

(1) EMPLOYER INFORMATION

Company Name _____ Contact Name _____
(Complete company name only in Section 1 if submitting the AgriPlan and BizPlan Application with the Payroll Application.)
Last Name _____ First Name _____
Telephone Number _____ Fax _____ E-mail _____
Mailing Address _____ City _____ State _____ ZIP _____
Business Federal ID # _____ Type of Plan AgriPlan BizPlan
Do you own interest in any other business? Yes No If yes, name of company _____
Filing Status: Sole Proprietor Partnership Limited Liability Company C Corporation S Corporation Non-profit
 Other _____ NAICS or SIC Code _____

FAST TRACK - If you would like assistance completing sections 2 or 3 of this application, please check the FAST TRACK option, enter a contact name and number, and send this form and payment to AgriPlan or BizPlan. An AgriPlan or BizPlan representative will contact you to help you complete the application.

Best time to call: _____ Contact Name: _____ Contact Phone Number: _____

(2) PARTICIPATION AND ELIGIBILITY REQUIREMENTS

(Check excluded employees and their respective maximums. If a category is checked, but a maximum is not elected, it will be defaulted to the maximum.)

- Part-time employees not completing _____ hours of work per week will be excluded (maximum of 25 hours*)
- Seasonal employees not completing _____ months of work within a year will be excluded (maximum of 7 months*) * Please refer to "Safe Harbor" rules on the reverse side.
- Employees not completing _____ years of age will be excluded (maximum 25 years)
- Current employees not completing _____ months of service with the employer will be excluded (maximum of 36 months)
- New employees not completing _____ months of service with the employer will be excluded (maximum of 36 months)

Do you currently have a Section 105 Plan? No Yes If yes, list name of administrator or indicate self: _____

Eligible Employees - (Eligible employees listed below must meet all requirements of Section 2 and are considered current employees as of the date of this agreement. Attach an additional sheet if necessary.)

Employee Last Name _____	First Name _____	Social Security # _____ - _____ - _____
Employee Last Name _____	First Name _____	Social Security # _____ - _____ - _____
Employee Last Name _____	First Name _____	Social Security # _____ - _____ - _____

(3) AVAILABLE BENEFITS

(Select benefits available to the eligible employee(s). These benefits are considered part of the employee's compensation.)

Employee and Family

- Health Insurance Premiums (Including Qualified Long Term Care Insurance and Cancer Insurance)
\$ _____ (Enter a dollar amount or "All.") Maximum amount of reimbursement for health insurance premiums per eligible employee for the Plan year.
- Dental Insurance Premiums
- Non-Insured Medical Reimbursement
\$ _____ (Must enter a dollar amount.) Maximum amount of medical reimbursement for out-of-pocket expenses available per eligible employee for the Plan year.

Employee Only

Employee Only

- Term Life Insurance - \$50,000 maximum death benefit
- Disability Insurance

(4) ADD-ON FEATURES

- Payroll Administration (If checked, complete Payroll Application. Additional fees will apply.)
- Carry Over \$ _____ (Must enter a dollar amount.) Maximum aggregate amount the Carry Over may reach per eligible employee.
- Benefits Card (If checked, complete the Benefits Card Application.)

(5) PAYMENT

An Initial Enrollment Fee is due at the time of Plan start-up and must be enclosed. See Application Guide for Fee Schedule. (South Dakota residents add 4% sales tax.) Credit Card charges will appear on your statement as Division of TASC.

Total annual fee for AgriPlan and BizPlan: \$ _____ + Tax: \$ _____ = Total Amount: \$ _____

Check Number: _____ Credit Card: Master Card Visa American Express Discover

Card Holder Signature: _____ Card Number: _____ Expiration Date: _____

(6) AUTHORIZATION

I have read, understand and agree to the terms and conditions stated on the other side of this document as attested by the signature below, effective on the date of the signature. The start date for this Plan will be the first day of the month this Application is signed, however, you are able to go back to January 1 of the current year for deductions of insurance premiums.

Employer (sign here) _____ Date _____

Are you a current Client of TASC? If yes, which service(s)? _____

I certify that the names listed below have HIPAA Business Associates Agreement with our Clients and are authorized to access information on our behalf.

