

Premium Only Plan Application

Reminder: Do not start pretax deductions until you have received the P.O.P. Administrative Kit and Plan Document from Ceridian Benefits Services.

General information

This plan can be obtained in coordination with a Humana group plan. **Group number:** Group application is enclosed

Plan sponsor (Employer's complete legal name)

Business type (corporation, partnership, proprietorship)

State of Incorporation or domicile:

Name of plan (Example: ABC Company Premium Only Plan)

The effective date should be the beginning of the first payroll period for which employee premium contributions will be converted to pretax. It is not necessary for the effective date to coincide with the first day of the plan year (short plan years are permitted in the first plan year). Per IRS regulations, all employee communications/election information must be distributed and the plan document adopted before to the effective date.

Type of plan (check one) A new plan effective as of: _____
 An amendment and restatement of an existing Section 125 plan (transfer of P.O.P. from your current administrator):
Effective date of original plan: _____ Effective date of amended and restated plan: _____

(Note: The application must be received by Ceridian at least **15 business days** prior to requested effective date or amendment and restatement date.)

This Agreement will become effective on the "Effective Date" or "Amendment and Restatement Date" as applicable. It will continue for an initial term of one year and continue thereafter for successive one-year terms ("Renewal Terms") or until terminated by either party upon 90 days prior written notice. For each Renewal Term, Client agrees to be invoiced for and pay an annual fee of \$100.

Definitions

First day of plan year

Last day of plan year (must be a 12-month period)

The plan year must be 12 months. It usually coincides with the renewal date of the insurance plan, calendar year or company fiscal year. The last day of the plan year must be 12 months after the first day of the plan year.

Eligibility for new and existing employees

An employee of the company regularly performing services at least _____ hours per week shall become a participant on the first day of the month coinciding with or after the date the employee completes _____ days of consecutive employment. Days of service and hours per week required for eligibility usually coincide with eligibility for insurance programs.

Eligibility for rehired employees

Employees rehired after a period of termination will become eligible for the plan on the first day of the month coinciding with or after the date the employee completes _____ days of consecutive employment. Employees rehired within 30 days must continue with previously elected pretax contribution amounts.

(Indicate the name and address of the person within your company responsible for plan administration.)

The application should be signed by an authorized representative of the plan sponsor.

Plan administrative contact

Title

Mailing address

City

State

ZIP code

Physical address (No P.O. box)

City

State

ZIP code

Signature

Date

Telephone ()

Fax ()

E-mail*

Broker information

Name

Agent signature

Company/agency

Fed. Tax ID # or SS #

Mailing address

City

State

ZIP code

Telephone ()

Fax ()

Sales Office

E-mail*

Medical Dental Vision Disability Life Voluntary benefits (workplace)

Date received

Comments

*E-mail address required for timely delivery of the P.O.P. Newsletter and confirmation of receipt of application.

Please send or fax application to your local sales office. Which they will forward to Ceridian Benefits Services when appropriate.
Please call 1-800-767-4969 with any questions.