



**CAFETERIA PLAN
(Including Flexible Spending Accounts)
Plan Non-Discrimination Testing Questionnaire**

It's time to complete your annual Plan Non-Discrimination Testing Questionnaire. This questionnaire requests data needed to test your pre-tax Employee Benefits Plan for the current Plan Year.

Please send the completed questionnaire and the Excel Census to TASC at TASC.NonDiscrim@tasconline.com within the first 45 days of the new Plan Year start.

TASC will test your Plan once during the first half of the Plan Year and provide the testing results for your files. Typically, any benefit adjustments necessary to bring the Plan into compliance are made at that time.

Thank you for your prompt attention to this matter. If you have any questions or concerns, please contact TASC at TASC.NonDiscrim@tasconline.com.

Plan Name: _____

Plan Year to be Tested: _____

Employer Name: _____

Employer Address: _____

Employer Contact: _____

Contact Phone Number: _____

Email Address: _____

TYPE OF CORPORATION (CHECK ONE):

- C Corp (1120)
 S Corp (1120S)
 Partnership (1065)
 Non-Profit (501C)
 Sole Proprietorship
 Other _____

If LLC, please select how the corporation files (for example, C, S, Partnership, etc.).

Important Note: TASC represents and warrants that all services provided will be performed in a timely and professional manner. Said services are based on current interpretations and generally accepted practices for service providers who perform nondiscrimination testing for Cafeteria Plans. Testing results are based on the timely submission of the requested data in a format that is agreed upon by the parties.

TASC communicates to its Clients that the standards for testing are subject to change which can alter the data requirements, parameters, and timing of the process for future testing periods.

TASC provides neither legal nor tax consultation services. TASC recommends that Clients retain counsel and appropriate tax advisors as needed.

All parties agree that TASC can assume as true all information provided to TASC for testing purposes, including but not limited the following: who is an employee or a leased employee; Plan parameters; and determinations of officers, key employees and compensation amounts.

All parties agree that TASC can assume as true that the Plan did not discriminate in any manner prohibited by the IRS in any period prior to the Plan Year being tested.

TASC is not the Plan Administrator, the Plan Sponsor, nor the Named Fiduciary. TASC does not accept any fiduciary role or status for any Plan. TASC does not assume any responsibility for the design of any Plan, Plan funding, or any act or omission or breach of duty by the employer.

The determination that a Plan has passed discrimination testing is not a guarantee that the Plan is not discriminating in operation.

Cafeteria Plan General Information

CAFETERIA PLAN
(IRC § 125)

What Health and Welfare Benefits are offered by the employer (excluding qualified transportation fringe benefit plans, or 401(k) Plans, 403(b) Plans, etc.)?

Please list any Core Benefits (non-contributory benefits, i.e., 100% employer paid): _____

Can employees opt-up, opt-down or opt-out of any of the benefits offered? YES NO

> If YES, which benefits? _____

Which of these benefits are offered to an employee on a pre-tax basis? _____

Which of these benefits are offered to an employee on an after-tax basis? _____

Who can participate in the Cafeteria Plan (e.g., all employees who regularly work at least 20 hours per week, all full-time employees over age 21, etc.)?

What is the eligibility/waiting period for participation in the Cafeteria Plan? ____ (days/months/years)

Is the eligibility/waiting period the same for all employees under the Plan? YES NO

> If NO, please attach a list of the eligibility/waiting periods for the different employee classes.

Following the eligibility/waiting period when does participation in the Cafeteria Plan begin (e.g., the first of the month following, first pay period following, etc.)? _____

If different based on employee class, please attach a list of participation dates for the different employee classes.

Are the benefits offered under the Cafeteria Plan available to all eligible employees? YES NO

> If NO, please attach a list of the benefits for the different employee classes.

Are the employee contribution amounts for benefits offered under the Cafeteria Plan the same for each benefit level (employee only, employee plus one, family, etc.)? YES NO

> If NO, please attach a list of the employee contribution amounts for the different employee classes.

If employer credits/flex dollars are given to eligible employees for purchase of benefits under the Cafeteria Plan, are those amounts the same for each benefit level (employee only, employee plus one, family, etc.)? YES NO

> If NO, please attach a list of the employer credits/flex dollars for the different employee classes.

Information Regarding Medical Flexible Spending Accounts (MFSAs)

MEDICAL FSA (IRC § 105)	What is the maximum annual <u>Medical Flexible Spending Account (MFSA)</u> election allowed under the Plan? \$ _____
	Are all MFSAs participants allowed to contribute up to that maximum amount? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO, please provide a list of the maximums for the different employee classes.
	Are the same expenses eligible for reimbursement for all MFSAs participants? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO, please provide a list of the differences for the different employee classes.
	Is the eligibility/waiting period for participation in the <u>MFSAs</u> , the same as for participation in the cafeteria plan? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO, what is the eligibility/waiting period? _____
	Is eligibility/waiting period the same for all eligible employees? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO, please attach a list of the eligibility/waiting periods for the different employee classes.
	Following the eligibility/waiting period when does participation in the <u>MFSAs</u> begin (e.g., the first of the month following, first pay period following, etc.)? _____ Is this the same for all eligible employees? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO please attach a list of participation dates for the different employee classes.

