



ADVANTAGE® PAYROLL SERVICES
EMPLOYEE PREMIUM ONLY CAFETERIA PLAN ENROLLMENT FORM

Client Number: \_\_\_\_\_
Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Employer \_\_\_\_\_ Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_
Employee Number \_\_\_\_\_ Social Security Number \_\_\_\_\_
Employee's Name (Last, First, Middle) \_\_\_\_\_

- New Hire
Newly Eligible

Are you an owner, shareholder, family member of a shareholder, or officer of this business? If yes, check below and read the next paragraph.

- OWNER
OFFICER
SHAREHOLDER (indicate % ownership) \_\_\_\_%
FAMILY MEMBER OF SHAREHOLDER (indicate the shareholder's name)

Sole proprietors and partners are prohibited by IRS from participating in premium only cafeteria plans. Greater than 2% shareholders of S-Corps, their spouses, and family members also cannot participate. Plans are discriminatory when the deductions of highly compensated and key employees are greater than 25% of the total deductions of ALL participants or when participation or eligibility favors highly compensated employees. If a plan is found to be discriminatory, wage corrections will be necessary to reduce or eliminate deductions of highly compensated or key employees.

Hours regularly worked each week for this employer \_\_\_\_\_ hrs/week Pay Period [ ] W [ ] BW [ ] SM [ ] M

Group Health Premium \$ \_\_\_\_\_
Group Dental Premium \$ \_\_\_\_\_
Group Life Insurance Premium (up to face value of \$50,000) \$ \_\_\_\_\_
Other Premium \_\_\_\_\_ \$ \_\_\_\_\_
TOTAL PER-PAY-PERIOD PREMIUM TO BE PAID WITH PRETAX DOLLARS \$ \_\_\_\_\_

AUTHORIZATION:

I certify the above information is correct and true and to the best of my knowledge. I further understand that my salary deduction(s) will be in effect for the plan year and cannot be revoked unless I experience a qualified change in my family status. Deductions will continue into subsequent plan years if I do not submit a new enrollment form at renewal time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

IF YOU DECLINE PARTICIPATION

The benefits of the plan have been thoroughly explained to me and I decline to participate at this time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_