

**Cafeteria Premium Conversion Only
Checklist/Transmittal Form**

05/06/2005

Checklist completed by _____ (Ext. _____)

If unavailable, contact _____ (Ext. _____)

Telephone No. (_____) _____

Shipping Address: Check if new address

Firm _____

Address (no P.O. Box) _____

City _____ State _____ Zip _____

Authorizing Professional (required)
(Attorney, CPA, Enrolled Actuary or Enrolled Agent) _____
(Name & Address)

Your SunGard Corbel Account No. _____

Type of Firm: CPA LAW ADMIN./CONS. OTHER _____

Fax No. (_____) _____

Postal Address: (if different) Check if new address

Firm _____

Address _____

City _____ State _____ Zip _____

Date _____
(Must be completed or documents will not be processed)

Plan Name _____

Approximate number of Plan Participants _____

E-mail Address _____

1. DOCUMENT TYPE

- Cafeteria Plan (Includes Adopting Resolution)
- c. Premium Conversion Plan \$270
- e. No Plan (Supporting Forms Package Only)

SUPPORTING FORMS PACKAGE

- (Includes SPD & Election Forms)
- g. PACKAGE A \$140
(one typed SPD (8 1/2" x 11") and one set of Election Forms)

OR

- h. PACKAGE B \$115
(includes a typeset Employee Package, which consists of a SPD booklet and Election Forms. A proof is sent for approval before printing. You MUST also select below no. of packages desired, 25 minimum.)

- 1. Also include one typed (8 1/2" x 11") SPD only if Package B is ordered. \$10

No. of Employee Packages	Price per package
_____	\$3.00 ea. for 25-100
_____	2.50 ea. for 101-250
_____	2.00 ea. for 251-500
_____	1.50 ea. for 501-1000
_____	1.00 ea. for 1001+

SPD BOOKLET COVER OPTIONS

- k. Style I l. Style II m. Style III n. Style IV
- PLEASE COMPLETE PAGE 3.**

FORMAT

- s. Standard (letter size, single spaced, ragged margin)

FONT OPTIONS (Please choose from available font/sizes below)

Documents (Plan, Resolution, SPA, Trust) (Default: Times font)

- u. 11 pt. Arial

- v. 12 pt. Times

Summary (8 1/2" x 11" SPD) (Default: Times font)

- w. 11 pt. Arial

- x. 12 pt. Times

Booklet/Election Forms (Default: Times font)

- c. 10 pt. Times d. 9.5 pt. Arial

PHOTOCOPIES

Document	Number	2-sided
<input type="checkbox"/> Plan \$9.25	_____	<input type="checkbox"/>
<input type="checkbox"/> SPD (8 1/2" x 11") \$7.50	_____	<input type="checkbox"/>

3-RING PRESENTATION BINDER (\$20)

(Plan, Summary, Election Forms)

- Original
- Copies _____ (\$20 per) (quantity)

EMPLOYEE PREMIUM CONVERSION COMMUNICATION PAMPHLET

(see pricing on back)

- Yes _____ (quantity)
- No

TURN-AROUND (following the date of receipt until mailing)

Type	Business Days	Add
<input type="checkbox"/> Normal	10	\$ 0
<input type="checkbox"/> Rush	2-3*	125
<input type="checkbox"/> Express-24 **	1*	195

*Special language may delay turnaround, but plan will retain Rush or Express priority.

**Must be received by 10:30 a.m. ET and will be sent overnight delivery.

SPECIAL LANGUAGE

- Special language requested
- Note: Additional turnaround time may be required for special language modification and checklist entries requiring telephone contact. Language modification will be charged at the rate of \$75 per hour (quarter hour minimum charge \$18.75) and consultant time at \$165 per hour (quarter hour minimum charge \$41.25).

DELIVERY (delivery costs will be added) (UPS delivery unless otherwise indicated)

- Overnight
- Overnight with Saturday delivery
- 2 business days
- 5 to 7 business days (UPS)
- Other _____
- PDF File via E-mail \$150

10% DISCOUNT (if applicable)

- I'm restating a **Premium Conversion Plan** previously prepared for **MY FIRM** by SunGard Corbel and I'm re-ordering the **SAME DOCUMENT AND SUPPORTING FORMS PACKAGE** originally ordered.

Date Plan was previously done: _____

SPECIAL INSTRUCTIONS: _____

Prepayment may be required. To avoid delay see reverse for details.

