



Rothrock Payroll Services, Ltd.

600 S Cleveland Massillon Rd
Fairlawn OH 44333

Phone 330-670-0600
Fax 330-666-2459

Email:
Leanne@rothrockpayroll.com

www.rothrockpayroll.com

Section 125 Plan Setup & Document Checklist

Thank you for choosing Rothrock Payroll Services, Ltd. to create your Section 125 Plan Document!

Use this form only for the following plan designs:

1. Pretax premiums
2. Pretax premiums plus HSA contributions

**If the plan includes Flexible Spending Accounts (FSA) do not use this form. Please use the FSA setup form or contact Rothrock Payroll Services, Ltd. for a plan checklist.*

Submit your forms to Rothrock Payroll Services, Ltd., one of three ways:

1. Email the packet to Leanne@rothrockpayroll.com
2. Fax the packet to (330) 666-2459
3. Send by mail:

**Rothrock Payroll Services, Ltd.
600 S. Cleveland-Massillon Rd
Fairlawn OH 44333**

If you have any questions, please call us at (330) 670-0600 and a member of our support team will be happy to assist you.

The Employer is responsible for ensuring that the eligibility requirements and the other plan design elements comply with the Eligibility and Contributions and Benefits nondiscrimination requirements under IRC Section 105 & 125.

SIGNATURES:

By signing and submitting this plan document checklist, the employer authorizes Rothrock Payroll Services, Ltd. to create a Section 125 Plan document and Summary Plan Description in accordance with the plan design choices made on this checklist.

Signed: _____ Date: _____

Form completed by: _____
Print name of Authorized Employer representative

COMPANY INFORMATION:

Date completed: _____

Legal Company Name: _____

DBA/AKA: _____

Website: _____

Mailing address: _____

City, State, Zip: _____

Physical Address (if different) _____

City, State, Zip: _____



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Note:

Taxable C-Corp - owners may participate, but subject to non-discrimination testing.

S-Corp - owners with 2% or more stock and family members cannot participate in plan.

Partnership - Partners cannot participate, but spouse or other family members may (if bona-fide employees)

LLC, LLP - Members typically cannot participate in the plan, but it depends on how they file federal taxes.

If taxed as partnership, then follow rules of partnership above.

If taxed as C-Corporation, then members may participate.

Main Phone: _____ Fax: _____

Federal Tax ID: _____

Structure: select _____

(e.g. Taxable corporation, S Corp, LLC, partnership)

Business Industry/Product: _____

Approximate number of W-2 employees: (include FTE & PTE) _____

EMPLOYER CONTACT INFORMATION:

1. HR/Benefit Manager Contact: _____

Title: _____ Phone: _____ Ext. _____

Email address: _____

2. Billing Contact: _____

Title: _____ Phone: _____ Ext. _____

Email address: _____

3. Legal Representative: _____

(Name & title of owner, officer or authorized individual who will execute plan document)

REFERRAL SOURCE:

Contact Name: _____

Email Address: _____ Phone: _____



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PLAN DESIGN:

Number eligible employees: _____ Plan # (i.e.; 501, 502): _____

Plan Year (e.g. Jan. 1 to Dec. 31): _____

Effective date of New Plan (or Reinstatement): _____

Original effective date: _____

(If reinstating a prior plan, the date the Section 125 for Pretax Premiums was first effective. The new document will be a restatement of that Plan)

Affiliated Employers who will be covered under the plan (if any):

Company name: _____ EIN: _____

ELIGIBILITY & ENTRY DATE:

For pretax premiums: The eligibility will be the same as the group health plan eligibility.

Effective date of coverage after eligibility is met:

_____ Immediately (date eligibility requirements are met) OR

_____ First of month following date eligibility is met

BENEFITS UNDER THE PLAN:

PRE-TAX PREMIUMS Check all that apply, only if employee deduction is pre-tax.

Health Insurance

Vision

Short or Long Term Disability

Group Term Life

Dental

For premium deductions, the plan can be written one of two ways as indicated below.

Please

indicate how this plan will be administered by checking one of the choices.

1.) Any payroll-deducted insurance premiums will **automatically be deducted pre-tax**, unless the employee completes a waiver to pay premiums with after-tax-income.

2.) Employees are *given a choice to pay premiums pretax or after tax, and must complete a form making their choice. The default election is pre-tax.*

HSA - HEALTH SAVINGS ACCOUNT - employee can contribute to HSA with pretax payroll deductions, or

employer contributions are under the Section 125 plan

Employee contribution Employer contribution

Are employees offered additional taxable compensation for waiving coverage under the group health plan? Yes No

OTHER INFORMATION Please provide any other information/items not addressed above: