



ADVANTAGE® PAYROLL SERVICES
EMPLOYEE PREMIUM ONLY CAFETERIA PLAN ENROLLMENT FORM

Client Number _____
New Hire
Newly Eligible

Effective Date ____/____/____ Reason _____

Employer _____ Date Employed ____/____/____

Employee Number _____ Social Security Number _____

Employee's Name (Last, First, Middle) _____

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 % of 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 that 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 ____/____/____