

DATA COLLECTION WORKSHEET FLEXIBLE BENEFIT PLAN

This Worksheet is to enable us to download employee information required by the IRS for the nondiscrimination tests under Code Section 125 and 129 as applicable.

- I. EMPLOYER NAME: _____
- II. TOTAL EMPLOYEES ELIGIBLE FOR BENEFITS:
- III. PAYROLL COMPANY: _____ SOFTWARE: _____
Separately, we need your Payroll Schedule - a listing of the payroll period ending dates. Please include that information along with this Data Collection Worksheet.
- IV. PLAN YEAR: _____
- V. ELIGIBLE EMPLOYEE LIST: Can be paper, disk or you may email data (see below)

REQUIRED EMPLOYEE DATA

Please provide us with the following **FOR ALL EMPLOYEES**: Name, Social Security Number, Date of Birth, Date of Hire, Estimated Annual Base Salary, and the pre-tax contributions for premiums, dependent care or health care.

SEND US PAPER • DISC • E-MAIL

- 1. Send data to us via 3-1/2" diskette or email to info@trustadmin.com.
- 2. Format: You may send us the data as follows: Excel, ASCII, a Print File.
- 3. Application Software: Windows • Be sure to include Payroll Ending dates per above!

List Employees that (1.) are Officers or Directors and/or (2.) own 1% or more of the corporate stock - required for the nondiscrimination tests. Attach additional sheets if necessary. **ALL INFORMATION IS CONFIDENTIAL (not required for Commuter Reimbursement Plan).**

EMPLOYEE NAME	OFFICER (O) or DIRECTOR (D)	Indicate Stock % Owned (1% or more)
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Phone: (510) 451-2810
 www.trustadmin.com
 Fax: (510) 451-8611
 info@trustadmin.com
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