

# HR Concepts, LLC

"Your Third Party Administrator of Choice"

## Section 125 Employer Application (POP & FSA)

### Part I. Employer Information

Employer Name:	_____		
Mailing Address:	City:	St.:	Zip:
Street Address (if different):	City:	St.:	Zip:
Telephone:	Fax:	Tax Id #:	
Primary Point of Contact:	Phone Ext:	Email:	
Secondary Point of Contact:	Phone Ext:	Email:	

### Part II. Plan Description

Original Effective Date of Section 125 Plan:	Plan Year:	to
Short Plan Year: Yes / No	If yes, indicate plan year:	to
<input type="checkbox"/> <b>Premium Offset Plan</b> (check those which apply)		
<input type="checkbox"/> Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
Does the Election Rollover each year: Yes / No	Do you want a Negative Election: Yes / No	
<input type="checkbox"/> <b>Health Care Flexible Spending Accounts</b>		
Maximum Election:	Minimum Election:	Employer Contribution:
<input type="checkbox"/> <b>Dependent Care Flexible Spending Accounts</b>		
Maximum Election:	Minimum Election:	Employer Contribution:
2 ½ Month Extension: Yes/No		
If the employer contributes – please describe the benefit:		
_____		
_____		

### Part III. General Administration Questions

Who handles the COBRA administration when an employee terminates:
_____
List co pays for insurance (Example: ER, Dr visit, RX, etc.):
_____



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Phone: (603) 647-1147 • Fax: (603) 647-2329 • email: info@HRConcepts.biz  
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## Part IV. Eligibility

**Premium Offset Plan** Hours: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
**Health Care Accounts** Hours: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
**Dependent Care Accounts** Hours: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
How Many Employees are Eligible: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

## Part V. Tax Filing Information

Business Structure (Ex: S Corp, C Corp, LLC): \_\_\_\_\_ St. Organized: \_\_\_\_\_  
Is this a Controlled Group: Yes / No (If yes, fill in below)  
Employer 1 Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tax Id#: \_\_\_\_\_ Business Structure: \_\_\_\_\_ St. Organized: \_\_\_\_\_

## Part VI. Payroll Information

Payroll Cycle: \_\_\_\_\_ 1st payroll Reduction Day: \_\_\_\_\_  
Number of payrolls this year: \_\_\_\_\_ Number of payrolls Next Year: \_\_\_\_\_

## Part VII. Signatures and Fees **Broker:** \_\_\_\_\_ **Pay: Setup / Renewal / Admin**

Setup/Installation Fee: \$ \_\_\_\_\_ Account Fee: \$ \_\_\_\_\_ (Minimum Billing/ Employee / Month)  
Annual Renewal Fee: \$ \_\_\_\_\_ Account Fee: \$ \_\_\_\_\_ (Minimum Billing/ Employee/Month)

Authorized Signature of ER: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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