

(1) EMPLOYER INFORMATION

Company Name _____
 Last Name _____ First Name _____
 Telephone Number _____ Fax _____
 Address - Mailing _____ City _____ State _____ ZIP _____
 Business Federal ID # _____ AgriPlan BizPlan E-mail _____
 Do you own interest in any other business? Yes No NAICS or SIC Code _____
 Filing Status: Sole Proprietor Partnership Limited Liability Company C Corporation S Corporation Non-profit
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 BizPlan. An AgriPlan 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 eligible 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 completing _____ hours of work per week will be included (maximum of 25 hours*)
 Seasonal employees completing _____ months of work within a year will be included (maximum of 7 months*) * Please refer to "Safe Harbor" rules on the reverse side.
 Employees completing _____ years of age will be included (maximum 25 years)
 Current employees completing _____ months of service with the employer will be included (maximum of 36 months)
 New employees completing _____ months of service with the employer will be included (maximum of 36 months)
 Do you currently have a Section 105 Plan? Yes No 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 # _____ - _____ - _____

(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.
 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.
 Dental Insurance Premiums
 Carry Over Feature* \$ _____ (Must enter a dollar amount.) Maximum aggregate amount the Carry Over may reach per eligible employee.
 * Add \$25.00 per employee for electing the Carry Over Feature to the total cost of the Plan.
Employee Only *Employee Only*
 Term Life Insurance - \$50,000 maximum death benefit Disability Insurance

(4) PAYMENT

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

Total annual fee for AgriPlan BizPlan: \$ _____ + Tax: \$ _____ = Total Amount: \$ _____
 Check Number: _____ Master Card Visa American Express Discover
 Signature: _____ Card #: _____ Expiration Date: _____

(5) 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, which service? MAPP PHiEd
 Provider Name Edward M. Williams Jr. Provider Number 4900-8307-2600 Retail Code _____

To ask a question, contact AgriPlan/BizPlan for assistance at 800-422-4661.