



4551 W. 107th St. #100
Overland Park, KS 66207-4037
1-800-825-7531
Fax: 913-945-4390

**Allied National
Premium Only Plan
Enrollment Data Sheet and Application**

Please complete the following questions clearly and accurately. The answers to these questions will be entered into your Section 125 Premium Conversion Plan documents. The questions with answers shown in bold are **default** answers. If your answer differs, please cross out the default answer and replace with yours.

1. Legal Name of Company: _____
2. Type of Entity (e.g. Sole Proprietorship, Corporation, Partnership, Limited Liability Company, Not For Profit, Governmental Entity):

3. Physical location of principal place of business (street address including city, state and zip):

4. Phone: _____
5. Employer Identification Number: _____
6. Name, physical location and phone of any affiliates or subsidiaries participating in the plan:

7. Controlled Group: **No**
8. Full name of employer's governing state (state where articles of incorporation/partnership or organization are filed): _____
9. Plan Name: **Section 125 Premium Conversion Plan**
10. Plan Descriptive Name: **(Name of Employer) POP Plan**
11. Plan Number: **501**
12. Start of Initial Plan Year (effective date of plan): _____
13. End of Initial Plan Year (recommend using a calendar year plan): 12/31/_____
14. Start of Second Plan year: 01/01/_____
15. New Plan (if No, please provide original plan name and effective date):

16. Plan Administrator: **Name of Employer**
17. Claim Administrator: **Name of Employer**
18. Third Party Administrator: **No**
19. Health Insurer: **American Alternative Insurance Corporation**
20. Employer Funding of Plan: **Yes**
21. Taxable Wage Base: _____
22. Allow Domestic Partners to Participate (Yes or No): _____
23. Allow Part-time employees to Participate: **No**
24. Number of Hours for Full Time Employment: **30**
25. Allow Employees in Waiting Period: **No**
26. Allow Employees Under Age: **99**
27. Contract Employees: **No**
28. Special Employee Limitation: **None**
29. Employee Premium Contribution Per Payroll:

Dependent Type	Medical Premium Contribution	Dental Premium Contribution
Employee Only		
Employee + Spouse		
Employee + Children		
Full Family		

30. Employee Eligibility Date: **First of month following end of the benefit plan eligibility period**
31. Election Type: **Negative** (employee does not need to re-elect each year)
32. Allowed Enrollment Period: **All allowed**

Allied National, Inc. utilizes the TravisFlexDoc software program to generate Section 125 Premium Conversion Plan documents. Allied will produce a set of Premium Only Plan documents for the Employer using the information provided above. While Allied has reviewed the documents produced by the TravisFlexDoc program for general fitness and usability, Allied does not render any opinion, legal or otherwise, as to the accuracy of these documents. When required, the Employer agrees to pay Allied a processing fee of \$50 to generate the initial documents for the Employer.

Employer Representative Name, Signature and Date:

Premium Only Plan Information

A Premium Only Plan (POP plan) is a component of the IRS Section 125 tax code. A POP plan is formally called a Premium Conversion Plan. A POP plan allows an employee to convert their premium contribution dollars for health, dental, life and disability insurance into a pre-tax salary deferral arrangement thereby avoiding taxes on the contribution.

The employee enters into a salary deferral agreement for an amount equal to his or hers premium contribution, and the employer reduces the employee's gross pay by the amount of the deferral agreement. The deferred compensation is used by the employer to pay for benefits and the employee avoids all taxes (federal and state) on the deferred compensation. The employer saves on their portion of payroll taxes (FICA and Medicare) and unemployment compensation taxes. Note: once an employee makes their election, the dollar amount of the election can only be changed if there is a qualifying change in dependent status or the amount of the required premium contribution changes. The election may only be terminated at the start of each plan year.

In order to establish a POP plan the employer must complete the following steps:

1. Complete this form and submit to Allied to produce the plan documents.
2. Upon receipt of the forms the employer must complete the Authorizing Resolution provided in the document package.
3. Provide each eligible employee with a copy of the Summary Plan Description. This step is required to comply with Federal law.
4. Have each employee complete a Salary Reduction Agreement or Participation Waiver. A deferral form explaining the tax benefits to the employee will be included in the plan document package.
5. If at any time during the plan year an employee has a Change in Status that would alter his or hers premium contribution amount, the employee must complete a Change In Status Form.
6. If the employer plan permits participation by a domestic partner, any employee with a participating domestic partner must complete the Domestic Partner Affidavit.



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