Plan	Year: throu	ugh		
Plan Participant ¹ Count ² (Participant counts do not include spouses and dependents) (Participant counts should reflect the welfare benefit with the highest number of enrolled employees (i.e. 100% employer paid life benefit).				
As of the END of the PREVIOUS Plan Y	ear: Total Participants			
As of the BEGINNING of the Plan Year:	Total Participants	Total Participants		
As of the END of the Plan Year:	Total Active Particip	pants		
	Retired or Separate	d Participants		
Benefit Types Included In Plan (select all that apply): Health (other than dental or vision) HMO contract PPO contract Indemnity contract Dental Vision Life Insurance Temporary Disability Long-Term Disability Supplemental unemployment Prescription Drug (stand-alone) Stop loss (large deductible plans) other (specify)				
Are all benefits provided through insurance contracts? Yes No. If No, please indicate which benefits and what the funding mechanism is for those benefits (i.e. Fully Self-Funded; Partially Self-Funded):				
If Benefits Funded through a Trust, Please Indicate V	/hich Benefits:			
Number of Schedule A Reports from Carriers Submit	ted Along with This Form To Adm	in America:		
Number of Schedule C Reports From Administrators	Along With This Form to Admin A	America:		
Number of Other Schedules (if applicable) Along With	h This Form to Admin America:			
Plan Year:	Plan Year:	through		
Plan Participant ¹ Count ² (Participant counts do I	not include spouses and dependents)	through number of enrolled employees (i.e. 100% employer paid life benefit).		
Plan Participant ¹ Count ² (Participant counts do I	not include spouses and dependents) uld reflect the welfare benefit with the highest	number of enrolled employees (i.e. 100% employer paid life benefit).		
Plan Participant ¹ Count ² 1 (Participant counts do not participant counts shows a shown in the participant counts shown i	not include spouses and dependents) uld reflect the welfare benefit with the highest	number of enrolled employees (i.e. 100% employer paid life benefit).		
Plan Participant ¹ Count ² 1 (Participant counts do not participant counts show the END of the PREVIOUS Plan Y	not include spouses and dependents) uld reflect the welfare benefit with the highest ear: Total Participants _	number of enrolled employees (i.e. 100% employer paid life benefit).		
Plan Participant ¹ Count ² 1 (Participant counts do no 2 (Participant counts shown As of the END of the PREVIOUS Plan Year:	not include spouses and dependents) uld reflect the welfare benefit with the highest ear: Total Participants _ Total Participants _ Total Active Particip	number of enrolled employees (i.e. 100% employer paid life benefit).		
Plan Participant ¹ Count ² 1 (Participant counts do no 2 (Participant counts shown As of the END of the PREVIOUS Plan Year:	not include spouses and dependents) uld reflect the welfare benefit with the highest ear: Total Participants _ Total Participants _ Total Active Particip Retired or Separate at apply): PPO contract _ Indemnity cont	number of enrolled employees (i.e. 100% employer paid life benefit). pants d Participants ract		
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Plan Participant¹ Count² ¹ (Participant counts do n² (Participant counts sho As of the END of the PREVIOUS Plan Y As of the BEGINNING of the Plan Year: As of the END of the Plan Year: Benefit Types Included In Plan (select all th Health (other than dental or vision) HMO contract Temporary Disability Long-Term Disability Sup Stop loss (large deductible plans) other (specify) Are all benefits provided through insurance contract mechanism is for those benefits (i.e. Fully Self-Funded; Fill Benefits Funded through a Trust, Please Indicate V	not include spouses and dependents) uld reflect the welfare benefit with the highest ear: Total Participants Total Participants Total Active Particip Retired or Separate at apply): PPO contract Indemnity cont plemental unemployment Prescr es? Yes No. If No, please in Partially Self-Funded): Which Benefits: ted Along with This Form To Adm	number of enrolled employees (i.e. 100% employer paid life benefit). pants d Participants ract Dental Vision Life Insurance ription Drug (stand-alone) in America:		

Plan Year: F	Plan Year:	through		
Plan Participant ¹ Count ² (Participant counts do not include spouses and dependents) 2(Participant counts should reflect the welfare benefit with the highest number of enrolled employees (i.e. 100% employer paid life benefit).				
As of the END of the PREVIOUS Plan Year:	Total Participants	-		
As of the BEGINNING of the Plan Year:	Total Participants	-		
As of the END of the Plan Year:	Total Active Participants _			
	Retired or Separated Parti	cipants		
Benefit Types Included In Plan (select all that apply): Health (other than dental or vision) HMO contract PPO contract Indemnity contract Dental Vision Life Insurance Temporary Disability Long-Term Disability Supplemental unemployment Prescription Drug (stand-alone) Stop loss (large deductible plans) other (specify)				
Are all benefits provided through insurance contracts? Yes No. If No, please indicate which benefits and what the funding mechanism is for those benefits (i.e. Fully Self-Funded; Partially Self-Funded):				
If Benefits Funded through a Trust, Please Indicate Which Benefits:				
Number of Schedule A Reports from Carriers Submitted Along with This Form To Admin America:				
Number of Schedule C Reports From Administrators Along With This Form to Admin America:				
Number of Other Schedules (if applicable) Along With This Form to Admin America:				

Name of the Individual Who Will Sign Form 5500 as Plan Administrator:

Plan Administrator Signature:

Signature Date:

Important Information About Form 5500 Due Dates, Deadline Extensions and Late Returns:

Form 5500s must be electronically filed no later than the last day of the seventh month following the Plan Year (example: July 31 for calendar year plans). For filings due within 15 days, Admin America recommends that the Plan Sponsor file a Form 5558 via U.S. Mail. Form 5558 and related filing instructions can be found online at http://www.irs.gov/pub/irs-pdf/f5558.pdf. Only Parts I and II are required to be completed and the form does not require a signature. The Plan Sponsor should request an extension of 2 ½ months in Part II. The extension is automatic. If the Form 5500 filing is already delinquent or if the Plan Sponsor has failed to file Form 5500s for prior Plan Years, Admin America strongly recommends that the Plan Sponsor take advantage of the U.S. Department of Labor's Delinquent Filer's Voluntary Compliance (DFVC) Program. The DFVC Program provides for voluntary payment of significantly reduced penalties for late Form 5500 submissions. The DFVC Program is only available to Plan Sponsors who have not previously been notified by U.S. D.O.L. that their Form 5500 is overdue. Admin America is prepared to assist Plan Sponsors with the DFVC Program. More information about the DFVC program can be found online at http://www.dol.gov/ebsa/fags/fag_dfvc.html.