

# 5500 New Filing Questionnaire



## 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.\*\*

## Plan Information

Plan Year Start	(mm/yy)
Plan Year End	(mm/yy)
Employers Business Code	(naics code)

## Plan Design Information

### Select the type of plan. Select only one type ( YES / NO )

Single-Employer Plan?	Multiple Employer Plan?
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Multiemployer Plan?	DFE?
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### Select the type of return/report. ( YES / NO )

First Return/Report?	Amended Return/Report?
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Final Return/Report?	Short Plan Year Return/Report?
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Is the plan a collectively bargained (Yes/No) plan?

Check "YES" if contributions to the plan and/or benefits paid by the plan are subject to a collective bargaining process (even if the plan is not established and administered by a joint board of trustees and even if only some of the employees covered by the plan are members of a collectively bargaining unit that negotiates contributions and/or benefits.)

Is this Form 5500 being filed under any of the following extensions:

Form 5558	(Yes/No)
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Automatic Extension	(Yes/No)
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The DFVC program	(Yes/No)
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Special Extension	(please describe)
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## Participant Information

What is the three-digit plan number	(###)
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(Three-digit number assigned by employer that may be stated in your SPD)

What is the plans original effective date?	(MM/DD/YYYY)
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What are the total number of participants at the beginning of the plan year.	(#####)
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How many of these participants were active?	(#####)
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What was the total number of <b>Active</b> participants at the end of the plan year?	(#####)
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What was the total number of <b>Retired</b> or <b>Separated</b> participants at the end of the plan year?	(#####)
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What was the total number of participants at the beginning of the next plan year ?	(#####)
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What is the name of the individual who will sign the return as Plan Administrator?	(FULL NAME)
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What is the name of the individual who will sign the return as Employer/Plan Sponsor (if applicable)?	(FULL NAME)
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## Plan Features

**Select all the plan types that apply to this plan (8b codes): ( YES / NO )**

Health (other than dental or vision), including HRA	Life Insurance
Supplemental unemployment	Dental
Vision	Temporary disability (accident and sickness)
Pre-paid Legal	Long-Term disability
Severance Pay	Apprenticeship and training
Scholarship (funded)	Death benefits (include travel accident but not life insurance)
Taft-Hartley financial assistance for employee housing expenses	
Other (provide list)	

## Plan Funding and Benefits Arrangements

**Plan Funding Arrangement: The method for the receipt, holding, and transmittal of plan assets prior to the time the plan actually provides benefits. Select All that apply ( YES / NO )**

Insurance (Do not select if "Administrative Services Only" contract.)

Code section 412(e)(3) insurance contracts

Trust

General assets of the employer

**Plan Benefit Arrangement: The method by which the plan provides benefits to participants. Select All that apply ( YES / NO )**

Insurance (Do not select if "Administrative Services Only" contract.)

Code section 412(e)(3) insurance contracts

Trust

General assets of the employer

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).**

