5500 Filing Intake Form

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Before completing this intake form, please review the information below to determine how to proceed if your company offers multiple health and welfare benefit plans.

Do You Have a Wrap Document?

If, Yes:	If, No:
You may file **one Form 5500** for all benefits included under the wrap. (Complete this form once.)	You must file a **separate Form 5500** for each plan with **100 or more participants** at the start of the year. (Complete this form for each plan)
Use **one plan name and number** that matches your wrap document.	Each plan (e.g., medical, dental, vision, disability) needs a **unique plan name and plan number**.
Include all relevant **Schedule A** forms (e.g., for each insured benefit).	You must include the applicable schedules for each individual plan.
Do not use this option if filing for the **first time**.	This is the default approach for first-time 5500 filers or those without a wrap plan.

Plan Sponsor/Employer 5500 Information

Plan Sponsor/Employer Legal Name

Employer Identification Number (EIN) **Business Code (6 Digit)**

Plan Sponsor Mailing Address

City **State** **Zip**

Individual Signing as Plan Sponsor/Employer

Full Name

Email Address **Phone Number**

5500 Contact (If different than Employer Contact Above)

Full Name

Email Address **Phone Number**

Is the Plan Sponsor the same as the Plan Administrator? ☐ **Yes** ☐ **No (If no, please complete the next section)**

Plan Administrator Information

Plan Administrator Name

Plan Administrator Address

City **State** **Zip**

Individual Signing as Plan Administrator

Full Name

Email Address **Phone Number**

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Plan Information

Plan Number(s)

Plan Name(s)

Plan Year Begin & End Dates **Begin Date** **End Date**

Original ERISA Plan Effective Date

Is The Plan Collectively Bargained? ☐ **Yes** ☐ **No**

Participant Information

Plan Participant Counts – Use Good Faith Estimates
The Department of Labor (DOL) standard for Form 5500 is a **Good Faith Filing**. Please use your **best reasonable estimates** when completing the participant count section. ERISA requires a "snapshot" of **active and former employees** covered **at the beginning and end of the plan year**.

- **Do NOT** include spouses or dependents in the counts.
  Exception: If a COBRA-covered dependent is enrolled **without the former employee**, that dependent should be counted.

5	**Total number of participants at the beginning of the plan year [used previous year's count from 6(d)]**	
6(a)(1)	**Total number of active participants on the first day of the plan year**	
6(a)(2)	**Total number of active participants on the last day of the plan year**	
6(b)	**Total number of retired or COBRA participants on benefits as of last day of the plan year**	
6(c)	**Total number of retired or COBRA participants entitled to benefits as of last day of the plan year**	

Fully Insured Benefits Offered/Schedule A Information

- Include only insured policies
- If a policy changed carrier mid-year, enter both policies on separate rows.
- Make sure policy dates fall within the plan year (or overlap it).
- If you are unsure of the policy number or dates, use your best good faith estimate and flag it.

Benefit Type (i.e. Dental, Life, Vision	**Insurance Carrier Name**	**Policy #**	**Policy Effective Date**	**Policy End Date**	**Carrier Contact Full Name & Carrier Contact Email**

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Self-Funded Benefits Offered

Please complete the following information for each **self-funded health or welfare plan** your company offers. This information helps determine what's required for accurate Form 5500 filing.

Benefit Type (i.e. Self-Funded Medical	**Policy #**	**Policy Effective Date**	**Policy End Date**	**Stop-Loss Coverage Spec/Agg/Both**	**TPA Name**

Did you receive a compensation disclosure or Schedule C information from your TPA, broker, or any other service provider for this plan year? ☐ **Yes** ☐ **No**

- If yes, please attach a copy.
- If no, please provide the name of the provider(s).

Is this plan funded through a trust? ☐ **Yes** ☐ **No**

Does the plan hold assets in a separate account? ☐ **Yes** ☐ **No**