PAYMENT POLICY

SunGard Corbel understands the importance of processing your plans promptly. To avoid unnecessary delays, please read the following carefully:

- (a) Full prepayment is required with each order until a credit line has been approved by SunGard Corbel's credit department. (Additional charges for postage, special language and consulting will be billed when applicable.) IF YOU WISH TO ESTABLISH A CREDIT LINE, PLEASE REQUEST A CREDIT APPLICATION FROM CREDIT OR SALES. If you wish to increase an existing credit line, please submit your request in writing (Attn: Credit Department).
- (b) ALL INVOICES ARE DUE UPON RECEIPT.
- (c) WE CANNOT PROCESS ANY PLANS FOR ACCOUNTS 45 DAYS PAST DUE UNTIL PAYMENT IS RECEIVED.
- (d) A monthly finance charge of 1.5% will be charged on invoices not paid within 30 days.
- (e) If you wish to question an invoice, please call Client Account Services immediately at 1-800-326-7235 upon receipt of the invoice. Have available all details of the nature of the dispute and any requested adjustment. The undisputed portion of the invoice is still due upon receipt.
- (f) Please contact Client Account Services within 90 days of receipt of your document package if any problems should occur.

RERUN FEES*

If you wish to make further revisions to the documents after receipt you can retype a single page or have SunGard Corbel make the changes for you. Rerun fees apply to variable changes only. Additional charges will be applied for special language modifications.

(1) Rerun single pages (minimum charge \$20.00--maximum charge 140.00 or 7 pages)	\$ 20.00 each
(2) Rerun of Plan Only	125.00
(3) Rerun of Plan and Supporting Forms Package	150.00
(4) Rerun of Supporting Forms Package Only	55.00
(5) Rerun of Summary Plan Description in typed format	35.00
(6) Rerun of Summary Plan Description in booklet format	70.00

* Based on rerun requests received within 90 days of date initial package was mailed. There will be a \$90 reprocessing charge for changes or reprint requests made after 90 days (**or if item was not initially ordered**). Charges for special language, consultant time and copies (excluding pages) are additional.

NOTE: SunGard Corbel reserves the right to use the most efficient correction method - rerun of pages or entire document.

EMPLOYEE PREMIUM CONVERSION COMMUNICATION PAMPHLETS

All pamphlets are printed on glossy white paper with black text. If you wish to have your firm name, address and/or logo imprinted on the back cover, the charge is \$80.00 per order.

If you would like a logo or other artwork to appear on the pamphlet, please submit camera-ready black and white art. (To reproduce well, art must be solid black, with clear and clean edges, and appear on a white background.) Please allow 2-4 weeks for delivery.

<u>Pamphlet Quantity</u>	<u>Cost</u>
50	\$105.00
100	200.00
150	285.00
200 - 499	1.70 each
500 - 749	1.60 each
over 750 - Call Client Account Services	

Mail To:

SunGard Corbel
Attn: Order Processing
P.O. Box 47470
Jacksonville, Florida 32247

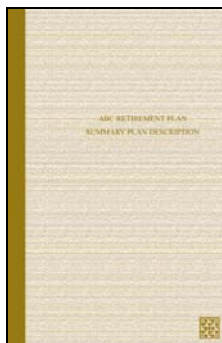
Ship To:

SunGard Corbel
Attn: Order Processing
1660 Prudential Drive
Jacksonville, Florida 32207

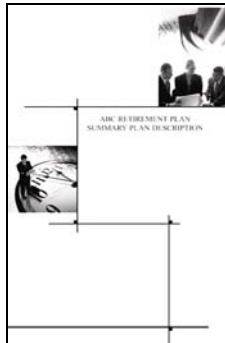
1-800-326-7235 • Fax (904) 399-5551

SPD BOOKLET COVER DESIGNS

Please choose from these booklet cover styles when ordering your booklets. *The covers shown on previous checklists are no longer available.*



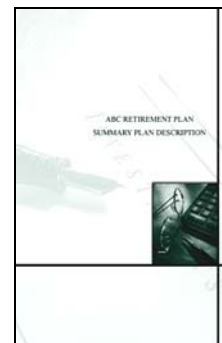
a. Style I
Natural Fiber:
White cover stock;
Olive non-metallic gold edge;
Natural fiber background;
Black text



b. Style II
Black Lines:
White cover stock;
Black lines;
Black and white financial pictures;
Black text **(This style will be used if no box is checked.)**



c. Style III
Family/Life Pictures:
White cover stock;
Family photos;
Map photo in center;
Geometric shapes;
Black text



d. Style IV
Green Pen:
White cover stock;
Green shade background;
Small green desk tools picture;
Black text

BOOKLET FONT OPTIONS: (Default: Times font)

- 10 pt. Times
- 9.5 pt. Arial

LOGO POSITION CENTERED ON:

(If no position is selected bottom front will be used)

- Top Front
- Bottom Front
- Bottom Back
- Other-Please indicate placement on your cover choice above.

