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| **Health & Welfare Form 5500 Plan Information Worksheet** | A blue and white logo  Description automatically generated |

1. Plan Year Begins: Click or tap to enter a date Ends: Click or tap to enter a date

2. Plan Name: Enter plan name

3. ERISA Plan Number: 3-digit plan number 4. Original Plan Effective Date: Click or tap to enter a date

5. Plan Sponsor: Plan Sponsor name

6. Plan Sponsor DBA: (if applicable)

7. Plan Sponsor Address: Street address or PO Box State Zip

8. Plan Sponsor EIN: XX-XXXXXXX 9. Plan Sponsor phone#: (XXX) XXX-XXXX 10. Business Code: 6-digit NAICS

11. Total number of participants\* at beginning of plan year Active, COBRA & retired

12. Number of active employee-participants\* at beginning of plan year Excluding COBRA & retired

13. Number of active employee-participants\* at end of plan year Excluding COBRA & retired

14. Number of retired/separated employee-participants\* at end of plan year COBRA & retired only

15. 100 or more total participants\* at beginning of plan year (active, COBRA & retired)? Yes  No

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| 16. Plan Funding Arrangement: (how the plan receives funds) | | 17. Plan Benefit Arrangement: (how participants receive funds) | |
| Insurance | | Insurance | |
| Code Section 412(i) Insurance | | Code Section 412(i) Insurance | |
| Trust | | Trust | |
| General assets of the Plan Sponsor | | General assets of the Plan Sponsor | |
| 18. Coverage | Carrier or Vendor | | Fully Insured or Self-Funded? |
| Coverage 1 | Carrier/vendor 1 | | Choose an item. |
| Coverage 2 | Carrier/vendor 2 | | Choose an item. |
| Coverage 3 | Carrier/vendor 3 | | Choose an item. |
| Coverage 4 | Carrier/vendor 4 | | Choose an item. |
| Coverage 5 | Carrier/vendor 5 | | Choose an item. |
| Coverage 6 | Carrier/vendor 6 | | Choose an item. |
| Coverage 7 | Carrier/vendor 7 | | Choose an item. |

*Please include copies of Schedule A (carrier) and Schedule C (vendor) data received from each carrier/vendor above.*

19. Names and Email address(es) of person(s) who will sign the 5500 as:

Plan Administrator: Administrator name Administrator email address

Plan Sponsor: Administrator signing as Sponsor  Sponsor name Sponsor email address

20. Please indicate if you would like Encore Actuarial to e-file the Form 5500 (no additional charge):  Yes No

21. Send invoices to:  Advisor

Plan Sponsor/Administrator

Other: Name

Address, City, State Zip

\* Not including spouses or dependents