Information Regarding Dependent Care Assistance Plans (Dependent Care FSAs)

DEPENDENT CARE FSA (IRC § 129)	Are any groups of employees excluded from participating in the <u>Dependent Care Assistance Plan (Dependent Care FSAs)</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO > If YES, please explain: _____
	Is the eligibility/waiting period for participation in the <u>Dependent Care FSA</u> Plan, the same as for participation in the Cafeteria Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO, what is the eligibility/waiting period? _____
	Is this eligibility/waiting period the same for all eligible employees? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO, please attach a list of the eligibility/waiting periods for the different employee classes.
	Following the eligibility/waiting period when does participation in the Plan begin (e.g., the first of the month following, first pay period following, etc.)? _____ Is this the same for all eligible employees? <input type="checkbox"/> YES <input type="checkbox"/> NO > If NO please attach a list of participation dates for the different employee classes.

Census Information

Please provide a list of all other companies and incorporated business entities if your entity is a member of (a) a controlled group of corporations, trades, or businesses under common control, or (b) an affiliated service group. Indicate on this list which entity or entities' employees participate in the cafeteria plan and indicate the type of corporation for each entity (i.e., C-Corp, Subchapter S Corp, Partnership, etc.)

Note: In general, all employees under a controlled group of employers are considered when performing Plan non-discrimination testing.

Please provide a full employee census in an Excel format, including all current active employees on payroll regardless of their eligibility (include employees who are considered leased employees under IRC 414(n)). Each bullet will be a column on the census. This will be a snapshot of your Plan as of current pay period or day the data is pulled.

For each current active employee on payroll (listed on rows), please provide the following:

- Employee Name, ID or other unique identifier. If using Social Security Number, please limit to last four digits.
 - Date of Birth.
 - Date of Hire (hire date used to identify eligibility in the Plan).
 - Location (if different employer sites, plants, etc.) if benefits, eligibility, or waiting period is different.
 - Employer (if controlled group of employers).
 - Employee class (if applicable) if benefits, eligibility, or waiting period is different.
 - Number of regular hours worked per week (current Plan Year).
 - Indicate whether the employee is an officer.
 - Indicate whether the employee is an owner by giving ownership percentage amount.
 - Indicate whether the employee is related to an owner or officer (limited to a spouse, child, parent, or grandparent of the owner or officer) by identifying to whom he/she is related.
 - Indicate whether the relative is a dependent or spouse of an owner or officer.
 - Indicate if the employee is covered by a collective bargaining agreement (union employees).
 - Gross Compensation for previous Plan Year (i.e., look-back year)* to include:
 - Salary and other compensation including bonuses and commissions, and
 - Total salary deferrals under the cafeteria and component plans, transportation plans, and total amounts deferred under a 401(k) plan, a salary reduction simplified employee pension plan (SAR-SEP), a Code Section 408 SIMPLE plan, a Code Section 403(b) tax sheltered annuity, and/or a Code Section 457 plan. (NOTE: Gross Compensation should only be one column, please do not separate deferrals.)
 - Indicate whether the employee is eligible for the cafeteria plan for the current Plan Year.
 - Premium and coverage information for insurance coverages that employees contribute to on a pre-tax basis for the current Plan Year. Please provide premium amount per employee per benefit to include:
 - Type of benefit (Medical, Dental, etc.).
 - Employer and employee contributions for fully-insured plans (current Plan Year).
 - Employee contributions only for self-insured plans (current Plan Year).
- Please indicate whether contribution figures represent weekly, bi-weekly, semi-monthly, etc. amounts.
- **Health Savings Accounts** - (if applicable) include estimated annualized election amount for the current Plan Year, including employee and employer contributions; only include if HSA is offered through the cafeteria plan.
 - **Medical Flexible Spending Accounts** - (if applicable) annual election amount for the current Plan Year.
 - **Dependent Care Flexible Spending Accounts** - (if applicable) annual election amount for the current Plan Year.

**Look-back year ONLY FOR GROSS COMPENSATION:*

- *If the Plan runs on a calendar year, list compensation for the previous calendar year (for example, if testing the Plan Year of 1/1/2014-12/31/2014, use compensation for calendar year 2013).*
- *If the Plan runs on a non-calendar year, list compensation for the previous twelve months (for example, if testing the Plan Year of 10/1/2013-09/30/2014, use compensation for the period of 10/01/2012-9/30/2013).*

- For purposes of determining which employees are highly compensated (within the meaning of Section 414(q) of the Internal Revenue Code), has your company made the top-paid group election? **YES** **NO**
(Applies to cafeteria plan and Dependent FSA plan testing.) Your pension Plan administrator can assist, if unsure.

Note: A highly compensated employee (for plan years starting in 2016) is generally any employee who had gross income in excess of \$120,000 in the previous Plan Year. If the employer makes the top paid group election, employees with gross income in excess of \$120,000 for the previous Plan Year, will be treated as highly compensated only if they are also in the top-paid group (the top 20% of employees when ranked by compensation).

ALL PLANS