Name _____ Name _____ Name _____

Provider Name - Michael Miranda Provider Number - TAS-00-5415 Retail Code _____



The undersigned employer hereby adopts and establishes the following medical reimbursement plan, herein referred to as AgriPlan or BizPlan, pursuant to, but not limited to, Section 105 of the Internal Revenue Code, Revenue Ruling 71-588 and Letter Ruling 9409006 as amended. Said employer hereby incorporates the terms and provisions of AgriPlan or BizPlan by reference. The executed agreement includes page 1 & 2.

In the event of an error or omission in the course of administering the Plan on behalf of the employers and participating employee(s), AgriPlan and BizPlan will notify and remedy the error or omission in a reasonable period following the error or omission. The employer and employee(s) agree to AgriPlan and BizPlan's procedures for correcting including but not limited to payroll reduction. An error by the employer or AgriPlan and BizPlan does not constitute an assumption of liability for the amount of the error.

Appointment

Said employer hereby appoints AgriPlan or BizPlan as its agent to assist the employer in fulfilling the terms and conditions of the Plan. AgriPlan and BizPlan will at all times be subject to direction and instruction from the employer. The Plan document adopted herein will remain in the possession of AgriPlan and BizPlan. AgriPlan and BizPlan may from time to time suggest changes and amendments to the Plan. The employer hereby agrees to adopt any reasonable suggested changes.

Plan Number

A Plan Number has been assigned to this Plan. The client should make note of the Plan Number and use it when contacting the TASC Customer Service Department to ensure efficient and accurate transferring of plan-related information.

Administration

The plan administrator is the employer. The employer agrees to appoint AgriPlan or BizPlan to carry out the administration of the Plan. It shall be the principal duty of the appointed administrator to see that the Plan is carried out in accordance with its terms for the exclusive benefit of persons entitled to participate in the Plan.

Eligible Employee

Each eligible employee will have the opportunity to participate in the employer-sponsored AgriPlan or BizPlan. Employer hereby agrees to offer the Plan and benefits to all eligible employees. Eligibility is based upon employment by employer. Employment does not include work for hire by independent contractors.

Plan Start Date

The Plan will go into effect January 1 of the calendar year in which the Adoption Agreement was completed unless otherwise indicated. Specific benefit start dates are established pursuant to the Plan Document within the guidelines established by the respective Internal Revenue Code and/or Rulings.

Entry Date

New employees must be offered the opportunity to participate on the anniversary date (January 1) of the Plan following the date the employee satisfies the eligibility requirement set forth in the Plan.

Administration Fees

An ongoing employer administration fee will be paid directly to AgriPlan/BizPlan. Fees are subject to change. Clients who enrolled in AgriPlan and BizPlan after November 15, will be immediately billed for the following Plan Year.

Termination

Upon and after the expiration or termination of this Agreement, the rights granted to the employer pursuant to this Agreement shall revert back to AgriPlan and BizPlan, divisions of Total Administrative Services Corporation. Within 20 days after termination or expiration of this Agreement the employer shall return to AgriPlan and BizPlan all manuals, brochures, computer programs, customer and vendor data bases, and any other documents regarding the AgriPlan and BizPlan programs and systems "Confidential Information" and any copies thereof. In addition, the employer shall refrain from any further direct or indirect use of or reference to the AgriPlan and BizPlan marks, systems, publications, manuals, brochures, documents, computer programs and computer data bases in connection with the marketing, use, implementation, license, sale or distribution of any program or system that enable employers to offer employee benefits on a pre-tax basis. Finally, the termination of this Agreement shall not affect the duty of the employer to not infringe on AgriPlan and BizPlan's trademarks and copyrights and not to disclose and keep confidential all said Confidential Information supplied to the employer by AgriPlan and BizPlan.

Money Back Guarantee

If you are not entirely pleased with AgriPlan or BizPlan, simply return all the AgriPlan/BizPlan materials within 30 days of the date received to obtain a full refund of the purchase price.

***Safe Harbor Rules**

"Employees whose customary weekly employment is less than 35 hours, if other employees in similar work with the same employer have substantially more hours, are considered part-time. Employees whose customary annual employment is less than nine months, if other employees in similar work with the same employer have substantially more months, are considered seasonal. Notwithstanding these rules, a safe harbor permits an employer to treat employees whose customary employment is less than 25 hours a week or seven months a year as part-time or seasonal employees." Regulation § 1.105-11 (c)(2)(iii)(C)

Please mail your Plan Application along with your enrollment fee to the following address:

Total Administrative Services Corporation
2302 International Lane
P.O. Box 14140
Madison, Wisconsin 53704-3140