

Request for Health & Welfare Non-Discrimination Testing

Tests Requested
<p><i>(Please check all that apply)</i></p> <p>Health benefit plan test (IRC§105) – required for all plans offering self-funded medical, drug, dental, vision and/or death benefits</p> <p>Flexible Spending Account/FSA test (IRC§105) – required for all Section 125 flexible medical spending reimbursement accounts</p> <p>Health Reimbursement Arrangement test (IRC§105) – required for HRA’s</p> <p>Health Savings Account test (IRC§105) – required for HSA’s with employer contributions or employee contributions via payroll deduction</p> <p>Cafeteria Plan test (IRC§125) – required for all Cafeteria Plans operated under IRC§125</p> <p>Dependent Care test (IRC§129) – required for all Dependent Care Reimbursement Account plans</p>

Testing Parameters
Projected Final Test for Plan Year ending Census Payroll Date

Data Required
<ol style="list-style-type: none"> 1. This Data Sheet 2. Census data – please see data template with data format and tab with additional descriptions of each data field in the template. Note that the census should include all employees receiving W-2 pay for any portion of the Plan Year identified above 3. SPD/SBC or other description of the benefits and eligibility, any limitations on benefits, and any classes of employees excluded from coverage.

Fees for Tests
Section 105 test (includes any combination of group health, HRA, HSA and or FSA plans) \$600 Section 125 test 600 Section 129 test 600 Fees include a summary and detail of the test results and any corrections necessary to achieve a passing result in the event of failure of a projected test.

AUTHORIZATION
Responsible Party: Billing Address: City State and Zip: <div style="text-align: right; margin-top: 20px;"> _____ (signature) </div>

Questions? Please contact David Hawkins at David.Hawkins@EncoreActuarial.com or 972.515.4850