

5500 Standard Filing Questionnaire



Please complete this form entirely with signature and date. Then securely upload through the website. We will contact you with next steps within one business day.

Employer Information

Employer Company Name

Employer EIN

Employer Organization Type

Corporation, Limited Liability Company, Partnership, S Corporation, Sole Proprietorship, Non-Profit Organization, Estate, Professional Corporation, Governmental Entity or Church

Employer Organization State

Employer Primary Contact Information

Contact Name (First & Last)

Address

Address

City

State

Zip

Phone Number

Email Address

If you combine employee benefit plans under a single wrap document, you can submit a single 5500 instead of a form for each plan. Instead of filing a separate Form 5500 for each health and welfare plan, a wrap document enables the employer to file a single Form 5500 (and associated Schedules A) for all benefits covered under the wrap document.**

(Not to be used if filing a Form 5500 for the first time.)

Plan Information

Plan Number (mm/yy)

Form 5500 Filing Plan Year: (YYYY)

Employer Name (legal name)

Plan Sponsor's EIN (##-####-####)

Participant Information

What are the total number of participants at the beginning of the plan year. (####)

How many of these participants were active?	(#####)
What was the total number of Active participants at the end of the plan year?	(#####)
What was the total number of Retired or Separated participants at the end of the plan year?	(#####)
What was the total number of participants at the beginning of the next plan year ?	(#####)

Administration Information

What is the name of the individual who will sign the return as Plan Administrator?(if changed since the last filing)

What is the name of the individual who will sign the return as Employer/Plan Sponsor (if changed since the last filing)?

Provide new address and phone number if changed since the last filing:

Please attach any Schedule A information that was provided to you by the insurance company, insurance service, or other similar organization. Your Form 5500 filing must contain Schedule A(s) when any benefits under the plan are provided by an insurance company, insurance service, or other similar organization.

I have reviewed the above information regarding the plan and find it complete and accurate.

Signature

Date

**A Form 5500 must be filed for each separate welfare benefit plan. If a bundled plan is maintained under one single wrap document, then only one Form 5500 must be filed for that plan. The bundled plan should have only one plan number assigned to it, one formal plan name with these elements stated in the plan document. This single plan name and plan number shared by all the benefit arrangements provided through the bundled plan would be used on the Form 5500. The information reported on Form 5500 should be consistent with the plan document. For example, you may choose to establish a single "bundled" plan through which all fringe benefits are provided. Alternatively, it could bundle different groups of benefits in different configurations (e.g., health, dental, vision, and employee assistance under one plan; short-term disability and long-term disability under another plan). You might also treat each type of benefit as a separate plan. Where more than one option is provided for a particular type of benefit (e.g., medical benefits), each option could be treated as a separate plan (e.g., self-insured medical option as a separate plan, HMO option as a separate plan, indemnity option as a separate plan).