LOGO: (Please include camera ready art)

- Logo (camera ready-black) \$25.00
- Color Logo (price upon request)
- On Front (all styles can accommodate up to a 2" x 2" logo)
- On Back (all styles can accommodate up to a 4" x 4" logo)

Note: Logos will only appear on final printed booklets unless specifically requested on proof copy.

SPD BOOKLETS

SunGard Corbel can provide you with professionally printed SPD booklets at the same price (or less) charged for photocopies of the 8 1/2" x 11" typed version. The 5 1/2" x 8 1/2" booklets are saddle stitched and trimmed - ready for distribution to plan participants. These booklets are also acceptable for DOL submission.

NOTE: To order printed SPD booklets, **select package B** on page 1 of this transmittal form. Indicate your cover and font selection above. (A booklet proof will be sent prior to final printing.) Additional cost for glossy or custom covers.

Because of the special computer processing required to compose SPD booklets, it is important that you **select package B** when you initially submit your Transmittal Form. **If you do not request SPD booklets with your initial order and later request them after your documents have been processed, a \$90 reprocessing fee will be incurred.**

Residents of the following states, please add applicable sales tax: Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Utah, Washington and Wisconsin.

All prices subject to change without notice.

EMPLOYER INFORMATION

2. **Name of Employer:** (exactly as it is to appear with punctuation)

a. _____
b. _____

3. **Employer's Address:**

a. _____
(Street--Physical not P.O. Box)

b. _____ c. _____ d. _____
(City) (State) (Zip)

e. Telephone () _____

4. **Employer's Tax ID No.:** a. _____

5. **Plan Number** (circle one): a. 501 502 503 504 505

6. **Plan Administrator shall be:**

a. Employer, using Employer's address
OR
b. Other _____
(Name)

AND, if Other selected

c. Use Employer's address
d. Use address below...

1. _____
(Street--Physical not P.O. Box)

2. _____ 3. _____ 4. _____
(City) (State) (Zip)

5. Telephone () _____

7. **Plan's Agent for service of legal process is:**

a. Employer, using Employer's address
b. Plan Administrator
c. Other _____
(Name)

AND

d. Use Employer's address (automatically selected if 7.a. chosen)
e. Use address below...

1. _____
(Street--Physical not P.O. Box)

2. _____
(City) (State) (Zip)

8. **Employer's Principal Office:** a. _____
(State)

9. **Plan Information:**

a. New Plan
b. Amendment and Restatement

10. **Plan Name/Title of Document:** (exactly as it is to appear with punctuation)

a. _____
b. _____
c. _____

11. **Plan Year:**

a. Begins _____
(month) (day)

b. Ends _____
(month) (day)

Is first year a short Plan Year?

c. Yes, beginning _____
(month) (day)

d. N/A

12. **Effective Date(s):**

a. Initial Effective Date _____
(month) (day) (year)

b. This Restatement _____
(month) (day) (year)

13. **Employer Entity:**

- a. S Corporation (2% shareholders not eligible)
- b. Corporation
- c. Partnership (self-employed (partners) not eligible)
- d. Sole Proprietorship (self-employed not eligible)
- e. Governmental Entity or Church
- f. Non-Profit Organization
- g. Limited Liability Company (members not eligible)

Note: 13.a., c., d., & g., add a provision that excludes the group in parentheses from participating in the plan.

ELIGIBILITY

14. **Eligible Class of Employees:**

- a. All Employees who satisfy eligibility requirements
- b. Salaried Employees only
- c. Hourly Employees only
- d. All Employees except:
 - 1. Commissioned Employees
 - 2. Union Employees
 - 3. Leased Employees
 - 4. Part-time Employees, expected to work less than _____ hours per week
 - 5. Nonresident Aliens
 - 6. Employees not eligible under the Employer's group medical plan
 - 7. Other _____

15. Conditions for Eligibility:

a. Same as Employer's group medical plan (skip to 16.)

OR

b. For **first Plan Year only**, anyone employed on the effective date of the Plan is eligible, **thereafter**:
(choose one from d. - g. below)

OR

c. For **all years**, eligibility is as follows:
(choose one from d. - g. below)

d. Date of hire (no service required)

e. _____ years after date of hire

f. _____ days after date of hire

g. _____ months after date of hire

16. Entry Date:

a. First day of the pay period next following date requirements were met

b. Date conditions for eligibility are met

c. Dual entry (1st day of Plan Year & 6 months later)

d. First day of Plan Year following date requirements were met

e. First day of month following date requirements were met

f. Same as Employer's group medical plan

17. Family and Medical Leave Act: Is the Employer subject to these provisions?

a. No

b. Yes

CONTRIBUTIONS

18. Contributions. Plan will provide for...

a. Salary reduction contributions **ONLY** (no Employer contributions) (skip to 20.)

b. Employer contributions **ONLY** (no salary reductions) (answer 19., then skip to 21.)

c. Both salary reductions **AND** Employer contributions

Note: Salary reduction contributions are set at the amount sufficient to cover a Participant's benefit elections.

