

Renewal Date: Janu	
Group Number: 101 (6 digit unique employ	
Group Billing:   Note: If newly electing need to be completed.	g ACH a new Authorization Agreement will
Renewal Fee:	Monthly Fee:
Rate Guarantee:	
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	Group: TabenFlex Rate Guarantee:				
Cateteria Pl	an Renewal Guide				
Company Legal Nar *(Sponsoring Emplo					
Open Enrollment for	eligible employees will be: From: /o/15/18 Until: 11/2/18				
Type of Enrollment:	☐ Taben Specified Spreadsheet ☐ Online ☐ Consumer Data Exchange				
	t the Taben Group must be provided with profile data for all eligible employees before Online Enrollment may				
Payroll (required					
First Payroll Date(s)	of the Year: BW26-1/3/19, MO-1/18/19				
Payroll Holidays:	Attach a copy of your plan year payroll holidays/calendar to ensure contributions are processed according to your payroll dates for the plan year.				
POP Plan Details					
No changes to	the Premium Only Plan benefits				
	(Check only those products that are being added as new for this renewal year)				
	Health Insurance Premiums Dental Insurance Vision Care Insurance				
Premium Only Plan	Critical Illness HSA Contributions				
Benefits (select health and other coverages for POP)	Cancer Insurance Group Term Life Insurance (up to \$50,000)				
Disability Insurance (Not recommended)  Note: Insurance products with a return-of-premium feature cannot be paid for on a pre-tax basis.					
Employees must be	years of age to be eligible.				
Classes	Waiting Plan Eligibility Minimum Effective Date Required Period Indicate which plants, the class Hours Hours Hours First Day Following of First Day of Plan Year Enrollment in:				
	days.				
	days				
	days				



List all co-pays ass	ociated with othe	r plans offered:				··-···
<b>-</b>		i pians offered.		•		
Dental	<b>\$</b>		Pharmacy	\$ 	\$ 	
Group Health	\$ 		Vision	\$ ————		
Grace Period?	Yes No	If no, woul	d you like to allo	w for a carryov	er? Yes	No
		Carryover A	Amount: IRS over option is limited to s	Annual Limit \$500.00 and applies	Other: S	
Grace Period Ap	plies to the Follo	wing Plan Components	: L edical	FSA De	ependent Car	re FSA
Change FSA	Maximum Cor	itribution: \$				
FSA Eligibility						
	es to the FSA Pla	ın Eligibility <i>(I<b>f</b> chang</i> e	s apply please or	ly complete ap	plicable chan	ges)
	vea.	rs of age to be eligible.				
_mployees must be	year year	Co. ago to bo diigible.	728			
	Waiting	Plan Eligibility	Minimum	. Eilentive		Required
Chases	A STATE OF THE PERSON OF THE P		Hours	WIN THE MEDICAL PROPERTY OF THE PARTY OF THE		PARTY MASO AND DAYS I SAMPLE PROPERTY OF THE
Classes	Period	is ineligible for, if any		First Day Following Monito or First Day	of Plan Year	· Ellelinenti
Classes	Period	is ineligible for if any			of Plan Year	Ellollilent i
Classes	Period /	is ineligible for if any	7 27 30 30 30 30 30 30 30 30 30 30 30 30 30	Mouth or First Da	of FlanYear	.≘IIroIIII(enci
Classes	renou	is ineligible for if any		Month a First Da	y of PlanYear	Enrollment i
Classes	days	is ineligible for if any		- Month of First Da	y of Plan Year	mili Oli (II Oli Ci



I confirm that all necessary information concerning employees and their dependents participating in the Plan and any changes to that participation, such as termination or elections, shall be furnished to The Taben Group in a timely manner. I further understand that The Taben Group and its affiliates will rely solely on information provided by the employer in designing the Cafeteria Plan and subsequent benefits administration.

I confirm that claims will be paid from the general assets of the sponsoring and/or related employers listed in this Plan Design Guide.

I certify that I have read and understand the information requested within this application, and that all information provided herein is true and accurate to the best of my knowledge. I further certify that I am authorized to establish a benefits plan on behalf of the employer.

Printed Name:		
Signature:	Date:	

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<sup>\*</sup>Signer should be the employer or its designee. The Taben Group or its affiliates will provide sample documents, but will not be the Plan Administrator.