



# VANTAGE FLEX, LLC.

## ADOPTION AGREEMENT POP WORKSHEET

Name of Organization: \_\_\_\_\_

Federal Employer ID Number: \_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization Type: \_\_\_ Corporation \_\_\_ Sub-chapter "S" \_\_\_ Professional Corporation  
\_\_\_ Professional Association \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ Government Agency  
\_\_\_ Other \_\_\_\_\_.

The Employer/Organization entity is operating pursuant to the laws of the State of \_\_\_\_\_.

Plan Year: Begins: \_\_\_/\_\_\_/\_\_\_ Ends: \_\_\_/\_\_\_/\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

### Class of Eligible Employee

All Employees  Salaried Employees  Hourly Employees

### Excluded Employees

Seasonal Employees who normally work less than \_\_\_ months per year. Part-time employees normally expected to work less than \_\_\_ hours per week. Employees under the age of \_\_\_ years old.  
Are Union Employees excluded? (Y)es or (N)o: \_\_\_\_\_  
Are Non-resident aliens excluded? (Y)es or (N)o: \_\_\_\_\_  
Others excluded. Define: \_\_\_\_\_

### Service Period Requirement

As of date of hire.  \_\_\_\_\_ Number of days after date of hire.

### Entry Date

Date Eligibility Requirements are met.  
 First day of pay period following the date the eligibility requirements were met.  
 First day of the month following the date the eligibility requirements were met.  
 First day of the Plan Year quarter following the date the eligibility requirements were met.

**Benefits Coordinator**

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Acceptance of Legal Process**

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**POP BENEFITS (ATTACH DISCRPTION OF EACH)**

- Core Health Benefits
- Non-Core Supplemental Health Benefits
- Group Term Life Benefits
- Short Term Disability Benefits
- Long Term Disability Benefits
- Cash Benefits



# VANTAGE FLEX, LLC. SERVICE AGREEMENT

**SERVICE PROVIDER:**

This service agreement authorizes Vantageflex,LLC., N3633 M-35 Menominee, MI 49858, hereafter known as the Service Provider with the above listed primary business address, to perform the duties of Co-Administrator as specified in the Adoption Agreement for the Client Company's Cafeteria Plan.

**CLIENT COMPANY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICES REQUESTED**

- Flexible Spending Account (FSA)
- Medical Employer Reimbursement Plan (MERP)
- ProPan 125 Administration and Reporting (POP)

**CONTRACT CLAUSES:**

- It is agreed that the Service Provider shall perform the services requested as indicated above for the Client. All employee census data and related benefit information shall be furnished to the Service Provider by the Client. This data must be submitted within two (2) months after the signing of this agreement. This time may be extended should each extension meet with the mutual agreement of both the Client and the Service Provider. If the time limit is not met and an extension is not obtained, this agreement may be canceled by the Service Provider, and the Client shall forfeit the down payment specified below. It is further agreed that the client gives permission to the Service Provider to use them as a reference.
- The Service Provider agrees to exercise reasonable care and caution in reporting all data contained in the Plan. However, the Service Provider makes no expressed or implied guarantees as to the accuracy of the reports if inaccurate data is supplied. The Client, therefore, agrees to check all data supplied for content and accuracy.

**CONFIDENTIALITY STATEMENT:**

All data obtained by the Service Provider from the Client shall be held in confidence and shall not be made known to other persons, parties, or businesses without written permission from the Client.

**TERMS:**

The Balance Due will be based on the actual number of employees participating and/or eligible with the Company. The down payment is non-refundable. All billings are Due within 30 days from billing date. If payment is not received within 30 days, Interest will be compounded at a rate of 1.5% monthly.

Fees: Annual Fee \$ \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



VANTAGE FLEX, LLC.

## **POP Service Proposal**

### **Advantages**

Employer saves 7.65% (FICA).

Employee saves state, federal, and FICA taxes.

### **Services Provided:**

- Provide all plan documents.
  - Premium Only Plan main Document.
  - Summary Plan Description to the employer.
  - Corporate Resolution for plan adoption.
- Perform all the necessary nondiscrimination testing.
- Prepare annual 5500 forms for employer signature.



# VANTAGE FLEX, LLC.

## INFORMATION NEEDED TO INSTALL A PREMIUM ONLY PLAN

\_\_\_\_ ADOPTION AGREEMENT

\_\_\_\_ SERVICE AGREEMENT

**EMPLOYEE CENSUS**

**(CENSUS FOR ALL ELIGIBLE EMPLOYEES)**

\_\_\_\_ ADDRESSES

\_\_\_\_ BIRTH DATES

\_\_\_\_ HIRE DATE

\_\_\_\_ PAYCHECK FREQUENCY

\_\_\_\_ GROSS WAGES  
PER CHECK

\_\_\_\_ OFFICER / OWNER

\_\_\_\_ SOCIAL SECURITY NUMBERS

**BENEFITS**

**(COPY OF MONTHLY INSURANCE BILLING)**

\_\_\_\_ POLICY #'S

PAYROLL DEDUCTIONS PER MONTH

\_\_\_\_ PHONE #'S

SINGLE \_\_\_\_\_

\_\_\_\_ CONTACT PERSON

2-PERSON \_\_\_\_\_

FAMILY \_\_\_\_\_

\_\_\_\_ FIRST PAY DATE OF THE YEAR FOR EACH PAY FREQUENCY

**CONTACT PERSON(PAYROLL)** \_\_\_\_\_

PHONE \_\_\_\_\_ EXT. \_\_\_\_\_

Email \_\_\_\_\_