19. Employer Contributions. For each Plan Year, Employer will contribute...

a. _____ % of compensation per Participant

b. \$_____ per Participant

c. Discretionary

d. Other _____

e. "Opt Out" (payment if health coverage waived)

AND, the contributions shall be made...

f. At beginning of Plan Year

g. Pro rata each pay period

AND, the contributions are convertible to cash

h. Yes

i. No

Note: Option i. may not be selected with 18.b. or 19.e.

BENEFIT OPTIONS/PREMIUM PAYMENTS

20. Benefit Options. Plan to provide...

j. Premium Conversion Plan Only. (automatically selected)

21. Premium Payments may be elected for...

a. Health insurance (individual AND dependent coverage)

OR

b. Dependent health insurance ONLY

OR

c. No group health insurance

AND

d. Group-term life insurance

e. Disability insurance

f. Dental insurance

g. Cancer insurance

h. Vision insurance

i. Accidental Death and Dismemberment insurance

j. Prescription Drug Coverage

k. Other Insurance Coverage

Note: k. adds language that allows for other types of health coverage not listed above.

22. Are the health premium payments elected above self-insured by the Employer?

a. Yes

b. No

MISCELLANEOUS/OPTIONAL PROVISIONS

23. For Health and Disability Insurance, may Participants seek reimbursement for individual policies through the Premium Conversion Plan?

a. N/A

b. Yes, at the Administrator's discretion

c. No

24. Skip to 25

25. Benefit Election Period shall be...

a. The _____ day period prior to each Plan Year

b. From the _____ day to 1. _____ day period prior to each Plan Year

c. Established by Administrator in nondiscriminatory manner

26. Is automatic enrollment for insured benefits provided under this Plan?

a. Yes (Skip to 28.)

b. No

27. Participants who fail to sign a new election form shall...

a. Continue same elections as prior year

b. Be considered to have elected not to participate for upcoming Plan Year

c. Continue same elections as prior year only for insured benefits

AFFILIATED EMPLOYERS

28. Will Affiliated Employers execute this Plan?

- a. N/A or No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

Note: Selecting "Yes" will generate a Supplemental Participation Agreement.

29. Will there be a second Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

30. Will there be a third Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

31. Will there be a fourth Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

32. Will there be a fifth Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

33. Will there be a sixth Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

34. Will there be a seventh Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

35. Will there be an eighth Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

36. Will there be a ninth Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

37. Will there be a tenth Affiliated Employer?

- a. No (skip to 38.)
- b. Yes

1. _____
(Name)

2. _____
(Street)

3. _____
(City) (State) (Zip)

4. _____
(ID No.)

ALTERNATIVE CHOICES

38. Witnesses to Employer's signature:

- a. Yes
- b. No

Note: State law may require witnesses to the Employer's signature.
SunGard Corbel does not have this information.

39. Skip to 44

44. Health Savings Account provided by Employer?

- a. Yes
- b. No

45. Add language for COBRA?

- a. Yes
- b. No

These documents are being printed by SunGard Corbel at the direction of the person named on the transmittal form, who is either a professional authorized to practice before the Internal Revenue Service or acting under the direction of such a professional. It is understood that SunGard Corbel is not engaged in the practice of law. Any unanswered questions may result in errors in the Plan produced by using the information from this worksheet. I understand that in preparing the document requested, SunGard Corbel is utilizing information shown on this checklist to produce documents using a format which has been designed by SunGard Corbel and programmed by SunGard Corbel on its Relius[®] Documents system. SunGard Corbel has made NO REPRESENTATION OR WARRANTY OF ANY KIND, expressed or implied, including no warranties of MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, nor is any opinion, expressed or implied, rendered by its attorneys as to the legal effect, sufficiency or tax qualification of any document utilizing SunGard Corbel's format. If a check is not enclosed, the undersigned agrees to pay SunGard Corbel upon receipt of such documents at the prices in effect when this order is received by SunGard Corbel. The practitioner shall be exclusively responsible for carefully reviewing and editing all documents to confirm their accuracy and client suitability. I hereby RELEASE SunGard Corbel from any and all liability attributable to any legal or other defect in the requested documents. I understand that I am responsible for the payment of any applicable taxes, including sales and/or use taxes, that may be due upon purchase of services provided herein.

SIGNED _____
(Required)