



RP Riley Management Group, Inc.
Benefits Beyond Excellence

Premium Only Plan Application

Company Name: _____
(Full and complete legal business name)

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Employer's Taxpayer ID Number: _____

Type of Entity: _____ Fiscal Year End Date: _____

Note: S Corporation shareholders, partners, sole proprietors, and members of a Limited Liability Company generally cannot participate in the POP.

Effective Date of Plan: _____ Total No. of Employees: _____

Primary Contact Person:

Name: _____ Title: _____

Phone: _____ Email: _____

Agent/Consultant: (If applicable)

Name: _____ Title: _____

Phone: _____ Email: _____

Insurance Plans offered to employees:

- | | |
|---|--|
| <input type="checkbox"/> Employer Group Medical | <input type="checkbox"/> Employer Group Term Life (up to \$50,000) |
| <input type="checkbox"/> Employer Dental | <input type="checkbox"/> Health Savings Account (HSA) |
| <input type="checkbox"/> Employer Vision | <input type="checkbox"/> Employer Disability |
| <input type="checkbox"/> Other: _____ | |



Non-discrimination:

A Premium Only Plan under section 125 is not valid if it is deemed to be discriminatory in nature. A plan may not discriminate in favor of the highly compensated as to eligibility to participate or as to contributions and benefits. Benefits to key employees under the plan may not exceed 25% of the aggregate benefits provided to all employees under the plan.

Employer Certification:

I hereby confirm that the preceding information is accurate. I understand that the Premium Only plan document is predicated upon the answers to the questions contained herein.

It is understood and agreed that RP Riley Management Group, Inc. does not assume the employer's responsibilities for compliance with non-discrimination requirements of the Internal Revenue Code section 125. It is understood that a Premium Only Plan cannot discriminate in favor of Highly Compensated or Key employees within the meaning of IRS section 414(q) and section 416(i).

I acknowledge that RP Riley Management Group, Inc. makes no representation as to legal counsel or tax law, nor are to be considered an administrator of the plan. I confirm that the employer is the Plan Administrator and is solely responsible for the administration of the plan.

Authorized Signature: _____

Name: _____ Title: _____
(Print)

Date: _____
